



Your 2021 Benefits Enrollment Guide

For All Employees and Managers Hired on or After
September 1, 2019

Globant ▶

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Benefits!



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Welcome to your Globant LLC benefits!

At Globant LLC, we know our employees are essential to our success. That's why we make a meaningful investment in you by providing a **comprehensive benefits package** for you and your family.

Your benefits are a valuable part of your overall Globant total rewards. In the 2020 plan year, Globant spent over **\$10 million** on employee benefits—that's more than **\$17,000 per employee**. Our benefits are part of our commitment to the employee experience. This year, we're pleased to offer a diverse set of new benefits to select from, as well as a new and engaging way to enroll and shop for your benefits.

Read through this guide to learn more about what's new for 2021 and the benefit options available to you. Once you identify which ones might work best for you and your family, make your selections and enroll.



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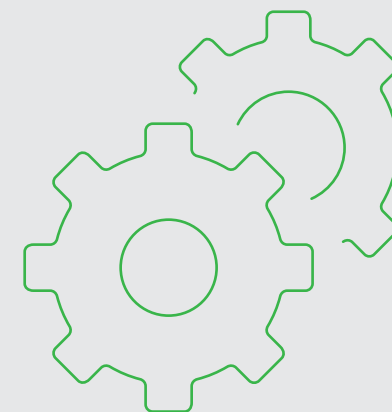
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What's New

2021 Benefits Program

We're introducing a new approach to shopping for your benefits for 2021, through Mercer Marketplace 365+. You'll be able to view and shop for the benefits that meet your needs, including new voluntary benefit options! Your core package of company-provided benefits is not changing — we're simply adding new options and new resources onto that great base.

Take Action! You Must Enroll

All employees must enroll to have medical, dental, vision, Flexible Spending Account (FSA), voluntary life, or any voluntary benefit coverage in 2021.

Use this guide and the resources available through Mercer Marketplace 365+ to learn about the benefits available to you and help you choose the coverage that may be best for you and your family. Then, make your elections and enroll by the deadline.

Questions?

Mercer Marketplace 365+ benefits counselors are ready to help you understand your options and make the right choices for your needs and budget.

Call **(855) 344-9807**, Monday through Friday, 4 a.m. – 7 p.m. Pacific time, and Saturday, 7 a.m. – 11 a.m. Pacific time. 24/7 virtual and language assistance is available.

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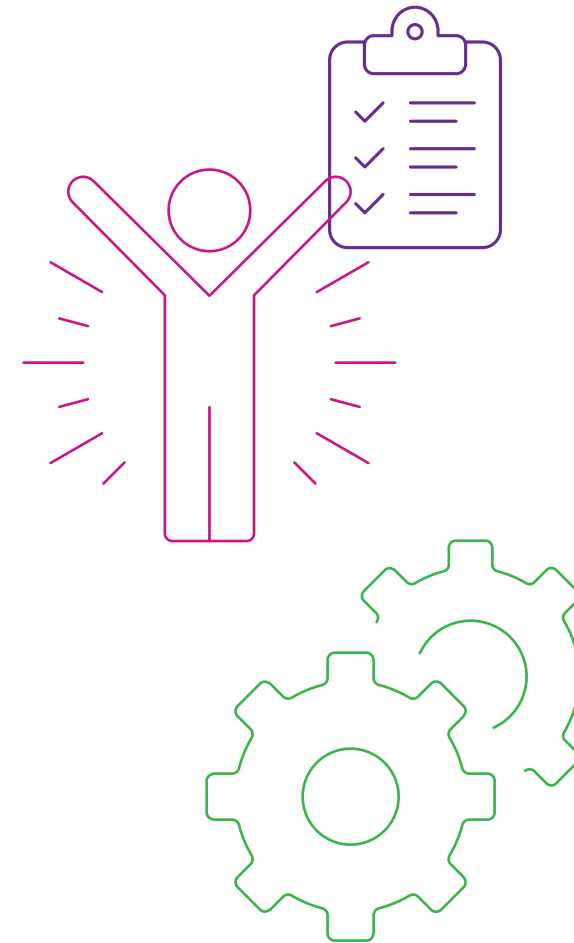
You're eligible for benefits if you're an active, regular, full-time or part-time employee working at least 20 hours per week. If you're a new hire or transferred, you're eligible on your date of hire or transfer date. Benefits end on the last day of the month in which you terminate employment. Part-time (working less than 20 hours per week), leased, temporary and seasonal employees are not eligible to participate in the benefits described in this guide.

Eligible dependents include your:

- Spouse, registered domestic partner, or domestic partner who meets Globant eligibility criteria
- Child up to age 26 (married or unmarried), including your natural child, adopted child, stepchild, or domestic partner's child
- Unmarried disabled child of any age

If you were hired by Globant on or after September 1, 2019, Globant covers 100% of the medical, dental, and vision premiums for employee only health coverage. Globant covers 80% of the medical, dental, and vision premiums for coverage that includes spouses and/or child(ren). The employee covers the remaining premium, which is approximately 20%. One half of any applicable monthly contribution will be automatically deducted pre-tax from each paycheck of the month.

Due to IRS regulations, if you elect domestic partner coverage, the value of these benefits will be added to your taxable income and is subject to federal and state income and payroll taxes.





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When to Enroll

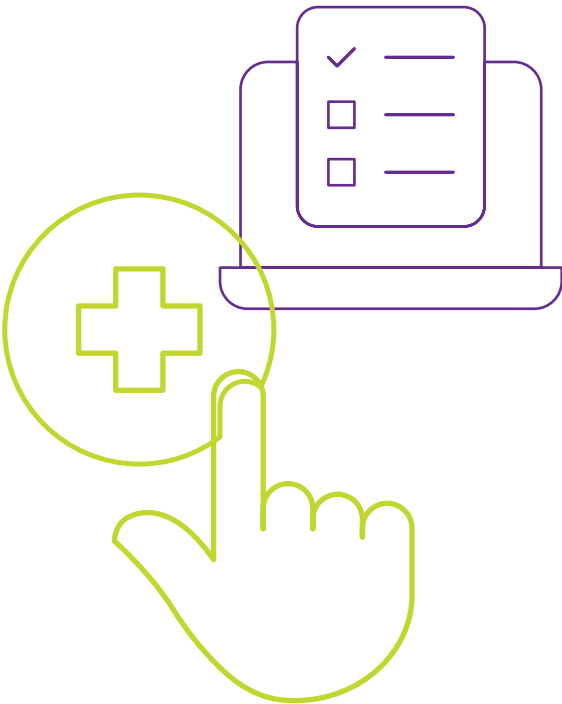
Newly hired or transferred employees: All newly eligible employees must enroll within 30 days of their hire or transfer date to receive benefits coverage. After 30 days, you will not be able to enroll or make changes to your benefits until the next Open Enrollment period, unless you experience a qualifying life event during the year.

Qualifying life events include:

- ▶ Marriage
- ▶ Birth or adoption of a child
- ▶ Change in health coverage eligibility
- ▶ Divorce
- ▶ Relocation to a different Globant location

All other benefits eligible employees: Open Enrollment for benefits is your opportunity to reevaluate your coverage needs for the coming year. The benefits you choose during Open Enrollment take effect at the beginning of the plan year, and you cannot make changes after Open Enrollment unless you experience a qualifying life event during the year. Enrollment dates will be communicated to you in advance of the next Open Enrollment period.

All employees: You **must enroll** when you're first eligible or during Open Enrollment. Otherwise, you will not have coverage through Globant LLC until the next enrollment period, unless you experience a qualifying life event during the year.



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How to Enroll

- Step 1:** Log in at www.mercermarketplace365plus.com/globant. For first time users, click “**get started**” and enter the information requested to register.
- Step 2:** Select **Open Enrollment**. Then, click “**Start Building Your Benefits Package.**”
- Step 3:** Review your benefits. Need help selecting benefits? Click “**Receive Expert Guidance.**” You’ll answer a few questions and then Mercer Marketplace 365+ will build a personalized package of benefits based on your responses. If you prefer to pick out your own benefits, select “**Choose Your Own.**”
- Step 4:** Need help? Connect with a **Mercer Marketplace 365+ benefit counselor** via live chat on the website or at **(855) 344-9807**. Licensed counselors speak English and Spanish, and are available during the following times:
Monday through Friday, 4 a.m. – 7 p.m. Pacific time
Saturday, 7 a.m. to 11 a.m. Pacific time
- Step 5:** Confirm and finish. Once you’ve made your selections, review your benefits summary for accuracy, then click “**Yes, I accept**” to the Terms and Conditions. Then, click “**Submit Package.**”

Check Your Personal Information

It’s important to make sure your personal information is current in Mercer Marketplace 365+. Enrollment is a good time to check things like your address and beneficiary designations to make sure everything is up to date and that you receive plan mailings like your medical plan ID card.

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Medical and Prescription Drugs

The medical plans available to you depend on your location.

All employees have access to the **PPO 500 plan**, offered through Anthem Blue Cross. The PPO 500 features coverage both in and out the network, so you can see any doctor you like. However, you'll save money if you see doctors in the network.

If you live in California, you have two other plans to choose from in addition to the PPO 500: The Kaiser Permanente HMO and the Anthem HMO. If you choose one of these plans, you may only use providers in the Kaiser Permanente or Anthem networks—except in case of emergency. Doctors and hospitals outside of each plan's respective network are not covered.

Choosing the right plan for you and your family can help control your health care costs. Ask yourself: How much medical care do you actually use? How important is it to you to have the widest possible choice of doctors? Does your spouse have access to coverage that might be more cost effective?

See the [Rates](#) section for monthly medical plan contributions.

Tip: Track Your Benefits Online

Once you enroll in a medical plan, you can visit your plan provider's website to see your Explanation of Benefits (EOB) statements. After you visit the doctor or receive care, you'll receive an EOB that lists what the provider charged, and what you're required to pay. Keep an eye on your EOBs so you know if there are errors or missing statements. See the **Contacts** section for a list of provider websites.

Medical Plan ID Cards

You'll receive medical plan ID cards in the mail a few weeks after enrolling. Don't want to wait, or need an ID card on the go? You can log into your Anthem Blue Cross or Kaiser Permanente account online or via their mobile apps to access your ID card whenever you need it.

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Your Medical Benefits at a Glance

	Anthem PPO 500		Kaiser Permanente HMO (CA Only)	Anthem HMO (CA Only)
	Network	Non-Network	Network Only	Network Only
Calendar Year Deductible (Individual/Family)	\$500/\$1,500	\$1,000/\$3,000	None	None
Out-of-Pocket Maximum (Individual/Family)	\$2,500/\$7,500	\$5,000/\$15,000	\$1,500/\$3,000	\$2,000/\$4,000
Office/Specialist Visits	\$15 copay	30% after ded.	\$15 copay	PCP: \$10 copay Specialist: \$30 copay
Preventive Care	No charge	Not covered	No charge	No charge
Diagnostic Lab & X-Ray	10% after ded.	30% after ded.	No charge	No charge
Complex Imaging	10% after ded.	30% after ded.	No charge	\$100
Chiropractic Care	\$15 copay (limit 30 visits per year)	30% after ded.	Not covered	\$10 (as part of physical therapy)
Acupuncture Care	\$15 copay (limit 20 visits per year)	30% after ded.	Not covered	\$10 copay per visit
Outpatient Surgery	10% after ded.	30% after ded. (up to \$350 per day)	\$100 per procedure	\$125 per admission
Inpatient Hospital	10% after ded.	30% after ded. (up to \$1,000 per day)	\$500 per admission	\$250 per admission
Emergency Room (waived if admitted)	\$100 per visit + 10% after ded.		\$100 per visit	\$100 per visit
Urgent Care	\$15 copay	30% after ded.	\$15 copay	\$10 copay

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Your Prescription Drug Benefits at a Glance

When you enroll in a medical plan through Globant, you automatically receive prescription drug coverage.

	Anthem PPO 500		Kaiser Permanente HMO (CA Only)	Anthem HMO (CA Only)
	Network	Non-Network	Network Only	Network Only
Prescription Calendar Year Deductible	Brand Name and Specialty Deductible: \$150 per member (\$450 per family)		Brand Name and Specialty Deductible: \$100 per member	Brand Name and Specialty Deductible: \$150 per member (\$450 per family)
Retail Prescriptions (30-day supply)	Tier 1: \$15 Tier 2: \$30 Tier 3: \$45	50%, up to \$250	Tier 1: \$10 Tier 2: \$30 (100-day supply)	Tier 1: \$10 Tier 2: \$20 Tier 3: \$35
Specialty Prescriptions (30-day supply)	20%, up to \$200	50%, up to \$250	20%, up to \$150	20%, up to \$200
Mail Order Prescriptions (90-day supply)	Tier 1: \$30 Tier 2: \$60 Tier 3: \$90	Not covered	Tier 1: \$10 Tier 2: \$30 (100-day supply)	Tier 1: \$20 Tier 2: \$40 Tier 3: \$70

Note: For Anthem plans, prescriptions are fulfilled by IngenioRx. Get started by calling the Pharmacy Member Services number on your health plan ID card.

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Stay in the Network!

If you choose a PPO, when using your medical plan, try to stay in the plan's provider network as much as possible. Doctors and facilities that have contracted with our medical plans have agreed to lower negotiated rates for their services. Not only are they charging less, but the insurance providers are generally paying a larger percentage of the cost. So, you'll save money!

Note: If you choose an HMO, you may only use the network providers unless you experience an emergency.

To find providers in the network, follow the instructions below:

Anthem: Visit the [provider directory](#) and log in to your account to see providers near you. Or, search as a guest — just make sure to select your state so you see results that are relevant to you.

Kaiser Permanente: Visit the [provider directory](#) and select **California — Northern** or **California — Southern** depending on your location. Then, follow the prompts to search.

Tip: Ask for the Generic Version!

When filling a prescription, try to stick to the generic version of a drug as much as possible. Generics will cost much less than a brand name prescription, and many popular brand name prescriptions have generics available. Make sure to ask!

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Your Medical Plan Resources

Anthem 24/7 NurseLine

Get help any time of the day or night with Anthem's 24/7 NurseLine, available 365. Whether it's a weekend, holiday, or the middle of the night, you can call (800) 337-4770 to connect with a registered nurse. The NurseLine is a good choice for conditions that are not life-threatening or serious, or if you're deciding whether you need to see a doctor, visit an urgent care clinic, or go to the emergency room.

Kaiser Permanente Advice Line

Kaiser Permanente's advice line allows you to connect with a registered nurse 24 hours a day, 7 days a week. They're available to assist you by answering questions about health concerns you may be having, whether or not you should seek medical care, including after-hours care, or schedule a phone or office visit appointment. To reach an Advice Nurse, call (866) 454-8855 or the number on the back of your Kaiser Permanente ID card.

Need Help Navigating Your Health Benefits? Try Health Advocate

With Health Advocate, you have access to Personal Health Advocates, experienced health care professionals who can help you find solutions to your health care or insurance-related issues and assist you with making informed decisions about care and services. Health Advocate can help you find an in-network doctor, hospital, dentist, or other health care provider; schedule appointments and tests, especially with hard-to-reach specialists; resolve claims and billing issues; and more!

Try it today: email answers@HealthAdvocate.com or call (866) 695-8622. Or, download the app today through the App Store or Google Play!

Important!

If you have an emergency medical or psychiatric condition, call 911 (where available) or go to the nearest hospital or emergency room.

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Dental

Globant offers a dental plan through MetLife. You can visit any licensed dental provider, but you'll receive the highest level of coverage from a dentist in the MetLife PPO network. If you visit a dentist who is not in the network, you'll be responsible for any costs over usual and customary charges.

Network providers will submit claims on your behalf directly to MetLife. However, if you receive services through non-network providers, you may be required to submit your own claims.

See the [Rates](#) section for monthly dental plan contributions.

	MetLife PPO	
	Network	Non-Network
Deductible	\$50 Individual/\$150 Family	
Preventive Care (Deductible waived)	No charge	No charge
Basic	20% after ded.	20% after ded.
Major	50% after ded.	50% after ded.
Calendar Year Maximum	\$2,000	\$2,000
Orthodontia (Adult and Child)	50% after ded.	50% after ded.
Orthodontia lifetime maximum	\$2,000	\$2,000

Get Your Preventive Care!

Nobody likes going to the dentist, but regular dental checkups and cleanings can prevent larger, more expensive issues later on. Plus, there's growing medical evidence that good oral health contributes to good overall health in a number of ways.

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Globant offers a vision plan through VSP. You can visit any licensed vision provider, but you'll save money if you see providers in the network. If you see a non-network provider, you may have to submit a claim.

See the [Rates](#) section for monthly vision plan contributions.

	VSP Vision Plan	
	Network	Non-Network
Frequency		
Exams	Every 12 Months	
Lenses	Every 12 Months	
Frames	Every 24 Months	
Copays		
Exam Copay	\$10	Up to \$50
Materials Copay	\$20	N/A
Lenses		
Single Vision	No charge	Up to \$50
Bifocal	No charge	Up to \$75
Trifocal	No charge	Up to \$100
Standard Progressive	No charge	Up to \$75
Frame Allowance	Up to \$150; Up to \$80 (Walmart/Sam's Club/Costco)	Up to \$70
Contacts Allowance	Up to \$150	Up to \$105

Tip: Dental and Vision ID Cards

Your dental and vision plans do not provide physical ID cards, and you don't need them! When you visit the dentist or the eye doctor, your provider will be able to confirm your coverage.

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Medical, Dental and Vision Plan Monthly Rates

The amounts below are 2021 monthly rates shown separately for medical, dental and vision coverage.

Medical			
Coverage Level	Anthem PPO 500	Anthem HMO (CA Only)	Kaiser HMO (CA Only)
Employee Only	\$0	\$0	\$0
Employee + Spouse	\$259	\$256	\$227
Employee + Child(ren)	\$212	\$209	\$184
Employee + Family	\$365	\$361	\$319

Dental	
Coverage Level	MetLife
Employee Only	\$0
Employee + Spouse	\$16
Employee + Child(ren)	\$18
Employee + Family	\$27

Vision	
Coverage Level	VSP Vision
Employee Only	\$0
Employee + Spouse	\$2
Employee + Child(ren)	\$2
Employee + Family	\$4

For cost information about other plans described in this guide, go to
www.mercermarketplace365plus.com/globant.

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Flexible Spending Accounts (FSAs)

Globant offers you a variety of savings accounts that can help you save on taxes and budget for health care costs.

Health Care Flexible Spending Account (FSA): You can contribute up to \$2,750 per year pre-tax (January 1 – December 31) to pay for eligible medical, prescription drug, dental and vision expenses not covered by your health care plan, for you and your dependents. Money in your account must all be used by March 15 of the following calendar year or it will be forfeited. You must submit claims by March 30, 2022.

Eligible expenses include deductible, copays, coinsurance, prescription drugs, vision expenses, laser vision correction, dental expenses and medical equipment.

Dependent Care Flexible Spending Account (FSA): You can contribute \$5,000 pre-tax per calendar year (January 1 – December 31) to pay for eligible dependent day care, elder care, or care for disabled spouse. If you are married and file a separate tax return, you may contribute up to \$2,500 per calendar year (January 1 – December 31). Money in your account must be used by the end of the plan year, December 31, and claims must be submitted by March 30, 2022.

Keep Your Receipts!

Always keep your receipts for FSA purchases — you'll need them to submit a claim. Even if you use your FSA debit card, be sure to keep your receipts as documentation: the IRS may ask you to prove that you used your FSA only for eligible expenses.

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Using Your FSA

You can pay for care with your FSA two ways:

1. **Pay up front** with your personal debit or credit card, cash, or a check. Then, submit a claim for reimbursement by:
 - a. **Fax:** (866) 451-3245
 - b. **Email:** customerservice@discoverybenefits.com
 - c. **Online:** www.discoverybenefits.com
2. **Use your FSA debit card.** If you enroll in an FSA, you'll automatically receive a debit card linked to your account. Use it for eligible expenses. A claim will automatically be generated when you use your card.

To learn more about IRS eligible expenses, see [IRS publication 502](#).

Commuter Benefit Program

Globant's Commuter Benefit Program, through Discovery Benefits, helps you save money on commuting costs. You can contribute up to \$270 per month pre-tax for transit benefits and up to \$270 per month pre-tax for parking benefits.

Commuter benefits are offered through Discovery Benefits. You can update your elections in Mercer Marketplace 365+ on a monthly basis, but must make a change by the 20th of the month (or the Friday before the 20th of the month, if on a weekend) for the change to take effect by the first of the following month.

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

Globant provides Basic Life and AD&D insurance at no cost to you. You automatically receive a benefit equal to 2x your base annual salary, to a maximum of \$800,000.

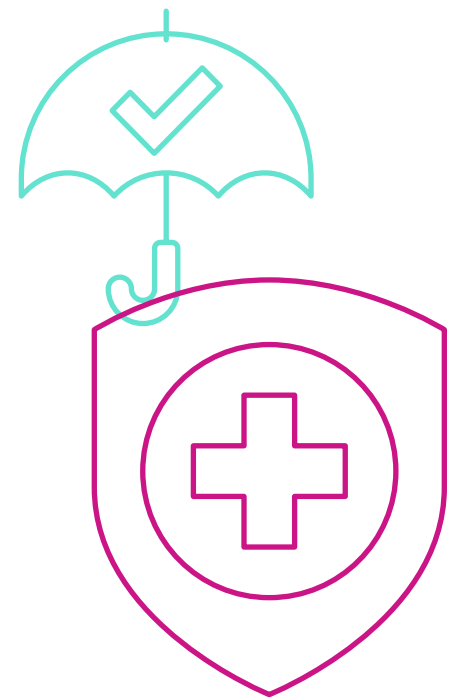
Your life benefit will be reduced by 35% at age 65, and by 50% at age 70.

Note: According to federal tax law, only the first \$50,000 of life insurance provided by an employer is available tax-free. The “value” (premium cost) of any coverage over \$50,000 will be added to your W-2 earnings. This added value is called “imputed income.”

Optional Employee Life Insurance

Globant also provides employees the option to purchase additional life insurance in \$10,000 increments to a maximum of \$500,000 or 5x salary, whichever is less.

- Elections up to \$150,000 will be automatically approved.
- Election amounts above \$150,000 will require a short health questionnaire.
- Your contributions for this plan will come out of your paycheck after taxes.



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Optional Spouse Life Insurance

Globant provides employees the option to purchase additional life insurance for their spouse or domestic partner in increments of \$5,000 to a maximum of \$250,000.

- Elections up to \$25,000 will be automatically approved.
- Election amounts above \$25,000 will require a short health questionnaire.
- Your contributions for this plan will come out of your paycheck after taxes.
- A spouse or domestic partner must be on file in order to elect.
- Election amount cannot exceed 100% of your optional life insurance election.

Optional Child Life Insurance

Globant provides employees the option to purchase additional life insurance for their child(ren) in increments of \$2,000 to a maximum of \$10,000.

Note: You must enroll in the optional life insurance plan to enroll your eligible dependents (spouse/domestic partner and/or child(ren) ages 26 and below).

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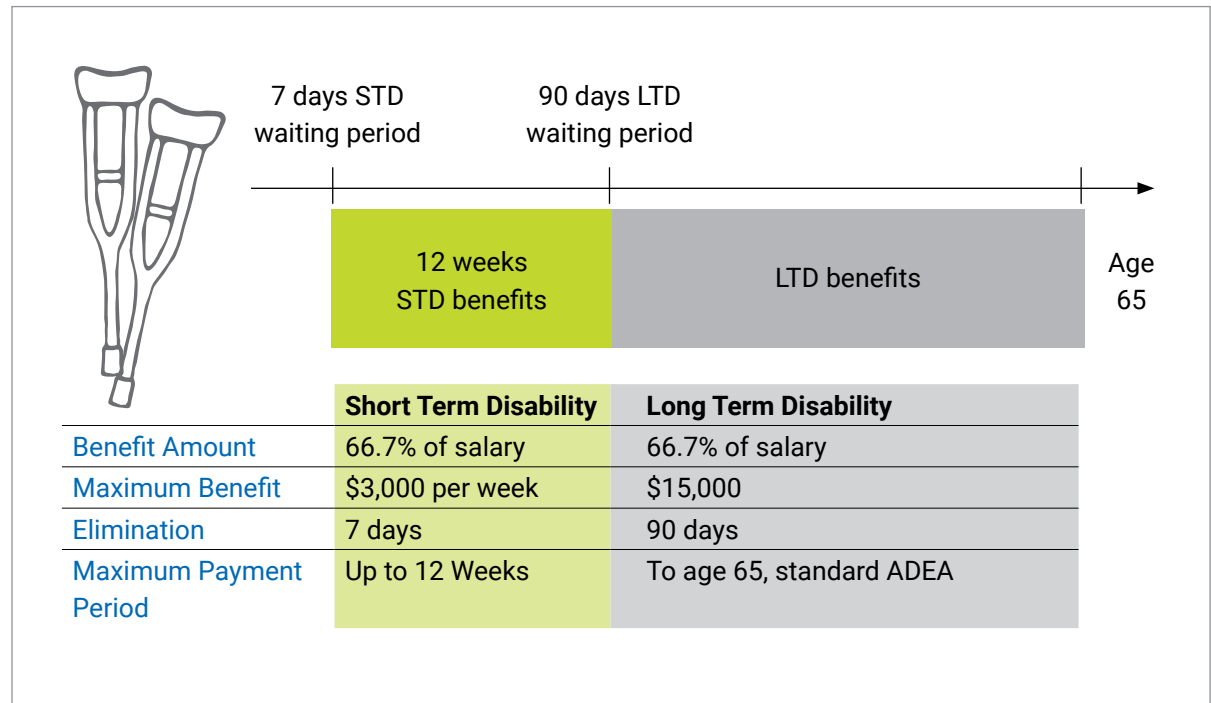


Short Term Disability (STD)

Globant provides you with STD for recovery from an illness or injury at no cost to you to protect your income during the time you are unable to work for more than seven days. After seven days of disability, you will be eligible to receive a weekly benefit of 66.7% of your weekly salary, to a maximum of \$3,000 per week. The amount of your benefit is based on your weekly income in effect just prior to your disability date. Your weekly salary is defined as your base salary.

Long Term Disability (LTD)

Globant provides LTD coverage at no cost to you to protect your income if you are unable to work due to illness or injury for a longer period of time. If you continue to be disabled for 90 days, you may be eligible to receive a monthly benefit based on 66.7% of your monthly salary to a maximum of \$15,000 per month. Benefits are paid for any illness or injury that causes disability. The amount of your benefit is based on your monthly income in effect just prior to your date of disability. Your monthly salary is defined as your base salary.



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As part of Globant's benefits package, you have access to a variety of additional voluntary benefits that can help save you money and provide important financial protection against different types of risks. You can purchase one or more of these benefits at group rates.

The voluntary benefits you can enroll in include:

- Supplemental Medical Insurance
 - Critical Illness Insurance
 - Accident Insurance
 - Hospital Indemnity Insurance
- Auto/Home Insurance
- Identity Protection
- Pet Insurance
- Legal assistance

Each benefit is described briefly here. For more detailed benefit and cost information, log on to www.mercermarketplace365plus.com/globant and visit the Resource Center.

Supplemental Medical Insurance

Supplemental Medical Insurance can help protect you from significant or unexpected out-of-pocket expenses incurred when you undergo a procedure or use a service your medical plan doesn't cover.

Critical Illness Insurance

Everyone has different needs when coping with critical illness. Critical Illness Insurance protects against the financial impact if you are diagnosed with a covered disease or condition on or after your coverage effective date. You can use this money however you like, including to help pay for expenses not covered by your medical plan, lost wages, child care, travel, home health care costs or any of your regular household expenses.

If you enroll in Critical Illness Insurance coverage, you have access to the **Wellness Benefit**, which provides an annual benefit if you complete a health screening test, whether or not there were any out-of-pocket costs. The Wellness Benefit is designed to encourage you to maintain a healthy lifestyle, since the tests screen for a wide range of potential illnesses and diseases.

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Accident Insurance

Accidents happen. When they do, Accident Insurance provides a cash payment for specific injuries and events resulting from a covered accident on or after your coverage effective date. You can use this money to help pay for uncovered medical expenses — such as your deductibles or coinsurance — or ongoing living expenses, like child care, housecleaning, groceries or utilities.

If you enroll in Accident Insurance coverage, you have access to the Wellness Benefit, which provides an annual benefit if you complete a health screening test, whether or not there were any out-of-pocket costs. The Wellness Benefit is designed to encourage you to maintain a healthy lifestyle, since the tests screen for a wide range of potential illnesses and diseases.

Hospital Indemnity Insurance

Hospital Indemnity Insurance pays a daily benefit if you have a covered stay in a hospital, critical care unit or rehabilitation facility on or after your coverage effective date. You can use this money for any purpose you like, including: to help pay for expenses not covered by your medical plan, lost wages, child care, travel, home health care costs or any of your regular household expenses.

Critical Illness, Accident Insurance, and Hospital Indemnity Insurance are limited benefit policies. These are not health insurance and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Auto/Home Insurance

Purchasing auto and home insurance through MetLife could provide you with savings of up to 15%. MetLife gives you access to a variety of personal insurance policies, including automobile, home, landlord's rental dwelling, condo, mobile home, renters, recreational vehicle, boat, and personal excess liability.

To learn more about auto and home insurance from MetLife, please call (800) 438-6388 or visit <https://www.metlife.com/us-grpautohome/mercero-marketplace-eligible>.

Is Supplemental Medical Insurance Right for You?

Take a moment to consider if there are gaps in your medical coverage, such as:

- Your deductible is more than your savings
- You may incur extra child care expenses if you're ill or injured
- You don't have savings to cover being off work for illness/injury.

Additionally, if you're enrolled in a \$500 Deductible or \$1,500 Deductible Plan, you might consider supplemental medical insurance. These plans provide great complementary coverage that can reduce your out-of-pocket medical costs.

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Identity Protection

Did you know that your identity is made up of more than your Social Security number and credit score? That's why Allstate offers identity protection to help monitor more than your credit reports. Allstate helps you look after your online activity, from financial transactions to social media engagement — so you can protect the trail of data you leave behind.

With Allstate Identity Protection, you can:

- Check your identity health score
- View and manage alerts in real time
- Get reimbursed in the event of fraud with the Allstate \$1 million identity theft insurance policy
- Experience full-service remediation

To learn more about Identity Protection through Allstate, visit <http://myaip.com/mercermarketpp>.

Pet Insurance

You work hard to provide your family with everything they need. Whether your family includes kids with two feet or kids with four paws, you want to ensure they're well taken care of.

Pets are unpredictable. While it's hard to anticipate accidents and illnesses, Nationwide pet insurance makes it a little easier to be prepared for them. From preventive care visits to significant medical incidents, Nationwide provides protection for pets when you need it most.

Nationwide policies cover a multitude of medical problems and conditions related to accidents and illnesses, including cancer, and offers cash back on eligible vet bills. You are able to use any veterinarian worldwide — even specialists and emergency care providers.

To learn more about Pet Protection® from Nationwide, please call (877) 738-7874 or visit <https://benefits.petinsurance.com/globant>.

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Legal Services

We all need an attorney at some point in our lives. When it comes to legal support, it doesn't have to be expensive or stressful. MetLaw, offered through MetLife, provides legal support for financial, real estate, estate planning, family, personal, civil, elder care, and vehicle matters. How you connect with your attorney is up to you — you can meet an attorney in-person, contact them over the phone, or connect with them online using the MetLife e-Panel. For some legal matters, MetLaw attorneys can even appear on an employee's behalf in court, so you don't have to take time away from work or your family to attend a hearing.

MetLaw provides legal assistance with:

- Unlimited use of legal services covered by your plan
- No waiting periods, deductibles, or copays to worry about
- No claim forms — all billing is between the network attorney and MetLaw

To learn more about MetLaw, visit www.legalplans.com (access code: GETLAW).

Mercer Marketplace 365+ HUB

Mercer Marketplace 365+ HUB is a resource designed to help you and your family make the right medical decisions for your unique needs while managing costs. Receive personalized support and improved transparency, quality, and affordability of care.

HUB can help you:

- Set up appointments or resolve claim disputes
- Find high-quality doctors based on your condition and location

Mercer Marketplace 365+ HUB is provided at no cost to you if you're enrolled in a Globant medical plan. For more information, go to www.mercermarketplace365plus.com/globant.

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Employee Assistance Programs (EAPs)

As a Globant employee in the U.S., you have two EAP options. You can use one or both — it's your choice!

Lincoln Financial Group EAP

The Lincoln Financial Group EAP is a resource and referral service designed to help you and your family with your personal, job or family situations. It is free, voluntary and strictly confidential. The Lincoln Financial Group EAP is available 24/7 and offers one-on-one telephonic counseling and referrals to community resources.

- Three face-to-face visits for mental health, legal, and/or financial issues per six month period with no more than five face-to-face visits in any one year
- Document preparation assistance
- Online access to information and provider locations: child and elder care, adoption, education
- Online support: training courses and a legal and financial center

LifeWorks EAP

The LifeWorks EAP provides counseling, legal, financial, caregiver and elder care resources, available 24/7. Receive expert guidance and practical work-life services, referrals to counselors and other specialists, and connections to community resources.

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401(k) Plan

Globant offers you a 401(k) plan to help you save and plan for your future. Read on for some highlights of the plan or for more details, review the [401\(k\) Summary Guide](#). You can enroll in the 401(k) via [Fidelity](#).

Who's Eligible?

All regular employees who have worked for the company for one month and who are at least twenty-one years of age are eligible for the plan. You can begin participating the first day of the month following the date you satisfy these requirements.

Employee Contributions

You can contribute up to \$19,500 annually pre-tax to your 401(k). These contributions will show up as “pre-tax deductions” on your paycheck and are not subject to federal or state income taxes. You can choose to contribute as little as \$1 per paycheck up to 100% of your paycheck, subject to the contribution limit.

If you are age 50 or older or will turn 50 before the end of the year, you can contribute an additional \$6,500 to your account each year.

Contributions from Globant

Globant helps you prepare for retirement by making contributions to your 401(k) too. The following chart shows what Globant will contribute based on your years of service.

Length of Service	Globant 401(k) Match
6 months or less	0% match
6 months + 1 day through 1 year + 6 months	1% match
1 year + 6 months + 1 day through 2 years + 6 months	2% match
2 years + 6 months + 1 day through 3 years + 6 months	3% match
3 years + 6 months + 1 day or more	4% match

Investment Options

You can invest your 401(k) funds in a number of investment options. If you have questions about your options, contact **Fidelity**. Fees on managing the account will be deducted from the earnings of the account according to regulation.

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Time Off Benefits

You have access to comprehensive time off benefits, including parental leave, holidays and PTO. All details and policies can be found on the [People Site](#).

Perks

PerkSpot

Globant is excited to offer you PerkSpot, a one-stop shop for exclusive discounts at many of your favorite national and local merchants! PerkSpot is completely free, and optimized for use on any device, including desktops, tablets, and phones.

Enjoy access to thousands of discounts in dozens of categories, including restaurants, health and fitness, retail, and more. You can even filter your results by neighborhood using PerkSpot's streamlined Local Map.

Opt in to PerkSpot's weekly email to receive a curated selection of discounts. Each week's email features both new and popular deals, as well as seasonal and thematic groupings of offers.



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For More Information

Need more information on a plan or a benefit, or help navigating your benefit plans?

Reach out to Health Advocate for general benefits help:

Health Advocate
(866) 695-8622
answers@HealthAdvocate.com

Need help or have questions about enrolling online?

Contact people-us@globant.com.

Need help with a specific plan or need to contact a plan provider? Not sure if you need an ID card or not?

See the chart on the next page for all your benefit plan information.

Need Help Choosing Which Medical Plan Is Right for You?

Through Mercer Marketplace 365+, you can answer a few questions and then Mercer Marketplace 365+ will build a personalized package of benefits based on your responses. Click “Receive Expert Guidance” to get started.

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Contact	Group Number	Phone	Website	ID Card
Anthem HMO and PPO	281716	(800) 888-8288	www.anthem.com/ca	Mailed to your home or available online or via mobile app
Kaiser Permanente HMO (Northern California)	233081	(800) 464-4000	www.kp.org	Mailed to your home or available online or via mobile app
Kaiser Permanente HMO (Southern California)	605183	(800) 464-4000	www.kp.org	Mailed to your home or available online or via mobile app
MetLife Dental PPO	5917440	(800) 275-4638	www.metlife.com	No ID card needed to receive care; your provider will validate your coverage
VSP Vision Plan	30094134	(800) 877-7195	https://www.vsp.com/eye-doctor	No ID card needed to receive care; your provider will validate your coverage
Lincoln Financial Group Life and AD&D	06-066870	(888) 787-2129	www.lfg.com	N/A
Lincoln Financial Group Disability	06-066870	(800) 320-7585	www.lfg.com	N/A
Lincoln Financial Group EAP	06-066870	(888) 628-4824	GuidanceResources.com Username: LFGSupport Password: LFGSupport1	N/A
LifeWorks EAP	N/A	(800) 433-7916	https://globant.lifeworks.com	N/A
Discovery Benefits FSA	38383	(866) 451-3399	www.discoverybenefits.com	Debit card mailed to your home

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Discovery Benefits Commuter Program	38383	(866) 451-3399	www.discoverybenefits.com	Debit card mailed to your home
Fidelity	N/A	(800) 835-5097	http://www.401k.com	N/A
Voya Critical Illness	0071717-7	(866) 448-7351	http://foremployers.voya.com/products-services/employee-benefits	N/A
Voya Accident	0071717-7	(866) 448-7351	http://foremployers.voya.com/products-services/employee-benefits	N/A
Voya Hospital Indemnity	0071717-7	(866) 448-7351	http://foremployers.voya.com/products-services/employee-benefits	N/A
MetLife Auto & Home Insurance	N/A	(800) 438-6388	https://www.metlife.com/us-grpautohome/mercer-marketplace-eligible	N/A
Allstate Identity Protection	5161	(800) 789-2720	http://myaip.com/mercermarketpp	N/A
Nationwide Pet Insurance	N/A	(855) 525-1458	https://benefits.petinsurance.com/globant	N/A
MetLife Legal Assistance	990/3938	(800) 438-6388	www.legalplans.com (access code: GETLAW)	N/A
HUB	N/A	N/A	www.mercermarketplace365plus.com/globant	N/A
PerkSpot	N/A	(866) 606-6057	https://mercer365plus.perkspot.com	N/A

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HIPAA Privacy

Globant LLC's Health Plan maintains a HIPAA Notice of Privacy Practices that provides information to individuals whose protected health information (PHI) will be used or maintained by the Plan. If you would like a copy of the Plan's HIPAA Notice of Privacy Practices, please contact the Rewards Team.

HIPAA Notice of Special Enrollment

If you are declining enrollment for yourself or your dependents (including your spouse or domestic partner) because of other health insurance or group health plan coverages, you may be able to enroll you and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing).

New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

Key parts of the health care law took effect in 2014, including the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

What Is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers one-stop shopping to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace varies by state; check with the Marketplace in your state for the exact dates.

Can I Save Money on My Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

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Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.56% of your household income for 2018, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution — as well as your employee contribution to employer-offered coverage—is often excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact the Rewards Team.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [Healthcare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information about Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

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3. Employer name(s) Globant LLC Globant IT Services Corp	4. Employer Identification Number(s) (EIN) 98-0390078 37-1871252	
5. Employer address 875 Howard Street, Suite 320	6. Employer Phone Number (877) 215-5230	
7. City San Francisco	8. State CA	9. ZIP Code 94103
10. Who can we contact about employee health coverage at this job? U.S. People Journey Team		
11. Phone number (if different from above) (877) 215-5230	12. Email address people-us@globant.com	

Here is some basic information about health coverage offered by this employer:

As your employer, we offer a health plan to: all active, regular full-time and part-time employees working an average of 20 or more hours per week.

Eligible dependents are:

- Spouse / Domestic Partner
- Unmarried or married child to age 26; a child includes your adopted child, domestic partner's child or recognized natural child
- An unmarried child of any age who is incapable of self-sustaining employment due to a mental or physical disability

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.