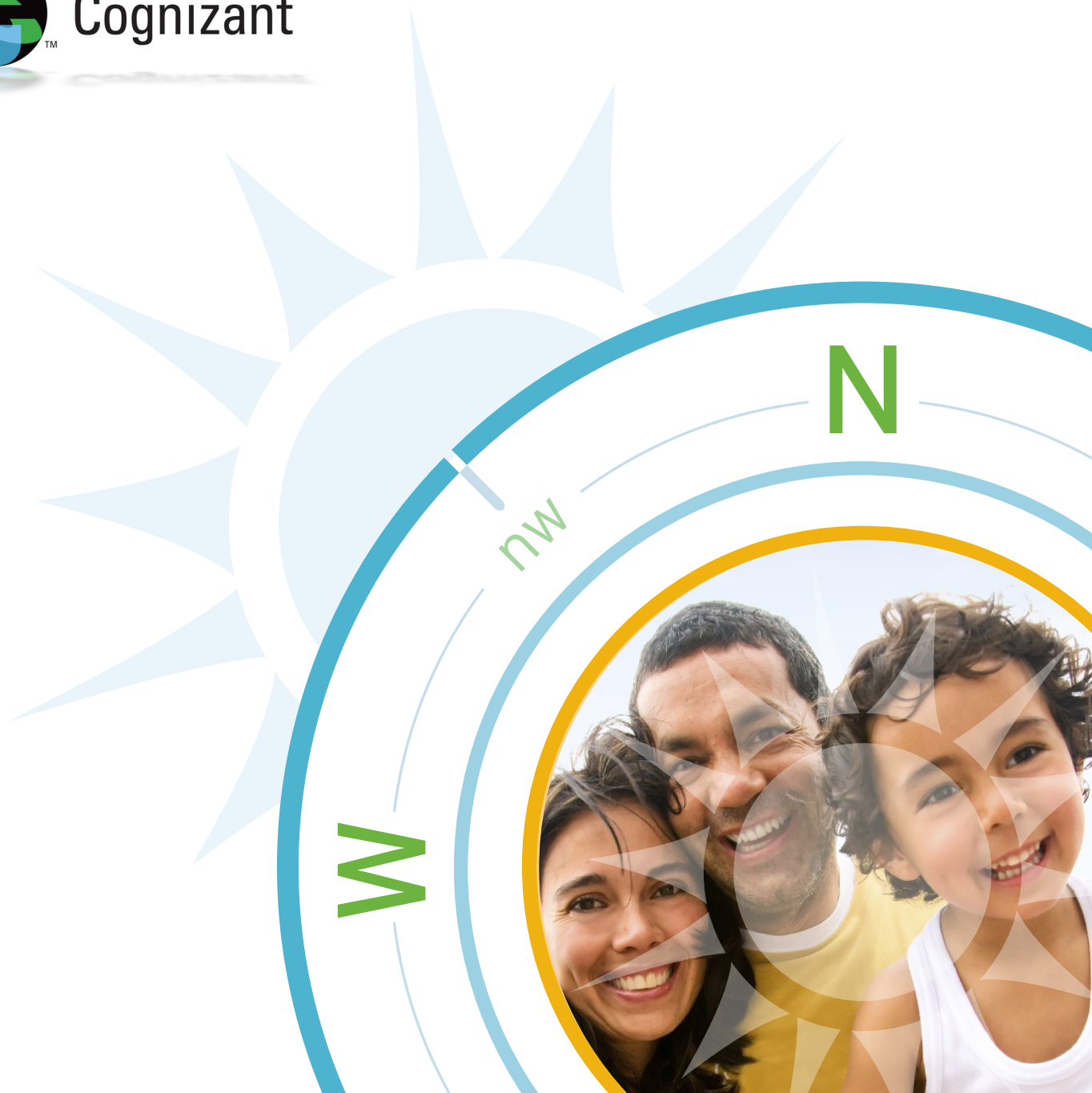


2011

BENEFITS GUIDE



Cognizant



Welcome to Your 2011 Benefits

Cognizant strives to provide all associates with a well rounded, competitive benefits package. This brochure has been designed to give you an overview of your 2011 health and wellness benefits. If you need additional information or if you are ready to enroll visit www.cognizantbenefits.com.

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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 contingent. The primary beneficiary will receive the benefit first in the event of death. A contingent 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.

Brand Name Drugs - Drugs that are protected by patents and are manufactured by only one company. About half of the brand name drugs on the market today have a generic alternative.

Formulary Brand Name Drugs - Drugs 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 medical 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 Benefits

We all know that making decisions about your health care coverage can seem daunting. But the fact is, 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. You will need 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.



Access drug comparison tools online via the carrier website.

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. And 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.



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Compare Medical Plans	Plan 90	
	Aetna Choice POS II or United Healthcare Choice Plus PPO	
	In-Network	Out-Of-Network
Plan Year Out-Of-Pocket Maximum		
Individual/Family	\$1,500/\$4,500	\$2,000/\$6,000
Plan Year Deductible		
Individual/Family	\$100/\$300	\$500/\$1,500
Coinsurance	90% after deductible	70% after deductible
Lifetime Maximum	Unlimited	
Routine Medical Care		
Office Visit	\$25 copay	70% after deductible
Specialist Visit	\$30 copay	70% after deductible
Well Woman Exam	100%	70% after deductible
Physical Exam	\$25 copay	70% after deductible
Maternity and Prenatal Care	\$30 copay	70% after deductible
Routine Well-Baby Checkups	100%	70% after deductible
X-Ray and Lab	90% after deductible	70% after deductible
Hospital		
Inpatient Copay	\$250 per confinement: then 90% after deductible	\$250 per confinement: then 70% after deductible
Emergency Room Facility	\$100 copay: then 90% (deductible waived)	
Emergency Room Provider	90% after deductible	70% after deductible
Ambulance Services (Emergency Transport Only)	100% (emergency transport only)	
Mental Health		
Office Visit	\$25 copay	70% after deductible
Inpatient	\$250 per confinement; then 90% after deductible	
Substance Abuse		
Office Visit	\$25 copay	70% after deductible
Inpatient	\$250 per confinement; then 90% after deductible	\$250 per confinement; then 70% after deductible
Prescription Drugs (30-Day Supply)		
Generic	\$10 copay	Not covered
Formulary Brand	\$25 copay	Not covered
Non-Formulary Brand	\$40 copay	Not covered
Mail Order Drugs (90-Day Supply)		
Generic	\$20 copay	
Formulary Brand	\$50 copay	
Non-Formulary Brand	\$80 copay	
Employee Contribution (Monthly)		
Employee Only	\$63	
Employee + 1	\$200	
Employee + 2 or more	\$308	

Plan 80	
Aetna Choice POS II or UnitedHealthcare Choice Plus PPO	
In-Network	Out-Of-Network
\$2,000/\$6,000	\$7,500/\$22,500
\$500/\$1,500	\$2,000/\$6,000
80% after deductible	50% after deductible
Unlimited	
\$35 copay	50% after deductible
\$40 copay	50% after deductible
100%	50% after deductible
\$35 copay	50% after deductible
\$40 copay	50% after deductible
\$35 copay	50% after deductible
80% after deductible	50% after deductible
\$250 per confinement: then 80% after deductible	\$250 per confinement: then 50% after deductible
\$100 copay: then 80% (deductible waived)	
80% after deductible	50% after deductible
100% (emergency transport only)	
\$35 copay	50% after deductible
\$250 per confinement; then 80% after deductible	\$250 per confinement; then 50% after deductible
\$35 copay	50% after deductible
\$250 per confinement; then 80% after deductible	\$250 per confinement; then 50% after deductible
\$20 copay	Not covered
\$40 copay	Not covered
\$75 copay	Not covered
\$40 copay	
\$80 copay	
\$150 copay	
\$42	
\$119	
\$196	

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



Dental Benefits

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.

2011 Dental Benefits 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		
Employee Only	\$8	
Employee + 1	\$20	
Employee + 2 or more	\$32	

Vision Benefits

Cognizant offers you a choice between two vision plans, UnitedHealthcare and Vision Service Plan (VSP). For network services, you pay a \$10 copay for an exam and a \$10 copay for materials (lenses and frames). Provider networks differ, so you can choose the plan that is best for you and your family.

2011 Vision Benefits Summary				
Benefit Provisions	UnitedHealthcare Vision Plan		Vision Service Plan (VSP)	
	Network Provider	Non-Network	VSP Provider	Non-VSP
Vision Care Services	Network Provider	Non-Network	VSP Provider	Non-VSP
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 \$105	Covered up to \$130	Up to \$105
Employee Contribution				
Employee Only	\$2		\$4	
Employee + 1	\$5		\$8	
Employee + 2 or more	\$9		\$13	

Employer 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 only.

Basic Group Life - UnitedHealthCare Specialty Benefits

- Associates - 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) - UnitedHealthCare Specialty Benefits

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.

Employee Assistance Program (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 1-888-238-6232.

Winning With Willis

Take charge of your health and well-being with information on a broad range of health issues and practical easy-to-use tools at www.winningwithwillis.com.

Willis Rewards

Pay less for big ticket purchases. Receive significant online and retail discounts of 15%–40% from major retailers across America and over 28,000 online retailers at www.willisrewards.com.



Employer Sponsored Options

Health Care Flexible Spending Account - Discovery Benefits

A Health Care Flexible Spending Account (FSA) is designed to reimburse for out-of-pocket health care expenses incurred by you or your eligible family members that are not reimbursable through any other benefit. Examples of eligible expenses are deductibles, copays, prescription eyeglasses, vision exams, dental expenses, and some over the counter drugs (but not payroll contributions as these are already pre-tax). For the 2011 plan year, you can contribute up to \$3,600 for eligible health care expenses incurred by you and your eligible family members.

For expenses incurred throughout the plan year, from January 1, 2011 through December 31, 2011, you have until March 31, 2012 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, 2012 will be forfeited.

Dependent Day Care Flexible Spending Account - Discovery Benefits

The Dependent Day Care Flexible Spending Account allows employees to pay for work related day care costs with tax-free earnings. You can reduce your taxable income by contributing up to \$5,000 (or \$2,500 if married and filing jointly) for eligible child day care expenses. Examples of eligible expenses are daycare or after school care from a licensed provider. Note that this account is NOT for dependent medical expenses - the Health care FSA would be used in those instances.

For expenses incurred throughout the plan year, from January 1, 2011 through December 31, 2011, you have until March 31, 2012 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, 2012 will be forfeited.

Transportation and Parking Benefit - Discovery Benefits

Under the Transportation 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 \$230 per month for mass transit or vanpooling expenses, or
- Up to \$230 per month for qualified parking expenses.

Aflac

Aflac is different from major medical health insurance; it is insurance for daily living. Aflac pays cash benefits directly to you, unless benefits are assigned, to help with expenses for a covered accident or illness. You can use the money to help with rent or mortgage payments, car payments, groceries, etc. Insurance policies available include the following:

- Accident - helps ease the financial impact of an unexpected injury
- Cancer/Specified-Disease - helps with expenses related to cancer treatment
- Specified Health Event - helps with serious health events, such as heart attack, stroke, coma, major third-degree burns, paralysis, and others
- Hospital Confinement Indemnity - helps with the expenses associated with a hospital stay

To apply or to learn more online, go to www.cognizantbenefits.com and follow the Aflac link under the insurance category.

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.



Don't forget to enroll in your Supplemental Benefits.

Pre-Paid Legal Services - 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

Group Auto and Homeowner's Insurance

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 the 2011 discounts, visit www.cognizantbenefits.com.

