BENEFITS

Cognizant

2012 Cognizant Benefits:
A Guide to Your Health and Welfare Benefits

COGNIZANT BENEFITS

Welcome to Your 2012 Benefits

Cognizant strives to provide all associates with a well rounded, competitive benefits package. This guide has been designed to give you an overview of your 2012 health and welfare benefits. If you need additional information or if you are ready to enroll visit www.cognizantbenefits.com.

Contents

IF YOU HAVE MEDICARE OR WILL BECOME ELIGIBLE FOR MEDICARE IN THE NEXT 12 MONTHS, A FEDERAL LAW GIVES YOU MORE CHOICES ABOUT YOUR PRESCRIPTION DRUG COVERAGE. PLEASE SEE PAGE 19 FOR MORE DETAILS.

Glossary of Insurance Terms

Beneficiary - The person or entity designated to receive a benefit as a result of the death of the participant. Beneficiaries are classified as primary and secondary. The primary beneficiary will receive the benefit first in the event of death. A secondary beneficiary is important in cases where the primary beneficiary is not living at the time the benefit is payable.

Coinsurance - The insurance company and the covered individual(s) share the cost of covered expenses under the plan. For example, 90% coinsurance means you may be required to pay for 10% of your covered expenses while the insurance company pays 90%.

Copay - The amount which must be paid at the time of medical service. This will typically apply to doctor's office visits, ER visits and prescription drugs.

Deductible - The dollar amount that each covered person must pay out of pocket before the insurance company starts to pay for covered expenses. In general, services covered by a copay are not subject to a deductible.

Covered Services - Treatments and expenses that are benefits (in full or in part) under the plan.

Dependent - A covered associate's spouse, domestic partner and/or children up to the age of 26 regardless of full-time student status (unless they have their own employment-based coverage available).

Effective Date - The date on which your benefits begin.

Explanation of Benefits (EOB) - A detailed written form produced by the insurance company which explains the provider charges and services.

Inpatient Services - Health care service received while the patient is confined to a hospital.

Network Provider - A health care provider who is a member of the insurance company's network.

Out-of-Network Provider - A health care provider who is not a member of the insurance company's network.

Outpatient Services - Health care services received where the patient is not confined to a hospital.

Out-of-Pocket Limit - Maximum amount a covered person must pay for eligible covered expenses in a calendar year. Eligible expenses include any coinsurance amounts paid by the covered person. The annual deductible, any copays for prescription drugs or office visits and any amounts payable over usual, reasonable and customary (URC) are not eligible expenses which count toward the out-of-pocket limit. When a covered person reaches his/her out-of-pocket limit, the insurance company will pay 100% of covered expenses for that person for the remainder of the calendar year.

Pre-Authorization - Approval for non-emergency health care services which is obtained prior to receiving the services.

Prescription Drugs

Generic - A generic drug is a drug which is produced and distributed without patent protection. Generic drugs are chemically the same as their brand name equivalent drugs in dosage, strength, quality, and intended use. They are typically sold at substantial discounts as compared to the brand name drug due to competition among many manufacturers.

Formulary Brand Name Drugs - Drugs that are protected by patents and are manufactured by only one company, and that are listed in each carrier's "preferred drug list". A carrier's Preferred Drug List is created based on input from different health care specialists, drug effectiveness, and cost.

Non-Formulary Brand Name Drugs - A non-formulary drug is a drug that is not on the formulary list but does have an alternative listed in the drug formulary. If you choose to take these specific non-formulary drugs you will pay a higher copay.

Urgent Care - There is a difference between emergency and urgent care. An urgent situation requires prompt medical attention to avoid complications and unnecessary suffering, such as high fever. In an emergency, immediate medial attention is required to prevent death or disability due to a sudden trauma or illness such as a stroke, heart attack or broken bone.

Usual, Customary and Reasonable (UCR) - A charge for medical and/or surgical services or care in a zip code area where the care is received. Doctors submit cost information to a national data bank. From this information, the insurance company sets cost guidelines for services in each area. If a charge is submitted which exceeds these UCR guidelines, that amount over the guidelines is not considered a covered expense. This becomes important when treatment is received from an out-of-network provider as the insurance company will only reimburse a percentage of the UCR and the patient may become responsible for the amount over the UCR. Network providers have agreed to set fees for their services so UCR fees are not applicable when using network providers. You may also see this referred to as Reasonable and Customary (R&C).

Medical Plan

Taking the time to understand your health care choices is important, since only you and your family can decide what is right for you. Cognizant provides two affordable medical options to meet the diverse needs of our associates and tools to assist you in making the decisions easier.

Medical Plan Options

You have two medical options from which to choose. Each provides coverage for a wide variety of medical services, but the coinsurance and your out-of-pocket costs under each option will vary. It is up to you to choose the plan that works best for your family.

Some questions to ask yourself when making your selection are:

- Do you have an alternative option for coverage under a spouse's medical plan?
- How many times do you expect you and your family members will need to visit your primary care physician(s) over the course of the year?
- Which preventive care services (for example: annual physicals, childhood immunizations, mammograms) will you or your family members need?
- Will you or your family members use any out-of-network services?
- Is anyone in your family planning a hospital stay?
- How many prescriptions do you expect your family will need?

Once you have asked yourself these questions, review the different medical options available and determine which one is right for you.

Prescription Drug Coverage

When you enroll in a Cognizant medical plan, you automatically receive prescription drug coverage. Each plan allows you to fill prescriptions at a retail pharmacy or through a mail order program.

The plan has coverage for generic, formulary brand name and non-formulary brand name drugs depending on your prescription. To obtain the lowest cost to you, it is important that you ask your doctor if there's a generic equivalent to the brand name drug you are taking. Be sure to ask about generics whenever you are prescribed a new medication.

There are very few distinctions, other than name and price between a generic and brand name drug. Generics cost less because generic manufacturers don't have the high marketing and up front investment costs that developers of new drugs have. Also, competition between drug manufacturers helps keep the prices lower.

Access drug comparison tools online via the carrier websites.

Tools for You to Use

In addition to providing you medical coverage, Cognizant partners with Aetna and UnitedHealthcare to provide you with tools and information you can use throughout year.

Aetna

Aetna Navigator™

With choice and flexibility comes responsibility. To help you manage your health care dollars and make informed decisions about your care, there are tools and resources available through Aetna Navigator. Registered Members have access to secure, personalized features such as benefits and claims status, as well as the programs summarized below.

Log onto www.aetnanavigator.com today to discover a wealth of information and online tools.

Discount Programs

- Natural products and services program
- Fitness
- Hearing
- Vision
- Weight Management

Family Health

- Children's Health
- Healthy aging
- Hearing
- Women's health
- Men's health

Claims

- View an Explanation of Benefits

Requests and Changes

- Print temporary ID cards
- Sign up for electronic delivery of Explanation of Benefits.

Take Action on Your Health

- Find Health Care - Find a medical care provider and compare hospitals
- Estimate the Cost of Care - Estimate costs for certain surgical procedures, office visits, and diagnostic tests and hospitalizations
- Staying Healthy
  - Nutrition
  - Weight management
  - Workplace health
  - Preventive health care schedule

24-Hour Nurse Line

Gives you access to registered nurses who are experienced in providing information on a variety of health topics. To contact The Nurse Line, call (800) 556-1555.

UnitedHealthcare (UHC)

UnitedHealthcare's member website, www.myuhc.com, provides information at your fingertips anywhere and anytime you have access to the Internet. Myuhc.com opens the door to a wealth of health information and convenient self-service tools to meet your needs.

Health Information

With myuhc.com you can:

- Research a health condition and treatment options to get ready for a discussion with your physician;
- Search for Network Providers available in your Plan through the online Provider directory;
- Access all of the content and wellness topics from NurseLine/Connect24 including Live Nurse Chat 24 hours a day, seven days a week;
- Complete a health risk assessment to identify health habits you can improve, learn about healthy lifestyle techniques and access health improvement resources;
- Use the treatment cost estimator to obtain an estimate of the costs of various procedures in your area; and
- Use the Hospital comparison tool to compare Hospitals in your area on various patient safety and quality measures.

Self-Service Tools

Visit www.myuhc.com and:

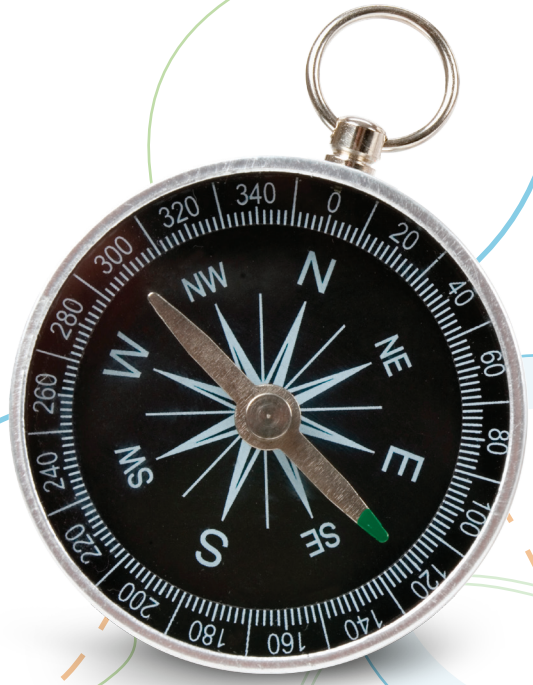
- Make real-time inquiries into the status and history of your claims;
- View eligibility and Plan Benefit information, including Copays and Annual Deductibles;
- View and print all of your Explanation of Benefits (EOBs) online; and
- Order a new or replacement ID card, print a temporary ID card, or check on an ID card request.

Optum® NurseLineSM/Connect24

NurseLine/Connect24 is a toll-free telephone service that puts you in immediate contact with an experienced registered nurse any time, 24 hours a day, 7 days a week. Nurses can provide health information for routine or urgent health concerns.

Live Nurse Chat

With NurseLine/Connect24, you also have access to nurses online. To use this service, log onto www.myuhc.com and click "Live Nurse Chat" in the top menu bar. You'll instantly be connected with a registered nurse who can answer your general health questions any time, 24 hours a day, 7 days a week. You can also request an e-mailed transcript of the conversation to use as a reference.



Compare Medical Plans

Not sure which plan is right for you? Choosing the right medical plan is important and your coverage needs may change from year to year. Review the comparison summary here to help make your decision.

Plan 90 (Aetna or UnitedHealthcare)

- Richest benefit plan design
- Lowest out-of-pocket cost at time of service
- $100 in-network deductible before coinsurance
- Offers coverage through Aetna's Choice POS II network or UnitedHealthcare's Choice Plus PPO network

Plan 80 (Aetna or UnitedHealthcare)

- Lowest associate contributions
- Ideal plan for those anticipating low usage
- $500 in-network deductible before coinsurance
- Offers coverage through Aetna's Choice POS II network or UnitedHealthcare's Choice Plus PPO network

Comparison Chart

Plan Year Out-Of-Pocket Maximum
Individual/Family
Plan Year Deductible
Individual/Family
Coinsurance
Lifetime Maximum
Routine Medical Care
Office Visit
Specialist Visit
Well Woman Exam
Physical Exam
Maternity and Prenatal Care
Routine Well-Baby Checkups
X-Ray and Lab
Hospital
Inpatient Copay
Emergency Room Facility
Emergency Room Provider
Ambulance Services (Emergency Transport Only)
Mental Health
Office Visit
Inpatient
Substance Abuse
Office Visit
Inpatient
Prescription Drugs (30-Day Supply)
Generic
Formulary Brand
Non-Formulary Brand
Mail Order Drugs (90-Day Supply)
Generic
Formulary Brand
Non-Formulary Brand
Employee Contribution (Monthly)
Employee Only
Employee + 1
Employee + 2 or more

Plan 90		Plan 80	
Aetna Choice POS II or United Healthcare Choice Plus PPO		Aetna Choice POS II or United Healthcare Choice Plus PPO	
In-Network	Out-Of-Network	In-Network	Out-Of-Network
$1,500/$4,500	$2,000/$6,000	$2,000/$6,000	$7,500/$22,500
$100/$300	$500/$1,500	$500/$1,500	$2,000/$6,000
90% after deductible	70% after deductible	80% after deductible	50% after deductible
Unlimited		Unlimited	
$25 copay	70% after deductible	$35 copay	50% after deductible
$30 copay	70% after deductible	$40 copay	50% after deductible
100%	70% after deductible	100%	50% after deductible
$25 copay	70% after deductible	$35 copay	50% after deductible
$30 copay	70% after deductible	$40 copay	50% after deductible
100%	70% after deductible	$35 copay	50% after deductible
90% after deductible	70% after deductible	80% after deductible	50% after deductible
$250 per confinement: then 90% after deductible	$250 per confinement: then 70% after deductible	$250 per confinement: then 80% after deductible	$250 per confinement: then 50% after deductible
$100 copay: then 90% (deductible waived)		$100 copay: then 80% (deductible waived)	
90% after deductible	70% after deductible	80% after deductible	50% after deductible
100% (emergency transport only)		100% (emergency transport only)	
$25 copay	70% after deductible	$35 copay	50% after deductible
$250 per confinement; then 90% after deductible		$250 per confinement; then 80% after deductible	$250 per confinement; then 50% after deductible
$25 copay	70% after deductible	$35 copay	50% after deductible
$250 per confinement; then 90% after deductible	$250 per confinement; then 70% after deductible	$250 per confinement; then 80% after deductible	$250 per confinement; then 50% after deductible
$10 copay	Not covered	$20 copay	Not covered
$25 copay	Not covered	$40 copay	Not covered
$40 copay	Not covered	$75 copay	Not covered
$20 copay		$40 copay	
$50 copay		$80 copay	
$80 copay		$150 copay	
$75		$50	
$225		$130	
$340		$220	

Healthier and Wiser Together

COGNIZANT & YOU

Wellness & Prevention

Why is Preventive Care so Important?

Preventing disease and detecting disease early are important to living a healthy life. The better your health, the lower your health care costs are likely to be. Following these guidelines, along with the advice of your doctor, can help you stay healthy. Talk to your doctor about your specific health questions and concerns, and follow his or her recommendations.

The Importance of Follow-Up Care

Sticking with your follow-up care is the best way for you and your health care providers to monitor your health.

Follow-up office visits give you and your health care providers the chance to:

- Talk about what your follow-up care is going to be.
- Discuss what you can expect as you look ahead.
- Share your concerns and let your health care team know how you're feeling.
- Monitor your progress and give you peace of mind.

For more information on preventive care

Visit Aetna or UHC's online website at www.aetnanavigator.com or www.uhcpreventivecare.com to identify your age and gender-specific preventive care guidelines, based on recommendations of the U.S. Preventive Services Task Force and other health organizations. Use the recommendations provided on the Aetna or UHC website to talk with your doctor about the preventive health screenings that are right for you.

Healthy Pregnancies

Are you having or considering having a baby? Congratulations!

We want you and your family to have a healthy and safe pregnancy. Our EAP and medical plans offer programs to help you meet this goal!

Resources for Living - EAP

The EAP Prenatal CareKit includes the book, What To Expect When You're Expecting. There are also practical and personal care items for parents-to-be, and articles about furnishings and equipment for babies, tax considerations for family "additions," family medical leave and more.

CALL (888) 238-6232
ONLINE www.aetnaeap.com
LOGIN AetnaEAP
COMPANY ID MYCOGEAP

Enrolled in the Aetna medical plan?

Give your baby a healthy start with the Aetna Health Connections Beginning Right Maternity Program. This program comes to you at no cost as an enrolled Aetna member. Learn what's best for a healthy pregnancy and get the special attention when you need it the most.

To join the program:

CALL (800) CRADLE-1 (800-270-3531)
ONLINE womenshealth.aetna.com

To find an OB/GYN or doctor go to www.aetna.com/docfind.

Enrolled in the UHC medical plan?

If you are pregnant and enrolled in the UnitedHealthcare Medical Plan you can join the Healthy Pregnancy Program and get valuable educational information and advice by calling the toll-free number on your ID card.

This program offers:

- Maternity nurses on duty 24 hours a day;
- A free copy of The Healthy Pregnancy Guide;
- A phone call from a maternity nurse halfway through your pregnancy, to see how things are going;
- A phone call from a nurse approximately four weeks postpartum to give you information on infant care, feeding, nutrition, immunizations and more; and
- A copy of an available publication, for example, Healthy Baby Book, which focuses on the first two years of life.

Participation is completely voluntary and without extra charge. To take full advantage of the program, you are encouraged to enroll within the first 12 weeks of Pregnancy. You can enroll any time, up to your 34th week.

To join the program:

CALL (800) 411-7984
ONLINE www.healthy-pregnancy.com

To find an OB/GYN or doctor go to www.uhc.com/find_a_physician.htm.

Dental Benefit

Cognizant offers a dental plan through MetLife. You are free to see the dental provider of your choice, but when using a MetLife network dentist you will typically pay less out-of-pocket and your calendar year maximum will last longer. **Did you know that routine cleanings are paid for at 100%?**

2012 Dental Benefit Summary

Benefit Provisions	In-Network	Out-Of-Network
Annual Deductible	$50 Individual/$150 Family	
Calendar Year Maximum Benefit	$1,500 per person	
Implantology Lifetime Maximum	$1,000 per person	
Orthodontics Lifetime Maximum	$1,500 per person	
Type A Preventive and Diagnostic Services	100%, deductible waived	80% of Usual, Customary and Reasonable
Type B Basic Services	80% after deductible	80% of Usual, Customary and Reasonable
Type C Major Services	50% after deductible	50% of Usual, Customary and Reasonable
Type D Orthodontia (adults and children)	50% after deductible	50% of Usual, Customary and Reasonable
Employee Contribution (monthly)		
Employee Only	$9	
Employee + 1	$22	
Employee + 2 or more	$35	

Finding a Network Dentist

To find a MetLife network dentist:

- Go to www.metlife.com/mybenefits.com
- Go to "Find a Dentist" on the right hand side of the page
- Enter your zip code or address for a list of providers, or input your dentist's name to see if a specific dentist is in the network
- Call (800) 942-0854

When Using Out-Of-Network

If you go to an out of network dentist and he charges more than the reasonable and customary charge, you will pay the amount above the reasonable and customary charge in addition to your normal portion of the cost.

Vision Benefits

Cognizant offers you a choice between two vision plans, UnitedHealthcare and Vision Service Plan (VSP). Provider networks differ, so you can choose the plan that is best for you and your family.

2012 Vision Benefits Summary

Benefit Provisions	UnitedHealthcare Vision Plan		Vision Service Plan (VSP)	
Vision Care Services	Network Provider	Non-Network	VSP Provider	Non-VSP
Annual Vision Examination	$10 copay	Up to $46	$10 copay	Up to $46
Single Vision Lenses	100%	Up to $45	100%	Up to $45
Bifocal Lenses	100%	Up to $65	100%	Up to $65
Trifocal Lenses	100%	Up to $85	100%	Up to $85
Lenticular Lenses	100%	Up to $125	100%	Up to $125
Frames	Covered up to $130 of retail price	Up to $47	Covered up to $130 of retail price	Up to $47
Visually Necessary Contacts	100%	Up to $210	100%	Up to $210
Elective Contacts (in lieu of glasses)	Covered up to $125	Up to $125	Covered up to $130	Up to $105
Employee Contribution (monthly)				
Employee Only	$2		$4	
Employee + 1	$5		$8	
Employee + 2 or more	$9		$13	

Cognizant Paid Benefits

Short Term Disability – MetLife

Income replacement when an illness or injury (unrelated to your employment) keeps you out of work more than 7 consecutive days. The plan pays 66 2/3% of weekly base compensation, up to a maximum of $1,500 per week for up to 26 weeks (with doctor certification).

Long Term Disability – MetLife

Income replacement in the event that an illness or injury (unrelated to your employment) keeps you out of work beyond the 26 weeks of short term disability. The plan pays 60% of monthly base compensation, up to a maximum of $7,500 per month (with doctor certification). Covers U.S. citizens and permanent residents.

Basic Group Life Insurance

Cognizant provides life insurance to all US associates equal to 1 times annual base compensation (minimum coverage $50,000, maximum coverage $150,000).

- Spouse/Domestic Partner - $2,000 in coverage
- Dependent, unmarried children - $2,000 in coverage

Accidental Death & Dismemberment (AD&D)

This coverage is provided to all US associates. AD&D insurance pays the full benefit amount of 1 times annual base compensation (minimum coverage $50,000, maximum coverage $150,000) in the event of an accident, a partial benefit is paid for certain covered accidental losses. Benefits from this plan are payable in addition to benefits from the life insurance and travel accident plans.

Travel Accident Insurance - The Hartford

This benefit offers services to all US based associates who travel for business and experience an emergency. Services include: worldwide medical referrals, repatriation and medical evacuation in the event of severe illness, translation services and more.

Resources for Living - (EAP)

The EAP is a confidential program that helps associates and their families balance the demands of work, life and personal issues. The EAP offers great resources and free products for those who qualify, such as:

- Financial Consultations
- Attorney Consultations
- Moving Resources
- Parenting Kits
- Child Safety Kits
- Adult Care Kits
- Interactive Website
- Confidential Counseling

This program is strictly confidential and available to you and all members of your immediate household. Access EAP services online at www.aetnaeap.com, Company ID: MYCOGEAP, or call (888) 238-6232.

Winning With Willis

Take charge of your health and well-being with information on a broad range of health issues. We encourage you to explore everything the site has to offer, from weekly Healthy Headlines to monthly Health Challenges and a comprehensive collection of educational content and tools. For more information, visit www.winningwithwillis.com.

Corporate Rewards

Pay less for big ticket purchases. With Corporate Rewards you and your family will be able to save money at over 30,000 national and local merchants on everything from Electronics, Clothing and Vacations to Restaurants, Spas and Weekend Activities at https://corporaterewards.corporateperks.com/login.

Cognizant Sponsored Benefits

Supplemental Life Insurance – CIGNA

In addition to company provided basic life insurance, you have the opportunity to purchase supplemental life insurance through convenient payroll deductions. Your supplemental life insurance options include:

- Associate Supplemental Life Insurance – Elect additional coverage up to 5 times your annual base earnings (purchased in $25,000 increments) to a maximum of $1,000,000. If the coverage you want is equal to or less than 3 times your base earnings or $300,000 (whichever is lower), you can enroll without having to provide evidence of insurability if you enroll during your first 31 days of employment.
- Spouse or Domestic Partner Supplemental Life Insurance – Elect coverage in $10,000 increments up to $100,000 or the amount of insurance you have for yourself, whichever is less. Evidence of insurability is required for coverage over $20,000. Evidence of insurability will be required for any dollar amount if enrollment takes place after your first 31 days of employment.
- Children's Supplemental Life Insurance - Elect coverage for all your dependent, unmarried children. No evidence of insurability is required. Children over 6 months will be covered for $10,000. Children under 6 months are covered for $500.

UltimateAdvisor Legal Plan – ARAG

There are times in our lives when events require us to seek professional advice; buying a home, preparing a will, adopting a child, defending a law suit. Most businesses retain the services of an attorney and you have virtually the same opportunity with ARAG pre-paid legal services. Enrollment in this plan allows you to pay for your coverage through convenient payroll deductions. To enroll in this benefit, visit www.cognizantbenefits.com.

Aflac

Insurance for daily living. Four (4) different insurance policies available: Accident, Cancer/ Specified Disease, Specified Health Event,and Hospital Confinement Indemnity. To enroll or learn more visit www.cognizantbenefits.com and follow the link to the Alfac page.

Group Auto & Home – Liberty Mutual and MetLife

With Group Auto and Homeowner's Insurance, you can enjoy discounted rates on property/ casualty insurance through convenient after-tax payroll deductions. Metlife and Liberty Mutual make it easy to get the coverage you need at lower group rates. Available policies include auto, home, condo, rental dwellings and more. To review these benefits, visit www.cognizantbenefits.com.

Flexible Spending Accounts

Flexible Spending Accounts (FSAs) provide you with an important tax advantage that can help you pay for health care and dependent day care expenses on a pre-tax basis. By anticipating dependent day care costs for the next plan year, you can actually lower your taxable income.

The Internal Revenue Service set up FSAs as a means to provide a tax savings to employees and their employers. As an employee, you agree to set aside a portion of your pre-tax salary in an account, and that money is deducted from your paycheck over the course of the year. The amount you contribute to the FSA is not subject to Social Security (FICA), federal, state, or local income taxes — effectively adjusting your annual taxable salary. The taxes you pay each paycheck and collectively each plan year can be reduced significantly, depending on your tax bracket. As a result of the personal tax savings you realize, your spendable income will increase.

For expenses incurred throughout the plan year, from January 1, 2012 through December 31, 2012, you have until March 31, 2013 to submit eligible expenses for reimbursement. Keep in mind that you must incur claims during the plan year and submit those claims by March 31 of the following year in order to use all of the money that you've elected to contribute. Any funds remaining in your account after March 31, 2013 will be forfeited.

Health Care FSA

The Health Care FSA allows you pay for certain IRS-approved health care expenses not covered by your insurance plan with pre-tax dollars. For example, cash that you now spend on deductibles, copayments, or other out-of-pocket medical expenses can instead be placed in the Health Care

FSA at a pre-tax rate, to pay for these expenses. The annual maximum contribution to the Health Care Reimbursement FSA is $3,600.

The example below illustrates how a flexible spending account can save you money.

Health Care FSA	Without FSA	With FSA
Gross Annual Salary	$70,000	$70,000
Annual FSA Contribution	$0	$3,600
Adjusted Taxable Income	$70,000	$66,400
Federal Withholding	$17,500	$16,600
State Withholding	$7,000	$6,640
FICA Taxes	$5,355	$5,080
"Take Home" Pay	$40,145	$38,080
Health Care Expenses	$2,400	$0
Remaining Disposable Income	$37,745	$38,080

Eligible Expenses

Eligible health care expenses for the Health Care FSA include more than just your deductible and copayments. Generally, any medically necessary health care expense that you can deduct on your tax return is considered an eligible expense. Some examples include:

- Hearing services, including hearing aids and batteries
- Vision services, including contact lenses, contact lens solution, eye examinations, and eyeglasses
- Dental services and orthodontia
- Chiropractic services
- Acupuncture
- Prescription contraceptives

For more information about eligible medical expenses, please refer to IRS Publication 502, Medical and Dental Expenses available at www.irs.gov/publications/p502/index.html

Dependent Day Care FSA

The Dependent Day Care FSA lets you use pre-tax dollars towards qualified dependent day care expenses. The annual maximum amount you may contribute to the Dependent Day Care FSA is $5,000 ($2,500 if married and filing separately, $2,500 if a Highly Compensated Employee) per calendar year.

If you elect to contribute to the Dependent Day Care FSA, you may be reimbursed for:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)

Eligible Expenses

In order for dependent day care services to be eligible, they must be for the care of a tax dependent child under age 13 who lives with you, or a tax dependent parent, spouse, or child who lives with you and is incapable of caring for himself or herself. The care must be needed so that you and your spouse can go to work. Care must be given during normal working hours – Saturday night babysitting does not qualify – and cannot be provided by another dependent family member.

Note that this account is NOT for dependent medical expenses - the Health Care FSA would be used in those instances.

Both parents must be working in order to be eligible for the Dependent Day Care FSA.

Transportation Benefit

Under the Transportation and Parking FSA Benefit, you can set aside pre-tax earnings to help you reduce the cost of your daily commute. You can make pre-tax elections:

- Up to $125 per month for mass transit or vanpooling expenses, or
- Up to $240 per month for qualified parking expenses.

Is the FSA Plan Right for Me?

Cognizant's Flexible Spending Accounts are beneficial for anyone who has out-of-pocket medical, dental, vision, and/or hearing expenses beyond what his or her insurance plan covers; out-of-pocket dependent day care (both parents must work); transportation and/or parking expenses related to work.

It's easy to determine if a FSA will save you money. When you enroll, you will need to determine your annual election amount by estimating the expenses that you expect to incur during the year. These include out-of-pocket expenses for yourself and anyone claimed as a dependent on your taxes. If you had $100 or more in recurring or predictable expenses, the FSAs can help you stretch your dollars.

Benefits Eligibility & Enrollment

Eligibility

If you are a regular full-time Cognizant Associate, scheduled to work 30 or more hours per week, you are eligible for the benefits described in this booklet.

Which Dependents Are Eligible?

Eligible dependents include:

- Your legal spouse;
- Dependent children that meet the eligibility requirements outlined below; and
- Unmarried, dependent children of any age who become mentally or physically incapable of earning a living before age 26

Domestic partners of either the same sex or opposite sex and children of your domestic partner who live with you are eligible for medical, dental, vision, and life insurance. Your domestic partner and your domestic partner's children will be eligible for Cognizant benefits at the same time that you become eligible.

In order to enroll your domestic partner, you must complete and provide an Application for Domestic Partnership and two of the following:

- A joint bank accounts, joint deed;
- A mortgage agreement or lease;
- Joint credit account or other liability;
- A designation of your partner as beneficiary for your life insurance and retirement plans ;
- A durable power of attorney for property and health care (i.e., a living will);
- Proof of joint ownership of a motor vehicle;
- Designation of domestic partner as primary beneficiary of will;
- Co-parenting agreement, or an adoption agreement

For the purposes of Cognizant benefits and determining eligibility, child(ren) are defined as:

- Your biological child(ren);
- Your legally adopted child(ren);
- Your step-child(ren) who live with you full-time in a regular parent-child relationship; or
- Any other child(ren) permanently living with you for whom you are the legal guardian in accordance with the laws of the state in which you reside

Under the guidelines of Cognizant's Health and Welfare Plan, a dependent child aged 19-24 is eligible to be covered by the Dental, Vision, and/or Dependent Basic Life Plan(s), providing the dependent child is a full-time student. In order for your dependent be considered a full-time student, he or she must be enrolled in a minimum of 12 credits per semester. Dependent child(ren) who are no longer eligible for the Dental and/or Vision Plan(s) can elect to continue those benefits through COBRA continuation.

Events that will affect this are as follows:

- Dependent reaches their 19th birthday and is not attending school,
- Dependent graduates from school, and is over the age of 19,
- Dependent quits attending school, and is over the age of 19, or
- Dependent reaches their 25th birthday

Please Note: It is important that you notify The Benefit Desk within 31 days if there is a change in your dependent(s) status that impacts their eligibility for benefits. Your dependent child(ren) are permitted to remain on the Medical Plan up to the age of 26, as required by the Health Care Reform Act. This is only allowable if the dependent child does not have other medical coverage available through his/her own employment.

How to Enroll

New Hires

If you are a new hire, within 24 hours of receiving your Associate ID, you will receive an email from The Benefit Desk inviting you to visit www.cognizantbenefits.com to enroll in your benefits. Be sure to check your Cognizant email as you will be provided your secure login information. Your initial Login ID will be your 6-digit Associate ID number, and your initial password is your date of birth (example: January 1, 1980 = 01Jan1980). You will then be able to enroll in benefits. You are required to complete the enrollment process within 31 days of your hire date. If you fail to enroll within 31 days, you will not have benefits for the remainder of the plan year. It is required that you log into the enrollment system and complete the Basic Life Offer, Dependent Basic Life Offer, and nominate your beneficiaries even if you do not wish to elect benefits.

Existing Associates

Each year, during Open Enrollment, you have the opportunity to make benefit decisions for the following plan year. Your benefit elections are binding through the end of the plan year for which they are made. You can view your elections throughout the year by logging into www.cognizantbenefits.com and clicking on the blue "Enroll Now!" button.

Making Changes

A Qualifying Life Event (QLE) allows you to make changes to your benefits outside of the Open Enrollment period, as long as you do so within 31 days from the date of the event.

Your Elections

You may make certain changes to your benefit elections under two different circumstances: during the Open enrollment period and when you experience a Qualifying Life Event (QLE). Different types of changes are allowed under these two scenarios, which are described separately on the following pages.

Each year during Open Enrollment, you have the option to change your benefit choices. For the 2012 plan year, you must enroll to:

- Make a change to your current elections.
- Enroll in the Health Care Flexible Spending Account, Dependent Day Care Flexible Spending Account, or the Transportation and Parking Benefit.
- Enroll in a benefit offering in which you are not currently enrolled.

Because your benefit elections are part of a Section 125 plan, IRS rules determine what changes are permitted outside the normal enrollment period. The same rules for changing coverage due to Open Enrollment or change in status will apply to domestic partners and their children.

Qualifying Life Events Include:

- Your marriage
- Your divorce or legal separation
- Birth or adoption of an eligible child
- Death of your spouse or covered child
- Change in your spouse's work status that affects his or her benefits
- Change in your work status that affects your benefits
- Change in residence or work site that affects your eligibility for coverage
- Change in your child's eligibility for benefits provided through a governmental or educational institution

The election change must be consistent with the QLE.

How to Make Changes to Your Benefit Elections

STEP 1 Make your benefit changes at www.cognizantbenefits.com.

STEP 2 Submit QLE Documentation

In order for your change to be approved, you will be required to submit QLE documentation to The Benefit Desk within 31 days of the Qualifying Life Event.

1. Include the Dependent/QLE Documentation coversheet when submitting your QLE documents. The coversheet is also available www.cognizantbenefits.com.
2. Fax your documents to (866) 742-6444 or scan/e-mail it to cognizantbenefits@benefitfocus.com.

Need Help? If you have any questions about submitting your QLE Documentation, contact The Benefit Desk at (877) 561-0984 or email cognizantbenefits@benefitfocus.com.

Benefit Plan Contacts

The Benefit Desk

Monday-Friday, 8 am to 8 pm ET
(877) 561-0984
www.cognizantbenefits.com
cognizantbenefits@benefitfocus.com

Medical Plans

Aetna Policy# 820361
(866) 204-5485 www.aetna.com
Behavioral Health: (800) 424-4047

UnitedHealthcare Policy# 708963
(866) 844-4864 www.myuhc.com
Behavioral Health: (866) 844-4864

Prescription Plans

Aetna Policy# 820361
(800) 238-6279 www.aetnapharmacy.com

UnitedHealthcare Policy# 708963
(800) 922-1557 www.myuhc.com

Dental Plan

MetLife Policy# 96620
(800) 942-0854 www.metlife.com/mybenefits

Vision Plans

UnitedHealthcare Vision No Policy#
(800) 638-3120 www.myuhcvision.com

Vision Service Plan Policy# 30016287
(800) 877-7195 www.vsp.com

Short & Long Term Disability

MetLife Policy# 96620
(866) 729-9201 www.metlife.com

Resources For Living - EAP

Employee Assistance Program ID: MYCOGEAP
(888) 238-6232 www.aetnaeap.com

ADDITIONAL BENEFIT INFORMATION & NOTICES

THE NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT OF 1996

The Newborns' and Mothers' Health Protection Act of 1996 prohibits group and individual health insurance policies from restricting benefits for any hospital length of stay for the mother or newborn child in connection with childbirth; (1) following a normal vaginal delivery to less than 48 hours, and (2) following a cesarean section, to less than 96 hours. Health insurance policies may not require that a provider obtain authorization from the health insurance plan or the issuer for prescribing any such length of stay. Regardless of these standards, an attending health care provider may, in consultation with the mother, discharge the mother or newborn child prior to the expiration of such minimum length of stay.

Further, a health insurer or health maintenance organization may not:

- deny to the mother or newborn child eligibility, or continued eligibility, to enroll or to renew coverage under the terms of the plan, solely to avoid providing such length of stay coverage
- provide monetary payments or rebates to mothers to encourage such mothers to accept less than the minimum coverage
- provide monetary incentives to an attending medical provider to induce such provider to provide care inconsistent with such length of stay coverage
- require a mother to give birth in a hospital
- restrict benefits for any portion of a period within a hospital length of stay described in this notice.

Further, a health insurer or health maintenance organization may not:

- deny to the mother or newborn child eligibility, or continued eligibility, to enroll or to renew coverage under the terms of the plan, solely to avoid providing such length of stay coverage
- provide monetary payments or rebates to mothers to encourage such mothers to accept less than the minimum coverage
- provide monetary incentives to an attending medical provider to induce such provider to provide care inconsistent with such length of stay coverage
- require a mother to give birth in a hospital
- restrict benefits for any portion of a period within a hospital length of stay described in this notice.

These benefits are subject to the plan's regular deductible and co-pay. For further details, refer to your SPD.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

The Women's Health and Cancer Rights Act of 1998 requires Cognizant to notify you, as a participant or beneficiary of the Health and Welfare Plan, of your rights related to benefits provided through the plan in connection with a mastectomy. You, as a participant or beneficiary, have rights to coverage to be provided in a manner determined in consultation with your attending physician for:

- all stages of reconstruction of the breast on which the mastectomy was performed
- surgery and reconstruction of the other breast to produce a symmetrical appearance
- prosthesis and treatment of physical complications of the mastectomy, including lymph edema.

These benefits are subject to the plan's regular deductible and co-insurance. For further details, refer to your SPD.

MEDICARE PART D

Please read this notice carefully and keep it where you can find it. This notice is available on the Cognizant benefits site (www.cognizantbenefits.com) for printing purposes. This notice has information about your current prescription drug coverage with Cognizant and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan.

If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice. There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Cognizant has determined that the prescription drug coverage offered by the Cognizant Benefits Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Cognizant coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Cognizant coverage, be aware that you and your dependents will be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Cognizant and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Cognizant changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (800) 633-4227. TTY users should call (877) 486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at (800) 772-1213 / TTY (800) 325-0778.

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Notice of Privacy Practices

The Cognizant Medical Expense Benefit Plan ("the Plan") provides health benefits to eligible Associates of Cognizant and their eligible dependents, as described in the Summary Plan Description for the Plan.

The Plan receives and maintains health information about participating Associates and dependents in the course of providing these health benefits. The Plan is required by law to maintain the privacy of your health information and provide you with a Notice of Privacy Practices at least every three years. The Notice of Privacy Practices explains how Cognizant uses and discloses protected health information.

A copy of the Notice of Privacy Practices is available for viewing and printing on the Cognizant benefits site.

Grandfathered Health Plans

This Cognizant Technology Health and Welfare Benefit Plan believes this plan or coverage is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at (which phone number should we use?). You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at (866) 444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Extension of Dependent Coverage to Age 26

Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in the Cognizant Medical Plan. Individuals may request enrollment for such children for 31 days from the date of notice. Enrollment will be effective when they are eligible to enter the plan. For more information contact the Cognizant Benefits Desk.

www.cognizantbenefits.com