

VO:

- Hey there, new hire! Welcome to the Publicis Benefits Connection Health and Group Benefits Orientation. This video should take about an hour to complete, but you can use the toolbar over here on the left to move between sections if you know what you're looking for. Think you're ready? Then let's get started!

What We'll Cover



VO:

- Here's what we'll cover in this video.

What We'll Cover

1. Eligibility Overview

VO:

- An overview of eligibility for you and your dependents.

What We'll Cover

2. Dependent Verification

VO:

- Important benefits considerations for covering your dependents, like verifying their eligibility for benefits coverage under your plan.

What We'll Cover

3. Working Spouse Surcharge

VO:

- Information on the working spouse surcharge.

What We'll Cover

4. Your Publicis Benefits

VO:

- Important enrollment information about your Publicis benefits.

What We'll Cover

4. Your Publicis Benefits

- Medical
- Dental
- Vision
- Spending and Savings Accounts
 - Flexible Spending Accounts (FSAs)
 - Health Savings Account (HSA)
- Short-Term and Long-Term Disability
- Life and AD&D Insurance
- Other Benefits
- PBC Healthy Living Wellness Program

VO:

- And a closer look at your Publicis Benefits Connection benefits to help you begin reviewing and thinking about your choices.

What We'll Cover

5. Considerations

VO: Considerations for managing your health care costs.

What We'll Cover

6. Enrollment Information

VO: A brief summary of how to enroll in your benefits. This is where you'll learn more about bswift, your go-to benefits enrollment site. Here, you'll also meet Ask Emma, your decision-support based tool that can help you select the right plan for you and your family.

What We'll Cover

7. 401(k) Plan

VO: The 401 (k) Plan, and resources to help you understand your benefits, like how you can contact the PBC Benefits Service Center for more information or if you have any additional questions.



VO: So first things first — who's eligible to be covered under the PBC Health and Group Benefit Program?

Eligibility Overview

Employees

- All US-based full-time and part-time employees
- Must work a minimum regular schedule of at least 21 hours per week

Dependents

- Spouses (unless legally separated or divorced)
- Same- or opposite-sex domestic/civil union partners
- Your eligible dependent children, including:
 - your natural children
 - your legally adopted children
 - your step children
 - children of your domestic partner
 - children placed with you for adoption
 - your foster children
 - any other children (including grandchildren) for whom you are the legal guardian

Children are eligible for benefits as follows:

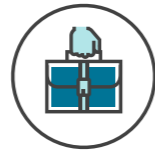
- Dependent children up to age 26* are eligible for medical coverage regardless of marital or student status
- Unmarried dependent children up to age 21* are eligible for dental, vision, and life insurance coverage
- Unmarried dependent children ages 21-25* are eligible for dental, vision, and life insurance, provided they are full-time students
- Unmarried dependent children age 21 and older, if totally disabled, are eligible for dental, vision, and life insurance coverage

**Qualifying proof of full-time student status will be requested each year upon attainment of age 21 in order to maintain active dental, vision and life insurance coverage. Coverage is provided until the end of the month in which the limiting age is attained.*

VO:

- I know, I know. This is a lot of information, so let me break this down for you.

Eligibility Overview



Employees

- All US-based full-time and part-time employees
- Must work a minimum regular schedule of at least 21 hours per week

VO:

- If you're a US-based full-time or part-time employee working a minimum regular schedule of at least 21 hours per week, you're eligible to participate in the PBC Health and Group Benefit Program.

Eligibility Overview



Dependents

- Spouses (unless legally separated or divorced)
- Same- or opposite-sex domestic/civil union partners

VO:

- Spouses are eligible for dependent coverage, as well as domestic, civil union, or same-sex partners.
- Legally separated or divorced partners, however, aren't eligible.

Eligibility Overview



Dependents

- Your eligible dependent children, including:
 - your biological children
 - your legally adopted children
 - your stepchildren
 - children of your domestic partner
 - children placed with you for adoption
 - your foster children
 - any other children (including grandchildren) for whom you are the legal guardian

VO:

- Eligible dependent children may also participate, including your biological children, legally-adopted children, stepchildren, the children of your domestic partner, children placed with you for adoption, foster children, and any other children (including grandchildren) for whom you are the legal guardian, as determined by a court of competent jurisdiction.

Eligibility Overview



Children are eligible for benefits as follows:

- Dependent children up to age 26* are eligible for medical coverage regardless of marital or student status
- Unmarried dependent children up to age 21* are eligible for dental, vision, and life insurance coverage
- Unmarried dependent children ages 21–25* are eligible for dental, vision, and life insurance, provided they're full-time students
- Unmarried dependent children age 21 and older, if totally disabled, are eligible for dental, vision, and life insurance coverage

**Qualifying proof of full-time student status will be requested each year upon attainment of age 21 in order to maintain active dental, vision and life insurance coverage. Coverage is provided until the end of the month in which the limiting age is attained.*

VO:

- Dependent children up to the age of 26 are eligible for medical coverage regardless of marital or student status. Unmarried dependent children up to age 21* are eligible for dental, vision, and life insurance coverage. Unmarried dependent children ages 21–25* are eligible for dental, vision, and life insurance, provided they're full-time students. Unmarried dependent children age 21 and older, if totally disabled, are eligible for dental, vision, and life insurance coverage.

Eligibility Overview

Qualifying proof of dependent eligibility will be requested to validate any dependents being enrolled for coverage.



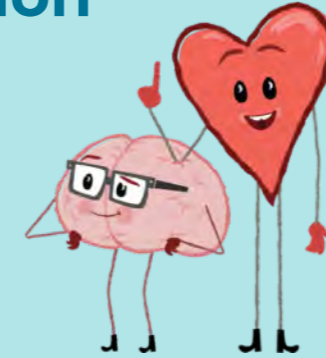
Here's how it works:

- Qualifying certification of total disability will be required by the plan
- For dependent children 21 or older, qualifying proof of full-time student status will be requested each year until they reach the age of 25 in order to maintain their active dental, vision, and life insurance coverage
 - Coverage is provided until the end of the month in which they reach the limiting age

VO:

- Qualifying proof of dependent eligibility will be requested to validate any dependents being enrolled for coverage.
- Here's how it works — qualifying certification of total disability will be required by the plan. For dependent children 21 or older, qualifying proof of full-time student status will be requested each year until they reach the age of 25 in order to maintain their active dental, vision, and life insurance coverage. Coverage is provided until the end of the month in which they reach the limiting age. When you're ready to enroll in your benefits, please make sure that you cover only eligible dependents.

Dependent Verification



VO:

- Now that you know who you can cover, how do you verify your dependents?

Dependent Verification



Our health plans are self-funded which means:

- Both Publicis and you pay the cost for the plans directly — not insurance companies
- Covering ineligible dependents adds millions to the cost of the plans — raising prices for everybody

VO:

- Our health plans are self-funded which means both Publicis and you pay the cost for the plans directly — not insurance companies. Covering ineligible dependents adds millions to the cost of the plans. Raising prices for everybody.

Dependent Verification

Please make sure that all of your dependents meet the eligibility criteria before you enroll them for coverage. Publicis conducts dependent audits to ensure that only eligible individuals and their dependents participate in the plans.

VO:

- Please make sure that all of your dependents meet the eligibility criteria before you enroll them for coverage.
- Publicis conducts dependent audits to ensure that only eligible individuals and their dependents participate in the plans.

Dependent Verification



After you enroll, bswift — your benefits enrollment site — will contact you by mail or email using your information on file to request supporting documentation for dependent verification.

This notification will include:

- Examples of acceptable documentation
- Instructions on how to upload the required forms to your benefits account

VO:

- After you enroll, bswift — your benefits enrollment site — will contact you by mail or email using your information on file to request supporting documentation for dependent verification.
- This notification will include examples of acceptable documentation and instructions on how to upload the required forms to your benefits account on the benefits enrollment site within a specified verification deadline.

Dependent Verification

Your verification deadline is **30 calendar days** from the date that you process your enrollment in the benefits system.

You'll need to submit the required documents by this specified deadline, or your requested coverage will be retroactively terminated as of the date of coverage. This would result in your dependents being removed as if they had no coverage at all.

VO:

- Just a heads-up that your verification deadline is 30 calendar days from the date that you process your enrollment in the benefits system.
- You'll need to submit the required documents by this specified deadline, or your requested coverage will be retroactively terminated as of the date of coverage. This would result in your dependents being removed as if they had no coverage at all.



Working Spouse Surcharge

VO:

- Concerned about adding your spouse?

Working Spouse Surcharge

If your spouse, domestic, or civil union partner works for an employer offering medical coverage, and you choose to cover your spouse or partner through Publicis, then you'll incur a working spouse surcharge.

VO:

- If your spouse, domestic, or civil union partner works for an employer offering medical coverage, and you choose to cover your spouse or partner through Publicis, then you'll incur a working spouse surcharge.

Working Spouse Surcharge



The surcharge is **\$100** per month deducted after-tax (**\$1,200** annually).

Includes:

- Spouses
- Domestic/civil union partners

VO:

- The surcharge is currently highlighted on screen and deducted on an after-tax basis, totaling a certain amount for the calendar year. This includes spouses and domestic or civil union partners.

Working Spouse Surcharge

The surcharge applies to medical coverage only. The surcharge doesn't apply if you elect to cover your spouse/partner under the dental and/or vision plans.

VO:

- The surcharge applies to medical coverage only. The surcharge doesn't apply if you elect to cover your spouse or partner under the dental and/or vision plans.

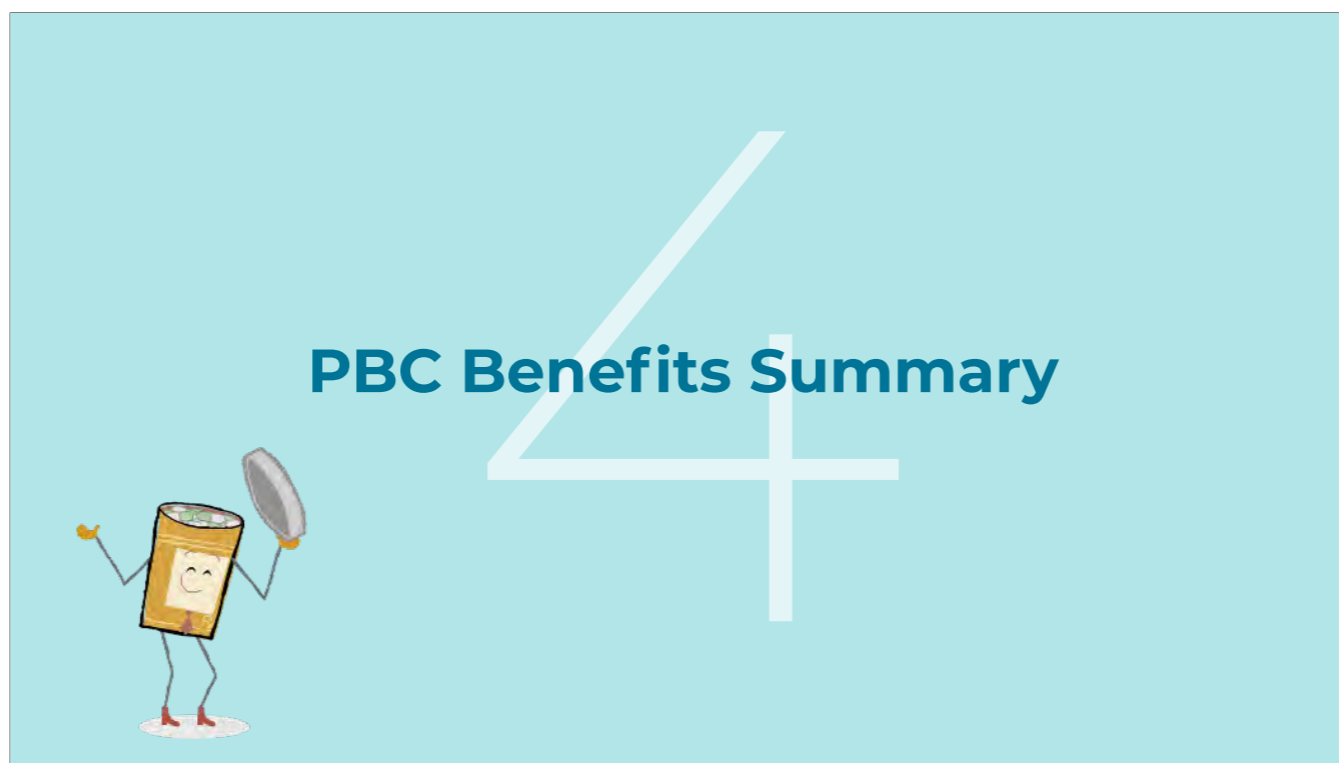
Working Spouse Surcharge

The surcharge will be waived if your spouse/partner is:

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

VO:

- The surcharge will be waived if your spouse or partner is eligible for coverage as a Publicis employee, eligible for Medicare, self-employed or benefits ineligible with their employer.



VO:

- Now, let's take a good look at all of your PBC benefits.

Publicis Benefits Options

You Must Actively Enroll In	You May Enroll In This Benefit Anytime	You Are Automatically Enrolled In
<ul style="list-style-type: none"> • Medical • Health Savings Account (if you enroll in the Medical HSA Plan; you must take action to open and use your HSA) • Dental • Vision • Health Care or Dependent Care Flexible Spending Accounts (FSAs) • Supplemental Life Insurance • Dependent Life Insurance • Optional Accidental Death and Dismemberment (AD&D) • Supplemental LTD • Group Legal Assistance 	<ul style="list-style-type: none"> • TRIP • 401(k) Plan • Bright Horizons Back Up Care Program • Voluntary Benefits 	<ul style="list-style-type: none"> • Teladoc (provided you enroll in a PBC medical plan option) • Basic Life Insurance Short- and Basic Long-Term Disability • Publicis Benefits Connection Healthy Living (action required to receive reward) • Health Advocate • International SOS Travel Assistance Program • Employee Assistance Program (EAP)

VO:

- But first, take a second to look through your benefits options.
- There will be some benefits you must actively enroll in such as Medical, Dental and Dependent Life Insurance — just to name a few.

Publicis Benefits Options

You Must Actively Enroll In	You May Enroll In This Benefit Anytime	You Are Automatically Enrolled In
<ul style="list-style-type: none"> • Medical • Health Savings Account (if you enroll in the Medical HSA Plan; you must take action to open and use your HSA) • Dental • Vision • Health Care or Dependent Care Flexible Spending Accounts (FSAs) • Supplemental Life Insurance • Dependent Life Insurance • Optional Accidental Death and Dismemberment (AD&D) • Supplemental LTD • Group Legal Assistance 	<ul style="list-style-type: none"> • TRIP • 401(k) Plan • Bright Horizons Back Up Care Program • Voluntary Benefits 	<ul style="list-style-type: none"> • Teladoc (provided you enroll in a PBC medical plan option) • Basic Life Insurance Short- and Basic Long-Term Disability • Publicis Benefits Connection Healthy Living (action required to receive reward) • Health Advocate • International SOS Travel Assistance Program • Employee Assistance Program (EAP)

VO:

- There are also some benefits that you may enroll in at any time such as TRIP, the 401(k) Plan, the Bright Horizons Back Up Care Program and Voluntary Benefits.

Publicis Benefits Options

You Must Actively Enroll In	You May Enroll In This Benefit Anytime	You Are Automatically Enrolled In
<ul style="list-style-type: none"> • Medical • Health Savings Account (if you enroll in the Medical HSA Plan; you must take action to open and use your HSA) • Dental • Vision • Health Care or Dependent Care Flexible Spending Accounts (FSAs) • Supplemental Life Insurance • Dependent Life Insurance • Optional Accidental Death and Dismemberment (AD&D) • Supplemental LTD • Group Legal Assistance 	<ul style="list-style-type: none"> • TRIP • 401(k) Plan • Bright Horizons Back Up Care Program • Voluntary Benefits 	<ul style="list-style-type: none"> • Teladoc (provided you enroll in a PBC medical plan option) • Basic Life Insurance Short- and Basic Long-Term Disability • Publicis Benefits Connection Healthy Living (action required to receive reward) • Health Advocate • International SOS Travel Assistance Program • Employee Assistance Program (EAP)

VO:

- Then, there are benefits that you are automatically enrolled in. Some of those benefits are Teladoc, Publicis Benefits Connection Healthy Living and the Employee Assistance Program. We'll go into further detail about these benefits throughout this video.



Medical Benefits

- PBC medical benefits are designed to provide you and your enrolled eligible dependents access to quality, comprehensive, and cost-conscious health care
- You have three medical plan options, all administered by Blue Cross Blue Shield of Illinois: the Medical HSA Plan, the Standard PPO Plan and the Premier PPO Plan. These options cover the same services but have key differences when it comes to how much you pay for coverage and care

VO:

- PBC medical benefits are designed to provide you and your enrolled **eligible** dependents access to quality, comprehensive, and cost-conscious health care.
- You have three medical plan options, all administered by Blue Cross Blue Shield of Illinois: the Medical HSA Plan, the Standard PPO Plan and the Premier PPO Plan. These options cover the same services but have key differences when it comes to how much you pay for coverage and care.

Medical Benefits

Medical Plan Options	How much will you pay for coverage and care?
Blue Cross Blue Shield of Illinois Medical HSA Plan	Pay the least per paycheck for coverage; most control over health care costs
Blue Cross Blue Shield of Illinois Standard PPO	Pay significantly less per paycheck for coverage; pay more when you receive care
Blue Cross Blue Shield of Illinois Premier PPO	Pay more per paycheck for coverage; pay less when you receive care

VO:

- When it comes to the Medical HSA Plan, you pay the least per paycheck for coverage and have the most control over health care costs.

Medical Benefits

Medical Plan Options	How much will you pay for coverage and care?
Blue Cross Blue Shield of Illinois Medical HSA Plan	Pay the least per paycheck for coverage; most control over health care costs
Blue Cross Blue Shield of Illinois Standard PPO	Pay significantly less per paycheck for coverage; pay more when you receive care
Blue Cross Blue Shield of Illinois Premier PPO	Pay more per paycheck for coverage; pay less when you receive care

VO:

- When you choose the Standard PPO Plan, you pay significantly less per paycheck for coverage but pay more when you receive care.

Medical Benefits

Medical Plan Options	How much will you pay for coverage and care?
Blue Cross Blue Shield of Illinois Medical HSA Plan	Pay the least per paycheck for coverage; most control over health care costs
Blue Cross Blue Shield of Illinois Standard PPO	Pay significantly less per paycheck for coverage; pay more when you receive care
Blue Cross Blue Shield of Illinois Premier PPO	Pay more per paycheck for coverage; pay less when you receive care

VO:

- With the Premier PPO Plan, you pay more per paycheck for coverage but pay less when you receive care.

PBC Medical Plan Options

	Medical HSA Plan		Standard PPO		Premier PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Company Contribution to HSA	\$250 Employee Only \$500 Employee + Spouse/Children/Family		Cannot elect HSA with this plan		Cannot elect HSA with this plan	
Annual Deductible	\$1,650/\$3,300	\$3,300/\$6,600	\$1,100/\$2,200	\$2,200/\$4,400	\$700/\$1,400	\$1,400/\$2,800
Annual Out-of-pocket Maximum	\$6,650/\$13,300	\$13,300/\$26,600	\$6,250/\$12,500	\$12,500/\$25,000	\$3,750/\$7,500	\$7,500/\$15,000
Coinsurance (you pay)	20%	40%	20%	40%	20%	40%
Office Visit (Primary)	Deductible and coinsurance	Deductible and coinsurance	\$30	Deductible and coinsurance	\$20	Deductible and coinsurance
Office Visit (Specialist)	Deductible and coinsurance	Deductible and coinsurance	\$45	Deductible and coinsurance	\$30	Deductible and coinsurance

With the Medical HSA Plan, employees must meet the entire family deductible before coinsurance begins for anyone covered under the Plan. Annual out-of-pocket maximums for each plan, include the annual deductible, coinsurance and copays (where applicable).

VO:

- This chart highlights the key benefit levels of each plan, including the annual company contribution to HSA, the annual deductible, the annual out-of-pocket maximum, coinsurance and copayments for office visits.
- If you look at the second and third rows of the chart, you'll notice that the annual deductible and the annual out-of-pocket maximum work differently with each plan. Under the Medical HSA Plan, employees have the highest annual deductible and must meet the entire family deductible before coinsurance begins for anyone covered under the plan.
- Regarding the out-of-pocket maximums for each plan, which include the annual deductible, coinsurance, and copays wherever applicable, employees enrolled in the Medical HSA Plan will pay higher out-of-pocket maximums than if they elected one of the PPO Options.
- When you take a look at the first row of this chart, you'll also notice that only the Medical HSA Plan has a Health Savings Account. Publicis makes an annual contribution to the Health Savings Account to help pay for medical out-of-pocket expenses like the deductible. You can also make pre-tax contributions to your HSA. We'll dive a little deeper into that in just a few minutes.

Need some help?

Ask Emma will recommend a plan for you



ask EMMA™

VO:

- We know there's a lot to consider when choosing the right medical plan for you and your family. If you need some help, Ask Emma is always here for you. She's a decision-support based tool that can assist you during your enrollment process. Based on your projected health needs and costs, Ask Emma will recommend a plan that best fits into your life. Be sure to remember this face — more information on Ask Emma is to come!

Other Medical Plan Highlights

Medical HSA Plan

- Covers **100%** of preventive services received in network
- Has a “true family deductible,” meaning:
 - you’ll need to meet the family deductible if you cover one or more dependents before any family member can begin to pay coinsurance
 - when any combination of family members meets the full-family deductible, then the entire covered family begins paying coinsurance
- The Health Savings Account (HSA) feature allows participants to save pre-tax money for medical expenses including deductibles and coinsurance

VO:

- For now, let’s take a look at more highlights from other medical plan options.
- We’ll first chat about the Medical HSA Plan.
- This Medical HSA Plan covers a certain percentage of preventive services received in network.
- The plan has a “true family deductible,” meaning you’ll need to meet the family deductible if you cover one or more dependents before any family member can begin to pay coinsurance. When any combination of family members meets the full-family deductible, then the entire covered family begins paying coinsurance.
- The Health Savings Account feature allows participants to save pre-tax money for medical expenses including deductibles and coinsurance.

Other Medical Plan Highlights



Premier & Standard PPO Plans

- Cover **100%** of preventive services received in network
- Require flat copayments for specialist and primary care physician for something other than preventive care
- For all other services, once individual deductible is met, the plan begins coverage

VO:

- Now, let's get into the highlights of the Premier and Standard PPO Plans.
- The Premier and Standard PPO Plans cover a certain percentage of preventive services received in network. These plans require flat copayments for specialist and primary care physician for something other than preventive care.
- For all other services, once individual deductible is met, the plan begins coverage

BCBSIL Member Rewards Program

Administered by a Blue Cross Blue Shield of Illinois (BCBSIL) partner

- Employees enrolled in a Publicis medical plan have access to the **Blue Cross Blue Shield of Illinois Member Rewards** program, a health shopping program designed to reduce out-of-pocket health care costs for eligible services while earning cash rewards for selecting quality cost-effective health care providers
- To access the Member Rewards health care shopping portal, enrolled members need to register for Blue Access for Members at www.bcbsil.com

VO:

- Now, let's get into the Member Rewards Programs. Employees enrolled in a Publicis medical plan have access to the Blue Cross Blue Shield of Illinois Member Rewards Program, a health shopping program designed to reduce out-of-pocket health care costs for eligible services while earning cash rewards for selecting quality cost-effective health care providers.
- To access the Member Rewards health care shopping portal, enrolled members need to register for Blue Access for Members at www.bcbsil.com.

BCBSIL Member Rewards Program

Administered by a Blue Cross Blue Shield of Illinois (BCBSIL) partner

- When a doctor recommends a service or treatment, registered members can search for eligible services and cost-effective providers online using **Provider Finder** at www.bcbsil.com
- Provider Finder is a nationwide database of independently contracted health care providers that helps you compare estimated costs and quality for many of the medical procedures

VO:

- When a doctor recommends a service or treatment, registered members can search for eligible services and cost-effective providers online using Provider Finder at www.bcbsil.com. Provider Finder is a nationwide database of independently contracted health care providers that helps you compare estimated costs and quality for many of the medical procedures.

BCBSIL Member Rewards Program

Administered by Vitals, a Blue Cross Blue Shield of Illinois (BCBSIL) partner

For additional help and guidance:

- Members can contact a **Benefits Value Advisor (BVA)** at the toll-free number on the back of their Blue Cross Blue Shield member ID card
- BVAs can provide valuable information about nearby medical professionals and health care facilities
- Members can also shop for eligible provider services online or with a BVA up to the day of service. You just need to complete shopping and make a provider selection before receiving services

VO:

- For additional help and guidance, members can contact a Benefits Value Advisor at the toll-free number on the back of their Blue Cross Blue Shield member ID card. BVAs can provide valuable information about nearby medical professionals and health care facilities.
- Members can also shop for eligible provider services online or with a BVA up to the day of service. You just need to complete shopping and make a provider selection before receiving services.
- Within 4-6 weeks of completing a Member Rewards eligible provider service and payment of the claim, you'll receive a check for the reward in the mail. Please keep in mind that these rewards are taxable.

Prescription Drug Coverage

Administered by CVS Caremark and is included with medical coverage

	Premier PPO	Standard PPO	Medical HSA Plan
Retail • Generic • Brand Formulary • Brand Non-Formulary	20% coinsurance \$10 minimum/\$50 maximum \$30 minimum/\$100 maximum \$55 minimum/\$200 maximum		Deductible and Coinsurance (Employee pays 100% of prescription charges until medical deductible is met)
90-day supply (mail or retail) • Generic • Brand Formulary • Brand Non-Formulary	20% coinsurance \$25 minimum/\$125 maximum \$75 minimum/\$250 maximum \$137.50 minimum/\$500 maximum		Deductible and Coinsurance (Employee pays 100% of prescription charges until medical deductible is met)

VO:

- You automatically receive prescription drug coverage administered by CVS Caremark as part of your Publicis medical coverage.
- Please note that prescription drug benefits are identical under all Publicis plan options — the only difference being what you pay for a filled prescription.
- Now, let’s go through the highlights of this chart. Both PPO Options use a three-tier prescription drug payment design as shown here. If you look at the first column of this chart, you’ll notice the coinsurance you pay for filling a prescription. This cost, however, will always fall within a range of minimum and maximum charges depending on the tier of the drug whether it’s generic, brand formulary, or brand non-formulary. Your cost will also depend on whether you fill the prescription at a retail pharmacy or by mail.
- In this way, the PPO Plans protect you from high prescription drug costs by capping the amount you’ll have to pay per prescription.
- In the Medical HSA Plan, you pay the cost of prescription drugs until you meet the annual medical plan deductible. After that, you pay the coinsurance highlighted on screen.

Prescription Drug Services

Administered by CVS Caremark

The company will provide you with specialty drug services if you need medications for the treatment of complex or serious medical conditions.

These specialty medications are used in the treatment of complex or ongoing medical conditions, such as cancer, hepatitis, hemophilia, multiple sclerosis and rheumatoid arthritis.

VO:

- CVS Caremark is here to help. The company will provide you with specialty drug services if you need medications for the treatment of complex or serious medical conditions.
- These specialty medications are used in the treatment of complex or ongoing medical conditions, such as cancer, hepatitis, hemophilia, multiple sclerosis and rheumatoid arthritis.

Prescription Drug Services

Administered by CVS Caremark

- Employees can use CVS Caremark to fill prescriptions for specialty medications
- CVS Caremark will:
 - deliver the medication directly to you or your doctor's office
 - provide follow-up care calls
 - give expert counseling on medical conditions
 - grant you 24/7/365 phone access to a pharmacist for urgent medication issues

VO:

- Employees can use CVS Caremark to fill prescriptions for specialty medications.
- CVS Caremark will deliver the medication directly to you or your doctor's office, provide follow-up care calls, give expert counseling on medical conditions, and grant you 24/7/365 phone access to a pharmacist for urgent medication issues.
- Because we are serious about your health, all of these services are available at no additional cost.

Dental Plan

Administered by Delta Dental Insurance

	Comprehensive Option	Basic Option
Choice of Dentist	Choose between in-network and out-of-network dentists	Choose between in-network and out-of-network dentists
Calendar-Year Deductible	\$50 individual \$150 family (does not apply to preventive care)	\$100 individual \$300 family (does not apply to preventive care)
Calendar Year Maximum	\$2,000 per covered member; preventive and orthodontic are exempt from maximum	\$1,000 per covered member; diagnostic and preventive are exempt from maximum
Orthodontia Lifetime Maximum	\$2,000	Not covered
Preventive Care	0%, no deductible	0%, no deductible
Basic Care	20% after deductible	50% after deductible
Major Care	50% after deductible	Not covered
Orthodontia Care	50% after deductible	Not covered

Pre-existing conditions: The replacement of, addition to, or modification of existing dentures, crowns, casts and bridgework is subject to certain conditions.

VO:

- Ready to keep those pearly whites clean as can be?
- The Publicis Dental Plan is administered by Delta Dental, a national group of providers who have contracted with Publicis to deliver their services at a reduced cost.
- There are two options, Comprehensive and Basic. They both cover care through in-network and out-of-network dentists, but the Comprehensive option is designed for participants who want the more thorough dental care while Basic is designed for participants who expect to have only routine annually or preventive dental care.
- Basic dental work includes fillings, extractions, and core-build-up. The deductible you pay with the Basic Option and Comprehensive Option are currently shown on screen.
- For Orthodontia Care, you pay a deductible under the Comprehensive Option. However, please note that Orthodontia Care isn't covered at all under the Basic Option.
- As you'll notice in the chart, the calendar year maximums vary for both options.

Vision Plan

Administered by Vision Service Plan (VSP)

	Low Plan		High Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Eye Exam	\$15 copay	\$50 allowance	\$10 copay	\$50 allowance
Frames	\$25 copay; \$120 retail allowance	\$70 allowance	\$10 copay; \$200 allowance	\$70 allowance
Lenses	\$25 copay	\$50 – \$100 allowances	\$10 copay	\$50 – \$100 allowances
Contact Lenses	\$125 allowance	\$125 allowance	\$200 allowance	\$125 allowance

Copay applies to lenses and frames.

VO:

- Are you seeing this?
- Publicis' vision coverage is administered by the Vision Service Plan. Through VSP, you can receive care from any vision care provider, and the plan will reimburse a portion of your cost. The plan also pays allowances for frames, lenses, and contact lenses.
- There are two plan options, a Low Plan and a High Plan. The Low Plan has a lower monthly premium but offers benefits at higher copays and lower allowances for frames and contacts. The High Plan has a higher monthly premium but offers in-network benefits at lower copays and higher allowances for frames and contacts.
- Out-of-network benefits are the same for both plans. When you use a VSP network doctor for an eye exam or to purchase eyeglasses, you pay less than if you go outside the network. In addition, VSP doctors take care of all your paperwork — there are no claims to file.
- If you do not use a VSP doctor, you will receive an allowance toward your incurred expenses. Instead of paying a copay, you pay for services when you receive them and then submit a claim for reimbursement from the plan.

Flexible Spending Accounts (FSAs)

Administered by HealthEquity | WageWorks

- Flexible Spending Accounts are a convenient way to lower your out-of-pocket costs for medical, dental, vision, and daycare expenses
- Publicis offers three types of FSAs:
 - The Health Care FSA
 - The Limited Purpose Health Care FSA (used with the Health Savings Account)
 - The Dependent Care FSA
- Each offers a convenient, tax-free way to pay for eligible expenses

VO:

- Now, let's explore the Flexible Spending Accounts.
- Flexible Spending Accounts are a convenient way to lower your out-of-pocket costs for medical, dental, vision, and daycare expenses.
- Publicis offers three types of FSAs — the Health Care FSA, the Limited Purpose Health Care FSA used with the Health Savings Account, and the Dependent Care FSA.
- Each offers a convenient, tax-free way to pay for eligible expenses.

Flexible Spending Accounts (FSAs)

Administered by HealthEquity | WageWorks

- If you enroll in an FSA, you authorize the company to fund your FSA by deducting an amount of money from your salary — before federal income tax, Social Security, and in most cases, state and local taxes are withheld
- Under IRS rules, if you enroll in a Health Savings Account, you can't participate in a regular Health Care FSA, but you may participate in a Limited Purpose Health Care FSA and Dependent Care FSA
- Prior contributions to an FSA within the calendar year count toward the IRS annual limits that will be identified as we discuss each plan type

VO:

- If you enroll in an FSA, you authorize the company to fund your FSA by deducting an amount of money from your salary — before federal income tax, Social Security, and in most cases, state and local taxes are withheld.
- Under IRS rules, if you enroll in a Health Savings Account, you can't participate in a regular Health Care FSA, but you may participate in a Limited Purpose Health Care FSA and Dependent Care FSA.
- Prior contributions to an FSA within the calendar year count toward the IRS annual limits that will be identified as we discuss each plan type.



Health Care FSA

- You can use a Health Care FSA to pay for eligible health care expenses that aren't covered under a medical, dental, or vision plan such as medical and dental deductibles, coinsurance, office visits, copays, prescription copays, and unreimbursed vision expenses
- FSAs are not automatic, so you must actively enroll in one to participate

VO:

- So, what exactly is a Health Care FSA? You can use a Health Care FSA to pay for eligible health care expenses that aren't covered under a medical, dental, or vision plan such as medical and dental deductibles, coinsurance, office visits, copays, prescription copays, and unreimbursed vision expenses.
- Remember, FSAs are not automatic, so you must actively enroll in one to participate.

Health Care FSA

- In this calendar year, you may contribute:
 - a minimum of **\$120** per year
 - a maximum of **\$2,750** per year
- Prior contributions to a Health Care FSA within the calendar year count toward the IRS annual limit
- When you enroll, you'll receive a Healthcare Card in the mail — the card can:
 - be funded with the full amount of your annual Health Care FSA election (which is paid for via pre-tax payroll deductions each pay period in equal installments)
 - be used at the pharmacy or doctor's office to pay for expenses
- Be sure to estimate your annual costs carefully because you'll forfeit any funds left in your account once the plan year ends, and you'll be unable to make changes to your Health Care FSA elections unless you experience a qualified life event

VO:

- In this calendar year, you may contribute a certain minimum or maximum. Prior contributions to a Health Care FSA within the calendar year count toward the IRS annual limit that is currently highlighted on screen.
- When you enroll, you'll receive a Healthcare Card in the mail. The card can be funded with the full amount of your annual Health Care FSA election (which is paid for via pre-tax payroll deductions each pay period in equal installments). The card can be used at the pharmacy or doctor's office to pay for expenses.
- Be sure to estimate your annual costs carefully because you'll forfeit any funds left in your account once the plan year ends, and you'll be unable to make changes to your Health Care FSA elections unless you experience a qualified life event.

Health Care FSA



Over-The-Counter (OTC)

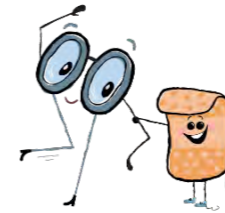
- Over-the-counter drugs and medicines such as antacids, cold medicine and pain relievers require a prescription in order to be eligible for reimbursement under the FSA
- Over-the-counter items such as contact lens solution, first aid supplies, insulin and diabetic supplies, and diagnostic tests and monitors are eligible without a prescription

VO:

- Over-the-counter drugs and medicines such as antacids, cold medicine and pain relievers require a prescription in order to be eligible for reimbursement under the FSA.
- Over-the-counter items such as contact lens solution, first aid supplies, insulin and diabetic supplies, and diagnostic tests and monitors are eligible without a prescription.

Limited Purpose Health Care FSA

- Limited Purpose Health Care FSA works like a regular Health Care FSA because it can be used to pay for eligible dental or vision expenses
- It cannot be used to pay for medical expenses
- You also can't select both a Limited Purpose Health Care FSA and a regular Health Care FSA



VO:

- Now, what's the difference between a Limited Purpose Health Care FSA and a Health Care FSA?
- Limited Purpose Health Care FSA works like a regular Health Care FSA because it can be used to pay for eligible dental or vision expenses. It cannot be used to pay for medical expenses. You also can't select both a Limited Purpose Health Care FSA and a regular Health Care FSA.

Limited Purpose Health Care FSA

- If you elect a Limited Purpose Health Care FSA, you may contribute:
 - a minimum of **\$120** per year
 - a maximum of **\$2,750** per year
- Prior contributions to a Limited Purpose Health Care FSA within the calendar year count toward the IRS annual limit
- A Limited Purpose FSA is designed for use with a Health Savings Account, but you don't have to participate in a Health Savings Account to contribute to a Limited Purpose FSA. You'll need to be enrolled in a high-deductible medical plan to participate

VO:

- Similarly to the Health Care FSA, if you elect a Limited Purpose Health Care FSA, you may contribute a certain minimum or a maximum per year. Prior contributions to a Limited Purpose Health Care FSA within the calendar year count toward the IRS annual limit.
- A Limited Purpose FSA is designed for use with a Health Savings Account, but you don't have to participate in a Health Savings Account to contribute to a Limited Purpose FSA. You'll need to be enrolled in a high-deductible medical plan to participate.

Limited Purpose Health Care FSA

- The same tax rules apply here as to a regular Health Care FSA:
 - you'll forfeit any funds you don't use during the plan year
 - you must actively enroll in the Limited Purpose FSA each year if you want to participate
 - the combined contributions that you and your spouse make to the FSA cannot exceed the IRS maximum if you're filing a joint return

VO:

- The same tax rules apply here as to a regular Health Care FSA. You'll forfeit any funds you don't use during the plan year, you must actively enroll in the Limited Purpose FSA each year if you want to participate, and the combined contributions that you and your spouse make to the FSA cannot exceed the IRS maximum if you're filing a joint return.

Dependent Care FSA

- The Dependent Care FSA pays for eligible dependent care expenses you incur while you or your eligible spouse are at work, attending school full time or looking for a job
- To qualify for the Dependent Care FSA, you must either be:
 - single with eligible dependents
 - married with a spouse who is either actively employed, a full-time student or disabled



VO:

- Now, let's chat about the Dependent Care FSA. The Dependent Care FSA pays for eligible dependent care expenses you incur while you or your eligible spouse are at work, attending school full time or looking for a job.
 - To qualify for the Dependent Care FSA, you must either be single with eligible dependents or married with a spouse who is either actively employed, a full-time student or disabled.

Dependent Care FSA

- For purposes of the Dependent Care FSA, an eligible dependent can be the following:
 - a child younger than age 12 whom you claim as a dependent on your income tax return
 - an older dependent who relies on you for at least half of his or her support, regularly spends at least eight hours a day in your household, and is physically or mentally unable to care for himself or herself
- Your dependent may be a disabled spouse, an elderly parent or any other relative or dependent, as long as they meet these requirements

VO:

- For purposes of the Dependent Care FSA, an eligible dependent can be the following: a child younger than age 12 whom you claim as a dependent on your income tax return, or an older dependent who relies on you for at least half of their support, regularly spends at least eight hours a day in your household, and is physically or mentally unable to care for themselves. Your dependent may be a disabled spouse, an elderly parent or any other relative or dependent, as long as they meet these requirements.

Dependent Care FSA

- You can elect up to:
 - a minimum contribution of **\$120** per year
 - a maximum contribution of **\$5,000** per year
- Prior contributions to Dependent Care FSA within the calendar year count toward IRS annual limit of **\$5,000**
 - There is a **\$2,500** maximum if you and your spouse file separate tax returns
- As with the other FSAs, you'll forfeit any funds you don't use during the plan year, and you must actively enroll in the Dependent Care FSA each year if you want to participate

VO:

- You can elect up to a certain minimum or maximum contribution per year.
- Prior contributions to a Dependent Care FSA within the calendar year count toward the IRS annual limit that is currently highlighted on screen. There is a specific maximum you can pay if you and your spouse file separate tax returns.
- As with the other FSAs, you'll forfeit any funds you don't use during the plan year, and you must actively enroll in the Dependent Care FSA each year if you want to participate.

Health Savings Account (HSA)

Administered by HealthEquity | WageWorks

- Only the Medical HSA Plan comes with a Health Savings Account, which allows you to save money on a pre-tax basis for health care expenses
- The company contributes “seed money” which is an annual amount to your Health Savings Account
 - This is divided among pay-periods and deposited on a per-pay-period basis to your Health Savings Account
 - The annual employer contribution is:
 - **\$250** for employee-only coverage
 - **\$500** for other contribution tiers

VO:

- If you like saving money, I have a feeling you are going to like the Health Savings Account. Only the Medical HSA Plan comes with a Health Savings Account, which allows you to save money on a pre-tax basis for health care expenses.
- The company contributes “seed money” which is an annual amount to your Health Savings Account. This is divided among pay-periods and deposited on a per-pay-period basis to your health savings account. Please take note of the annual employer contribution for employee-only coverage and other contribution tiers reflected on the screen.

Health Savings Account (HSA)

Administered by HealthEquity | WageWorks

- Pre-tax employee contributions are allowed
 - The IRS combined annual maximum contribution limit for this calendar year is **\$3,600** per employee, **\$7,200** per family
 - The maximum includes employer contribution
- Prior contributions to a Health Savings Account within the calendar year count toward the IRS annual limit
- Keep in mind that:
 - there is no limit to how much can accrue in the account over time
 - your funds can be used for eligible medical expenses, including deductibles and coinsurance

VO:

- Pre-tax employee contributions are allowed. The IRS combined annual maximum contribution limit for this calendar year is a specific amount per employee and per family. The maximum includes employer contribution. Prior contributions to a Health Savings Account within the calendar year count toward the IRS annual limit that is currently highlighted on screen.
- Keep in mind that there is no limit to how much can accrue in the account over time, and your funds can be used for eligible medical expenses, including deductibles and coinsurance.

Health Savings Account (HSA)

Administered by HealthEquity | WageWorks

Triple Tax Advantage

Your contributions go into your account tax-free, grow tax-free, and can be withdrawn tax-free when used for eligible expenses.

VO:

- The HSA also includes the triple tax advantage which means your contributions go into your account tax-free, grow tax-free and can be withdrawn tax-free when used for eligible expenses.

Health Savings Account (HSA)

Administered by HealthEquity | WageWorks

No Use It or Lose It

The money you and the company contribute to your Health Savings Account belongs to you, remains in your account from year to year until you use it, and has no limit to how much you can accrue in your account over time.

VO:

- There's no use it or lose it rule with the HSA. The money you and the company contribute to your Health Savings Account belongs to you, remains in your account from year to year until you use it, and has no limit to how much you can accrue in your account over time.

Health Savings Account (HSA)

Administered by HealthEquity | WageWorks

Money is Yours to Keep

You can take your account with you if you retire or leave the company — meaning you will not forfeit these funds should your employment end.

VO:

- These funds are portable which means you can take your account with you if you retire or leave the company — meaning you will not forfeit these funds should your employment end.

Health Savings Account (HSA)

- Because health savings accounts offer tax advantages, the IRS regulates who may participate
- You may not participate in a health savings account if:
 - you can be claimed as a tax dependent of another individual
 - either you or your spouse or domestic/civil union partner participates in a regular Health Care Flexible Spending Account (FSA)
 - you're enrolled in any part of Medicare
 - you have medical plan coverage other than a high deductible health plan, including coverage under your spouse or domestic/civil union partner's plan

VO:

- Because Health Savings Accounts offer tax advantages, the IRS regulates who may participate.
- You may not participate in a health savings account if you can be claimed as a tax dependent of another individual, either you or your spouse or domestic/civil union partner participates in a regular Health Care Flexible Spending Account, you are enrolled in any part of Medicare, or you have medical plan coverage other than a high-deductible health plan, including coverage under your spouse's or domestic/civil union partner's plan.

Health Care Account Options

	If You Enroll in the Medical HSA Plan		If You Enroll in the Premier PPO or Standard PPO
Health Account You Can Enroll In	Health Savings Account (HSA)	Limited Purpose FSA	Health Care FSA
Contributions	Employer contributes; you may also contribute	Only you contribute, on a pre-tax basis, to an annual maximum of \$2,700	Only you contribute, on a pre-tax basis, to an annual maximum of \$2,700
Expenses the Health Account Helps Pay For	All eligible health care expenses	Eligible dental and vision care expenses only	All eligible health care expenses
Tax Savings	HSAs and FSAs are generally exempt from federal income and Social Security taxes, as well as many state taxes		
Savings and Investment Opportunity	Funds roll over, earn interest and may be invested if over \$1,000	"Use it or lose it": you forfeit any unused balance in your account at the end of the plan year; you may not invest your account balance	
If You Leave Publicis	You own your HSA, so it goes with you	You may file a claim for any eligible expense through the last day of the month in which your coverage ends	

VO:

- How do you know which health care account to enroll in?
- Weighing your health care account options and your medical plan options together is worth it in the long run.
- Carefully compare your options, including the different advantages a Health Care FSA or HSA can offer you. As you've probably learned already, there are plenty of rules associated with enrolling in both a Health Savings Account and Health Care FSA. This can be a factor in which medical plan option you choose.
- Please take a moment to look over the chart on screen. It illustrates some common factors to consider, but you can always review your Publicis Benefits Guide for more information.

Short-Term Disability Plan

Administered by The Hartford

- Publicis offers short-term disability coverage administered by The Hartford at no additional cost
- Short-term disability is a protection of your income for a certain period of time if you're ever deemed disabled and unable to work
- The Hartford will determine if your disability will be approved or denied based on the information they receive from your attending physician
- Short-term disability is only required to be reported to The Hartford if you're out of the office for five consecutive business days — this is considered your elimination period

VO:

- When it comes to disability, Publicis is here for you...short term and long term.
- Publicis offers short-term disability coverage administered by The Hartford at no additional cost. Short-term disability is a protection of your income for a certain period of time if you're ever deemed disabled and unable to work. The Hartford will determine if your disability will be approved or denied based on the information they receive from your attending physician. Short-term disability is only required to be reported to The Hartford if you're out of the office for five consecutive business days — this is considered your elimination period.
- Now, let's get into the details.

Short-Term Disability Plan

Administered by The Hartford

Short-Term Disability Plan Features	Plan Details
Eligibility Waiting Period	First of month following or coincident with date of hire
Benefit Elimination Period	7 calendar days
Benefit Levels at 100% Maximum Period Payable (including elimination period)	Years of Service and eligibility for Weeks of Salary Continuation as of the day you become disabled < 1 yr = 4 weeks 1 - 2 yrs = 8 weeks 2 - 3 yrs = 12 weeks 3 - 4 yrs = 16 weeks 4 - 5 yrs = 20 weeks 5+ yrs = 26 weeks
Maximum Weekly Benefit	None
Definition of Earnings	"Base Pay": annualized base wage, excluding commissions, bonuses, shift differentials, overtime or any other additional compensation
Definition of Disability	Unable to perform own occupation
Maximum Benefit Duration	26 weeks
Statutory Benefits	Offset to Publicis STD plan
FMLA Concurrent with STD Absences	Yes

VO:

- For example, based upon the schedule shown, an employee who has less than one year of service is eligible for four weeks at the salary continuation percentage highlighted on screen. If The Hartford approves you for only two weeks, your salary continuance would be applied with the first week being the elimination period, and the second week as week two of your salary continuation. So, even though the schedule shows that you're entitled to receive up to four weeks of the salary continuation percentage as shown here, your actual pay will be based upon the length of time approved by The Hartford. The maximum short-term disability period is twenty-six weeks.
- In the event you're still disabled and unable to work at the end of twenty-six weeks, your disability claim will be reviewed by The Hartford and, if approved, you'll transition into long-term disability.
- In summary, you receive short-term disability coverage automatically through a tenure-based salary continuation plan at no cost to you. Coverage is available if you're considered disabled due to a non-occupational illness or injury for more than the amount of calendar days displayed on screen. The short-term disability plan may replace a certain percentage of your base pay for up to twenty-six weeks based on your years of service with a Publicis company.

Long-Term Disability Plan

Administered by The Hartford

Long-Term Disability Plan Features	Plan Details
Who Is Covered	Full and part-time employees working a regular schedule of at least 21 hours per week
Eligibility Waiting Period	First of month following or coincident with date of hire
Definition of Earnings	"Base Pay": annualized base wage, excluding commissions, bonuses, shift differentials, overtime or any other additional compensation
Mental Health/Substance Abuse Limitation	3 years
Core Benefit (employer-paid)	40% of your base pay up to \$300,000 (\$10,000 monthly maximum)
Supplemental Benefit (employee-paid)	Level I: 20% of your base pay up to \$300,000 (\$15,000 monthly maximum – core and supplemental combined) Level II: 60% above \$300,000 base pay (\$25,000 monthly maximum – core and supplemental combined)
Benefit Elimination Period	180 days

VO:

- If you're still deemed disabled and unable to work beyond short-term disability of over 180 days, long-term disability is further protection of your income.
- Publicis provides a core amount of long-term disability insurance automatically at no cost to you. This core benefit is a certain percentage of base pay, to a specific maximum base pay, with a maximum benefit per month as shown here.
- You can elect one of two levels of supplemental long-term disability coverage on an after-tax basis. The first level is an additional percentage of base pay up to the amount as you can see on screen, with a specific maximum monthly benefit, core, and supplemental combined.
- The second level is only available to employees earning more than the amount displayed here. This level provides additional coverage up to a certain percentage of base pay above the amount shown on screen. This is with a specific maximum benefit per month.
- You may select supplemental long-term disability coverage without having to provide Evidence of Insurability. If you elect supplemental long-term disability after then, you'll be required to complete an Evidence of Insurability form.

Life Insurance and AD&D

Administered by MetLife

Plan	Level of Benefit Available
Basic Life Insurance (employer-paid)	Two options: <ul style="list-style-type: none">• 1½ times base pay up to \$750,000• \$50,000 (if salary is greater than \$33,333.33)
Supplemental Life Insurance (employee-paid)	1 to 5 times base pay up to a maximum benefit of \$2 million
Dependent Life Insurance (employee-paid)	<ul style="list-style-type: none">• Spouse: 1 to 5 times employee base pay up to a maximum of the lesser of \$300,000 or the employee's combined basic and supplemental coverage. There is also a flat \$50,000 option available• Dependent child(ren): \$5,000, \$10,000 or \$25,000
Optional AD&D Insurance (employee-paid)	<ul style="list-style-type: none">• Employee: 1 to 5 times employee base pay• Family:<ul style="list-style-type: none">-If you have both a spouse and children — 50% of your coverage for spouse and 10% of your coverage for each child-If you have a spouse only — 60% of your coverage-If you have children only — 15% of your coverage for each child

Employee Basic Life, Supplemental Life, AD&D and Dependent Spouse Life coverage reduce to 65% at age 65 and 50% at age 70. Combined maximum coverage for Basic and Supplemental Life coverage for employees is \$2,750,000. Maximum Optional Accidental Death and Dismemberment coverage is \$2,000,000.

VO:

- Wondering which life insurance policy is right for you? Let's explore your options.
- There are 2 options available for Basic Life Insurance:
 - Option 1 requires a specific amount of your base pay, rounded up to the amount highlighted on screen up to the maximum benefit that's also shown here.
 - Option 2 is flat-dollar coverage of the amount currently displayed for employees who wish to avoid paying imputed income tax which is mandated by the IRS and requires the employee to pay taxes on life insurance premium amounts above a specific amount). This option is only available to employees earning more than a certain amount per year.
- You'll be automatically enrolled in the Basic Life one and a half times base pay coverage option at no cost to you unless you actively enroll in the Basic Life 50k coverage option.
- You may also enroll in Supplemental Life Insurance Coverage and can elect to purchase a certain amount of your base pay up to the maximum coverage as you can see here. Also shown on screen is the combined maximum coverage for Basic and Supplemental coverage as well as the flat option available.

Life and AD&D Insurance Provisions

Evidence of Insurability (EOI)

- Evidence of Insurability (EOI) is never required for your Basic Life Insurance coverage

Your newly eligible enrollment window to enroll is your one-time opportunity to enroll in:

- Supplemental Employee Life Insurance without EOI for coverage up to a maximum of **\$750,000** or three times base salary, whichever is less
- Supplemental Spousal Life Insurance without EOI for coverage up to **\$50,000**

VO:

- Evidence of Insurability is never required for your Basic Life Insurance coverage.
- Your newly eligible enrollment window to enroll is your one-time opportunity to enroll in Supplemental Employee Life Insurance without EOI for coverage up to the maximum currently displayed on screen or three times base salary, whichever is less and Supplemental Spousal Life Insurance without EOI for coverage up to the amount seen here.

Life and AD&D Insurance Provisions

- EOI:
 - is required if you elect coverage after Open Enrollment or for a qualified life event
 - is required for any Spouse Life Insurance amount that is greater than **\$50,000**
 - is not required for Child Life Insurance or AD&D Insurance coverage
- Other provisions for life and AD&D insurance include dual coverage restrictions and beneficiary designation

VO:

- EOI is required if you elect coverage after Open Enrollment or for a qualified life event. It is required for any Spouse Life Insurance amount that is greater than a certain amount, and it is not required for Child Life Insurance or AD&D Insurance coverage.
- Other provisions for life and AD&D insurance include dual coverage restrictions and beneficiary designation.

Life and AD&D Insurance Provisions

- Dual coverage restriction occurs when:
 - both you and your spouse are benefits-eligible Publicis employees
 - two Publicis employees married to another may not be insured under Spouse Life
 - children of two Publicis employees may only have Dependent Life coverage under one parent
- **Life Insurance beneficiaries are maintained on the bswift site. To review or update your life insurance beneficiaries:**
 - Visit the Publicis Benefits Connection site at www.publicisconnections.com
 - Click on the **View, Enroll, or Change Benefits Quick Link** to log into the bswift site with your userID and password

VO:

- Dual coverage restriction occurs when both you and your spouse are benefits-eligible Publicis employees.
- Two Publicis employees married to another may not be insured under Spouse Life. Children of two Publicis employees may only have Dependent Life coverage under one parent.
- Life Insurance beneficiaries are maintained on the bswift site. To review or update your life insurance beneficiaries, visit the Publicis Benefits Connection site at www.publicisconnections.com, and click on the view, enroll, or change benefits quick link to log into the bswift site with your userID and password.

Teladoc

- You are automatically enrolled in **Teladoc** if you enroll in a Publicis medical plan option
- Teladoc offers you access to a national network of doctors **24/7/365** by phone, web, and mobile platforms
- Teladoc doesn't replace your primary care physician, board-certified Teladoc doctors can treat many medical conditions, such as:
 - cold and flu symptoms
 - allergies
 - sinus problems
- **Teladoc is a convenient and affordable option if:**
 - you ever want to talk to a doctor and can't reach yours
 - you have a non-emergency need and want to avoid the high cost of an emergency room visit

VO:

- Did you know that you are automatically enrolled in Teladoc if you enroll in a Publicis medical plan option?
- Teladoc offers you access to a national network of doctors 24/7/365 by phone, web, and mobile platforms.
- While Teladoc doesn't replace your primary care physician, board-certified Teladoc doctors can treat many medical conditions, such as cold and flu symptoms, allergies, sinus problems, and more.
- Teladoc is a convenient and affordable option if you ever want to talk to a doctor and can't reach yours, or you have a non-emergency need and want to avoid the high cost of an emergency room visit.

BCBS Behavioral/Mental Health Care via Skype

Skype sessions for behavioral and mental health consultations are covered under the Publicis medical plans.

Be sure to check with your network provider to confirm if their behavioral and/or mental health services are accessible via Skype.

VO:

- Looking for convenient access to behavioral and mental health services?
- Skype sessions for behavioral and mental health consultations are covered under the Publicis medical plans.
- Be sure to check with your network provider to confirm if their behavioral and/or mental health services are accessible via Skype.

BCBS Blue Care Connection

Blue Care Connection is a program offered through BCBSIL, that connects you with a **Personal Health Clinician (PHC)** to help you manage medical conditions, answer questions about your diagnosis and can help you take steps to improve your overall health.

PHCs are registered nurses who know your Publicis health plan benefits.

Contact a PHC (or expect a call from a PHC) at Blue Cross Blue Shield of Illinois when you're:

- Are planning a surgery or a hospital stay
- Have a serious illness, injury or a high-risk pregnancy
- Have an ongoing health problem
- Are in the hospital or have just gone home from the hospital

VO:

- Blue Care Connection is a program offered through BCBSIL, that connects you with a Personal Health Clinician (PHC) to help you manage medical condition, answer questions about your diagnosis and can help you take steps to improve your overall health.
- PHCs are registered nurses who know your Publicis health plan benefits and can provide resources that can help you reach your health goals and get the most value from your benefits. Contact a PHC or expect a call from a PHC at Blue Cross Blue Shield of Illinois when you're:
 - Are planning a surgery or a hospital stay
 - Have a serious illness, injury or a high-risk pregnancy
 - Have an ongoing health problem
 - Are in the hospital or have just gone home from the hospital
- Again, you don't have to wait for the PHC to call you! Just call the Customer Service number on the back of your BCBSIL medical ID card and ask for a Personal Health Clinician (PHC) whenever you need support or additional information.

Group Legal Assistance Program

Administered by MetLaw

- Group legal assistance is an employee-paid benefit, purchased through after-tax contributions, providing unlimited access and referrals to professional, credentialed attorneys for:
 - employees
 - their spouses
 - dependents
- The plan covers a wide range of commonly-used legal services
- Participants can use:
 - a network of attorneys and often pay little to no fees
 - services outside of the MetLaw network and receive a benefit allowance to pay for services

VO:

- Need an extra hand? You'll have the option to enroll in the elect group legal assistance program administered by MetLaw.
- Group legal assistance is an employee-paid benefit, purchased through after-tax contributions, providing unlimited access and referrals to professional, credentialed attorneys for employees, their spouses, and dependents.
- The plan covers a wide range of commonly-used legal services.
- Participants can use a network of attorneys and often pay little to no fees! Participants can also use services outside of the MetLaw network and receive a benefit allowance to pay for services.

Transportation Reimbursement Incentive Program (TRIP)

Administered by HealthEquity | WageWorks

- You can contribute up to a monthly pre-tax contribution limit set by the IRS for commuter transit and parking
- The maximum contribution limits for this calendar year are:
 - \$270 per month for public transit or van pooling
 - \$270 per month for parking
- You'll be notified if the IRS makes a change to these limits during the year

VO:

- You can contribute up to a monthly pre-tax contribution limit set by the IRS for commuter transit and parking.
- The maximum contribution limits for this calendar year are currently displayed.
- You'll be notified if the IRS makes a change to these limits during the year.

Transportation Reimbursement Incentive Program (TRIP)

Administered by HealthEquity | WageWorks

- When you enroll in TRIP, you'll receive a Commuter Transit and/or Parking Debit Card in the mail at the address on file at the time of your election, which should be used to pay for your eligible commuter expenses
- With TRIP, you can make changes to your commuter benefit election at any time during the year. In addition, your balances will carry over provided you remain in an active benefits eligible status

VO:

- When you enroll in TRIP, you'll receive a Commuter Transit and/or Parking Debit Card in the mail at the address on file at the time of your election, which should be used to pay for your eligible commuter expenses.
- With TRIP, you can make changes to your commuter benefit election at any time during the year. In addition, your balances will carry over provided you remain in an active benefits eligible status.

Employee Assistance Program (EAP)

Administered by Workplace Solutions

- At no additional cost to you, The Employee Assistance Program (EAP) is administered by **Workplace Solutions** and provides you and your eligible dependents with:
 - 24-hour confidential resources and referrals
 - advice on legal, financial, and child or elder care issues
 - professional, one-on-one, short-term counseling for personal and work/life issues

VO:

- Since your well-being is our top priority, let's chat about our offerings that aim to help you and your family.
- At no additional cost to you, The Employee Assistance Program is administered by Workplace Solutions and provides you and your eligible dependents with 24-hour confidential resources and referrals, advice on legal, financial, and child or elder care issues, professional, one-on-one, short-term counseling for personal and work/life issues, and so much more.

Travel Assistance Program

Administered by International SOS

- The Travel Assistance Program, administered by International SOS, provides health and safety assistance when you're traveling internationally for business
- One phone call connects you to the International SOS network of multilingual specialists for immediate help in an emergency
- International SOS services are designed to help you with any of the following problems while you're away from home:
 - medical
 - personal
 - travel
 - security
 - legal



VO:

- The Travel Assistance Program, administered by International SOS, provides health and safety assistance when you're traveling internationally for business.
- One phone call connects you to the International SOS network of multilingual specialists for immediate help in an emergency.
- International SOS services are designed to help you with any of the following problems while you're away from home: medical, personal, travel, security, and legal.
- Call International SOS at any time to speak with a physician or security specialist regardless of whether it's a simple or critical matter.

Travel Assistance Program

Administered by International SOS

- You can also access online services that offer country guides and email alerts
- You can print an ID card from the International SOS website at www.internationalsos.com using Group Number: **15AMMS000126**
- If you want more information or have any questions at all, you can always contact the program by calling Member Services at **1-800-523-6586**

VO:

- You can also access online services that offer country guides and email alerts.
- You can print an ID card from the International SOS website at www.internationalsos.com using the Group Number on screen.
- If you want more information or have any questions at all, you can always contact the program by calling Member Services at 1-800-523-6586.

Voluntary Benefits

Administered by Mercer

- Publicis offers you a number of voluntary benefits administered by Mercer Voluntary Benefits that you can enroll in at any time throughout the year
- This voluntary benefits program provides affordable, portable, and convenient access to a variety of programs accessible at group rates through after-tax paycheck deductions
- These include:
 - auto insurance
 - homeowner's and renter's insurance
 - pet insurance
 - personal liability insurance
 - accident insurance

VO:

- Publicis offers you a number of voluntary benefits administered by Mercer Voluntary Benefits that you can enroll in at any time throughout the year.
- This voluntary benefits program provides affordable, portable, and convenient access to a variety of programs accessible at group rates through after-tax paycheck deductions.
- These include auto insurance, homeowner's and renter's insurance, pet insurance, personal liability insurance, and accident insurance.

Health Advocate

- Health Advocate is a free, easy-to-use service that helps you and your family members, including parents and parents-in-law, take control of health care issues
- It's designed to help you navigate and facilitate medical administrative issues in the health care system — you can even speak with a registered nurse or a medical professional confidentially 24/7
- Health Advocate is also an independent third-party vendor that does not report personal health information to Publicis, so all services provided are kept strictly confidential

VO:

- Have you heard about how helpful Health Advocate is for you and your family? Health Advocate is a free, easy-to-use service that helps you and your family members, including parents and parents-in-law, take control of health care issues.
- It's designed to help you navigate and facilitate medical administrative issues in the health care system — you can even speak with a registered nurse or a medical professional confidentially 24/7.
- Health Advocate is also an independent third-party vendor that does not report personal health information to Publicis, so all services provided are kept strictly confidential.

Health Advocate

Health Advocate can help you:

- solve medical, clinical, and administrative issues directly with the insurance carriers and other vendors
- locate, evaluate, and arrange appointments with “best-in-class” network physicians and medical centers anywhere in the U.S.
- research and identify the most advanced approaches to care and help coordinate second opinions
- transfer medical records, lab results, and x-rays
- communicate with doctors
- coordinate care and services after a hospital stay
- apply for and navigate Medicare applications and elder care services

VO:

- Health Advocate can help you:
 - solve medical, clinical, and administrative issues directly with the insurance carriers and other vendors
 - locate, evaluate, and arrange appointments with “best-in-class” network physicians and medical centers anywhere in the U.S.
 - research and identify the most advanced approaches to care and help coordinate second opinions
 - transfer medical records, lab results, and x-rays
 - communicate with doctors
 - coordinate care and services after a hospital stay, and
 - apply for and navigate Medicare applications and elder care services



Health Advocate

You can register on Health Advocate's Member Engagement site at www.healthadvocate.com/publicis to:

- check the status of your case in real time
- view your case history
- send and receive secure messages from your Personal Health Advocate
- submit billing or claims and other documents online

VO:

- You can register on Health Advocate's Member Engagement site at www.healthadvocate.com/publicis to:
 - check the status of your case in real time
 - view your case history
 - send and receive secure messages from your Personal Health Advocate, and
 - submit billing or claims and other documents online

Bright Horizons Back Up Care Program

Administered by Bright Horizons

- Bright Horizons Back Up Care Program provides employees with a comprehensive resource for urgent and ongoing care needs to help balance work and family obligations
- Services are provided by Bright Horizons Family Solutions, a leading nationwide provider of high-quality care and family support resources
- There are two components of the program:
 - The Back Up Care Program
 - Additional Family Support through CareDirect

VO:

- We know how essential work/life balance is, and we're here to help.
- Bright Horizons Back Up Care Program provides employees with a comprehensive resource for urgent and ongoing care needs to help balance work and family obligations.
- Services are provided by Bright Horizons Family Solutions, a leading nationwide provider of high-quality care and family support resources.
- There are two components of the program, The Back Up Care Program and Additional Family Support through CareDirect.

Bright Horizons Back Up Care Program

Administered by Bright Horizons

- The Back Up Care Program provides you with a total of 15 back-up care days to use for:
 - yourself
 - your children
 - adults and elders in your family
 - Nominal copays apply only when care is provided
- Registration for back-up care is free and required before you can reserve and access back-up care
- It's recommended that you register yourself and family members in advance, so you'll be ready to access care when needed

VO:

- The Back Up Care Program provides you with a total of 15 back-up care days to use for yourself, your children, and adults and elders in your family. Nominal copays apply only when care is provided.
- Registration for back-up care is free and required before you can reserve and access back-up care. It's recommended that you register yourself and family members in advance so you'll be ready to access care when needed.

Bright Horizons Back Up Care Program

Administered by Bright Horizons

Additional Family Support via CareDirect™ (for your ongoing family care needs)

- Features include:
 - Preferred enrollment access at Bright Horizons child care centers
 - Tuition discounts for full-time care at select participating network child care centers
 - The ability to secure and connect to a host of service providers for your ongoing family care needs

VO:

- Additional Family Support is available under CareDirect for your ongoing family care needs.
- Features include preferred enrollment access at Bright Horizons child care centers, tuition discounts for full-time care at select participating network child care centers, the ability to secure and connect to a host of service providers for your ongoing family care needs.

Bright Horizons Back Up Care Program

Administered by Bright Horizons



- Self-select and self-pay resources to search and connect with are:
 - housekeepers
 - babysitters and nannies
 - pet sitters and groomers
 - elder care resources
 - tutoring, test prep, and homework assistance
- Under CareDirect, you'll pay the full cost of care and/or services as negotiated with the service provider

VO:

- Self-select and self-pay resources to search and connect with are housekeepers, babysitters and nannies, pet sitters and groomers, elder care resources, tutoring, test prep and homework assistance
- Under CareDirect, you'll pay the full cost of care and/or services as negotiated with the service provider.

PBC Healthy Living Wellness Program

Administered by WebMD

PBC Healthy Living

- A comprehensive wellness initiative designed to provide you and your eligible dependents with the tools you need to get closer to your health

Eligibility

- All active benefits-eligible employees can participate in PBC Healthy Living, as well as spouses or domestic partners enrolled in a Publicis medical plan
- If you're eligible, you can participate in the program automatically, though you must take action in order to receive PBC Healthy Living rewards

VO:

- Publicis always wants you to feel healthy and happy. That's why we offer PBC Healthy Living — a comprehensive wellness initiative designed to provide you and your eligible dependents with the tools you need to get closer to your health.
- All active benefits-eligible employees can participate in PBC Healthy Living, as well as spouses or domestic partners enrolled in a Publicis medical plan.
- If you're eligible, you can participate in the program automatically, though you must take action in order to receive PBC Healthy Living rewards.

PBC Healthy Living Wellness Program

Administered by WebMD

- Through WebMD, one of the leading health organizations in the U.S., PBC Healthy Living helps you take steps to being your healthiest
- When you participate in the program, you'll receive customized information and support based on your reported interests, health risks, and readiness for change, including:
 - a personal health record
 - secure messaging and targeted reminders
 - clinically reviewed health information and medical-decision support
 - lifestyle improvement programs to help increase exercise, reduce stress, quit tobacco, and more
- You and your eligible spouse or domestic or civil union partner can also receive monetary incentives for certain wellness steps

VO:

- Through WebMD, one of the leading health organizations in the U.S., PBC Healthy Living helps you take steps to being your healthiest. When you participate in the program, you'll receive customized information and support based on your reported interests, health risks, and readiness for change, including:
 - a personal health record
 - secure messaging and targeted reminders
 - clinically reviewed health information and medical decision support
 - lifestyle improvement programs to help increase exercise, reduce stress, quit tobacco, and more
- You and your eligible spouse or domestic or civil union partner can also receive monetary incentives for certain wellness steps. We'll talk more about that next!

PBC Healthy Living Wellness Program

Get Started and Earn Healthy Living Rewards

1. Visit www.publicisconnections.com to learn more
2. Go to www.webmdhealth.com/pbchealthyiving and register as a new user
3. Complete the Personal Health Assessment (PHA)
4. Receive a personal health record
5. May have to schedule WebMD health coaching sessions
6. Earn cash rewards*
 - You'll earn **\$125** for completing the Personal Health Assessment
 - You'll earn an additional **\$175** for completing a series of healthy activities
 - You and your partner can earn up to **\$300**

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

VO:

- Reaching your health goals has never been so easy. Visit www.publicisconnections.com to learn more about the PBC Healthy Living Wellness Program and deadlines to earn cash rewards.
- When you're ready, register for the PBC Healthy Living Wellness Program as a new user at www.webmdhealth.com/pbchealthyiving.
- You then have to complete the Personal Health Assessment on the PBC Healthy Living website. But don't worry — it's completely confidential and only takes 15–20 minutes to complete.
- When you're done taking your Personal Health Assessment, you'll receive a personal health record — a report that helps you better understand your current health. It also opens up your world to set health goals, useful tools, personalized reports, and information customized to your health needs.
- If your Personal Health Assessment indicates the presence of a health risk, you may receive directions for scheduling WebMD health coaching sessions. WebMD Coaches are health experts trained to engage in one-on-one conversations to support participants in improving their health. Coaching can consist of phone calls, emails, and self-reported weekly activities via the WebMD Digital Health Assistant.
- Taking the Personal Health Assessment and scheduling WebMD health coaching sessions will get you started on your path to a healthier you — it can even put a little money in your wallet! You'll earn the amount as shown here for completing the Personal Health Assessment and an additional amount for completing a series of healthy activities before these deadlines.
- If covered under a Publicis medical plan, your eligible spouse or domestic or civil union partner can also participate and earn rewards up to the amount highlighted on screen. This amount will be paid to you.



VO:

- Now, let's take a closer look at some important factors and questions you should consider as you prepare to enroll!

Managing Health Care Expenses

Focus on Wellness

- You could:
 - participate in the PBC Healthy Living Program powered by WebMD
 - earn up to **\$300*** in rewards (if your eligible spouse or domestic/civil union partner participates)
- Don't forget to get that annual physical because:
 - it's covered 100% in network under all Publicis medical plans and can prevent serious illnesses or provide early detection

**Subject to applicable taxes.*

VO:

- It's always important to think about and plan how you can manage your health care expenses in the coming year. So, let's go over some common considerations and the tools you get with your Publicis benefits.
- First, let's focus on wellness. You could participate in the PBC Healthy Living program powered by WebMD and earn up to a certain amount in rewards (if your eligible spouse or domestic/civil union partner participates).
- Don't forget to get that annual physical because it's covered in network under all Publicis medical plans and can prevent serious illnesses or provide early detection.

Managing Health Care Expenses

And if you have a medical issue that's not an emergency, save the emergency room for another day. Instead, you can see your doctor, visit an urgent care center, or even contact Teladoc (if you enroll in one of the Publicis medical plans).

VO:

- And if you have a medical issue that's not an emergency, save the emergency room for another day. Instead, you can see your doctor, visit an urgent care center, or even contact Teladoc (if you enroll in one of the Publicis medical plans).

Managing Health Care Expenses

Keep Your Family's Immunizations Current

- Non-seasonal and seasonal vaccines like the flu vaccine are covered under the Publicis medical and prescription benefits
- You can also manage your prescription costs by filling your long-term maintenance medications for 90-day supplies through the CVS Mandatory Maintenance Choice Program, where you can get your medications by mail order or pick them up at any CVS Pharmacy location

VO:

- It never hurts to make sure you and your family members are current with vaccines.
- Non-seasonal and seasonal vaccines, like the flu vaccine are covered under the Publicis medical and prescription benefits.
- You can also manage your prescription costs by filling your long-term maintenance medications for 90-day supplies through the CVS Mandatory Maintenance Choice Program, where you can get your medications by mail order or pick them up at any CVS Pharmacy location.

Managing Health Care Expenses

BCBSIL Member Rewards

- To receive your rewards, register for the **BCBSIL Member Rewards** health care shopping program, designed to reduce your out-of-pocket health care costs for eligible services and provide cash rewards for selecting quality cost-effective health care providers
- If you're enrolled in a Publicis medical plan, be sure to register for **Blue Access for Members** via www.bcbsil.com in order to begin shopping for Member Rewards-eligible services and providers
- On top of saving on out-of-pocket costs using cost-effective providers, you may also qualify to receive a cash reward within **4 – 6 weeks** of completing a Member Rewards-eligible provider service

VO:

- To receive your rewards, register for the BCBSIL Member Rewards health care shopping program, designed to reduce your out-of-pocket health care costs for eligible services and provide cash rewards for selecting quality cost-effective health care providers.
- If you're enrolled in a Publicis medical plan, be sure to register for Blue Access for Members via www.bcbsil.com in order to begin shopping for Member Rewards-eligible services and providers.
- On top of saving on out-of-pocket costs using cost-effective providers, you may also qualify to receive a cash reward within a certain time frame of completing a Member Rewards-eligible provider service.



VO:

- If you've studied up on your Publicis suite of benefits then it's time to... drumroll please... enroll!

Enrollment Information

Effective date

- The effective date of your benefits is the first of the month following or coinciding with your hire date
 - For example, if your hire date is March 10th, your benefits effective date would be April 1st. If your hire date is March 1st, your benefits effective date would be March 1st
- As a new hire, you have **45 calendar days** from your date of hire to enroll in your benefits online
 - After your new hire enrollment period ends, you can't make any changes prior to the next annual Open Enrollment period, unless you experience a qualified life event

VO:

- First, let's go over some important information you'll want to keep in mind come enrollment!
- The effective date of your benefits is the first of the month following or coinciding with your hire date. For example, if your hire date is March 10th, your benefits effective date would be April 1st. If your hire date is March 1st, your benefits effective date would be March 1st.
- As a new hire, you have 45 calendar days from your date of hire to enroll in your benefits online. After your new hire enrollment period ends, you can't make any changes prior to the next annual Open Enrollment period, unless you experience a qualified life event.

Enrollment Information

Changes to benefit elections

- A qualified life event may include:
 - marriage
 - birth
 - divorce
 - your dependent's loss or gain of coverage elsewhere
- Changes made due to a qualified life event must be made within **31 days** of the qualified life event
- There are exceptions, and you may enroll in or change contributions to the Dependent Care FSA, Health Savings Account, or Transit Reimbursement Incentive Plan (TRIP) at any time during the year

VO:

- A qualified life event may include marriage, birth, divorce, or your dependent's loss or gain of coverage elsewhere. Changes made due to a qualified life event must be made within 31 days of the qualified life event.
- There are exceptions, and you may enroll in or change contributions to the Dependent Care FSA, Health Savings Account, or Transit Reimbursement Incentive Plan at any time during the year.

Benefits Enrollment

How to Enroll

- Once you receive your enrollment notification via mail or email, go to www.publicisconnections.com
- Click “**View, Enroll or Change Your Benefits**” to access the Benefits Enrollment system. You should receive a notification within **2 weeks** of your hire date
- At the login screen, click the “**First-Time Users**” link to create a User ID and password and follow the prompts to register your account on the bswift enrollment site and to establish your login credentials
- If you need a little extra help, contact the PBC Service Center at benefits.sharedservices@lionresources.com or at **1-800-933-3622** between 9 a.m. and 5 p.m. Eastern Standard Time

VO:

- Okay, now here’s how to enroll.
- Once you receive your enrollment notification via mail or email, go to www.publicisconnections.com, and click “View, Enroll or Change Your Benefits” to access the Benefits Enrollment system. You should receive a notification within 2 weeks of your hire date.
- At the login screen, click the “First-Time Users” link to create a User ID and password and follow the prompts to register your account on the bswift enrollment site and to establish your login credentials.
- If you need a little extra help, contact the PBC Service Center at benefits.sharedservices@lionresources.com or at 1-800-933-3622 between 9 a.m. and 5 p.m. Eastern Standard Time.

Key Resources

- All the most important information you'll need is in your **Publicis Benefits Guide** posted on the PBC website at www.publicisconnections.com
- For guidance with your benefits decisions, you can always use the helpful **Ask Emma Decision-Support** tool
 - You can find Ask Emma on the bswift benefits homepage once you log into your account. Emma will appear again once you choose to review your medical options
 - 95% of our new benefits enrollees use this convenient and engaging online tool
- Ask Emma can help you estimate your annual health care costs to make a more informed decision regarding your health coverage



VO:

- Let's talk about some of our key resources.
- All the most important information you'll need is in your Publicis Benefits Guide posted on the PBC website at www.publicisconnections.com.
- For guidance with your benefits decisions, you can always use the helpful Ask Emma decision-support tool.
- You can find Ask Emma on the bswift benefits homepage once you log into your account. Emma will appear again once you choose to review your medical options.
- 95% of our new benefits enrollees use this convenient and engaging online tool.
- Ask Emma can help you estimate your annual health care costs to make a more informed decision regarding your health coverage.

Key Resources

- After you answer some simple questions, Ask Emma will even personalize information to help you understand your coverage under each medical plan option
- We strongly encourage you to use Ask Emma before making health plan elections for you and your family



VO:

- After you answer some simple questions, Ask Emma will even personalize information to help you understand your coverage under each medical plan option.
- We strongly encourage you to use Ask Emma before making health plan elections for you and your family.



- VO:
- Now, let's take look into the future. Or maybe just go over some highlights of the 401(k) plan.

401(K) Eligibility/Enrollment

Administered by Fidelity Investments

401(k) is your retirement savings plan sponsored by Publicis. You have the option to make contributions from your paycheck on a post-tax or pre-tax basis — the contributions you make go into a 401(k) account.

Keep in mind that you're able to choose the investments you wish to contribute.

VO:

- 401(k) is your retirement savings plan sponsored by Publicis. You have the option to make contributions from your paycheck on a post-tax or pre-tax basis — the contributions you make go into a 401(k) account. Keep in mind that you're able to choose the investments you wish to contribute.

401(K) Eligibility/Enrollment

Administered by Fidelity Investments

- Auto-Enroll: You'll be automatically enrolled in the plan within **45 days** of your hire date at a rate of **5%** of your eligible pay, and your contributions will be invested according to your birth date into one of the FIAM Index Target Date Commingled Pools Class Y funds
- Please note that:
 - you have **30 days** from your date of hire to opt out of auto enrollment
 - once your contributions start, you can opt out at any time
 - you can request a return of your automatic contributions adjusted for gains and losses, up to **90 days** after you have been automatically enrolled in the plan by calling the Fidelity Retirement Benefits Line at **1-800-835-5095**

VO:

- With auto-enroll, you'll be automatically enrolled in the plan within 45 days of your hire date at a rate of a percentage of your eligible pay, and your contributions will be invested according to your birth date into one of the FIAM Index Target Date Commingled Pools Class Y funds.
- Please note that you have 30 days from your date of hire to opt out of auto enrollment.
- Once your contributions start, you can opt out at any time, and you can request a return of your automatic contributions adjusted for gains and losses, up to a certain amount of days after you have been automatically enrolled in the plan by calling the Fidelity Retirement Benefits Line at 1-800-835-5095.

401(K) Eligibility/Enrollment

Administered by Fidelity Investments

- EasyEnroll: You don't have to wait to be auto-enrolled in the plan — once you receive your welcome letter from Fidelity, you can elect to contribute to the plan on **Fidelity NetBenefits** at www.netbenefits.com
- Please note that:
 - You can choose your contribution amount from the pre-set contribution rates of **8%, 10%, or 12%** of your eligible pay
 - Your contributions will be invested according to your birth date into one of the **FIAM Index Target Date Commingled Pools Class Y funds**
 - Contribution and Investment Selections:** You always have the option to make your own contribution amount and investment selections via Fidelity NetBenefits at www.netbenefits.com

VO:

- With EasyEnroll, you don't have to wait to be auto-enrolled in the plan — once you receive your welcome letter from Fidelity, you can elect to contribute to the plan on Fidelity NetBenefits at www.netbenefits.com.
- Please note that you can choose your contribution amount from the pre-set contribution rates of certain percentages of your eligible pay.
- Your contributions will be invested according to your birth date into one of the FIAM Index Target Date Commingled Pools Class Y funds.
- When it comes to your contribution and investment selections, you always have the option to make your own contribution amount and investment selections via Fidelity NetBenefits at www.netbenefits.com.

Employee and Employer Contributions

- Through automatic payroll deduction, you can contribute from **1% to 50%** of your eligible pay up to the IRS annual compensation limit of **\$285,000** in 2021 on a pre-tax or Roth after-tax basis, up to the annual IRS dollar limit combined — **\$19,500** in 2021
- Highly compensated employees can contribute between **1% and 15%** of their eligible pay on a pre-tax basis
- Remember, you can always change or cancel your contribution election at any time throughout the year

VO:

- Now, let's discuss contribution options.
- Through automatic payroll deduction, you can contribute a given percentage of your eligible pay up to the IRS annual compensation limit shown here on a pre-tax or Roth after-tax basis, up to the annual IRS dollar limit combined that is currently highlighted on screen.
- Highly compensated employees can contribute a certain percentage of their eligible pay on a pre-tax basis.
- Remember, you can always change or cancel your contribution election at any time throughout the year.

Employee and Employer Contributions

- The company:
 - helps your retirement savings grow by matching your contributions every pay period
 - will match **100%** of the first **3%** of the pay you contribute as well as **50%** of the next **2%** of the pay you contribute to the 401(k) Plan
 - will match at a rate of **4%** of your base pay if you contribute at least **5%** of your base pay to the plan

VO:

- The company helps your retirement savings grow by matching your contributions every pay period.
- The company will match a specific percentage of the percent shown here of the pay you contribute as well as a percentage of an additional portion of the pay you contribute to the 401(k) Plan.
- The company will match at a rate of a percentage of your base pay if you contribute at least the percentage amount of your base pay shown here to the plan. It pays to pay!

Vesting

- Being vested means that you own the contributions you make. You're always **100%** vested in your own contributions to the plan as well as any earnings on those contributions
- You are immediately **100%** vested in your entire 401(k) account balance upon early or normal retirement, death, or disability
- The company's matching contributions and any earnings vested are based on your years of service

0%	0 – 1 year of service
25%	1 – 2 year of service
50%	2 – 3 year of service
75%	3 – 4 year of service
100%	4+ year of service

VO:

- Ready to get compliments on your vest? Well, pay very close attention!
- Being vested means that you own the contributions you make. You're always 100% vested in your own contributions to the plan as well as any earnings on those contributions.
- You are immediately 100% vested in your entire 401(k) account balance upon early or normal retirement, death, or disability.
- The company's matching contributions and any earnings vested are based on your years of service. Please refer to the chart on the right to see what those exact percentages are.

Catch-up Contributions

- If you're going to reach the age of 50 or older during the calendar year and are contributing the annual maximum plan or the annual IRS pre-tax contribution, you may make an additional "catch-up" contribution each pay period — up to **\$6,500** in 2021
- Keep in mind that:
 - this election must be a fixed dollar amount per pay period
 - once elected, your catch-up contribution elections will carry over from year to year, unless you make a change

VO:

- Ready to play catch up?
- If you're going to reach the age shown here or older during the calendar year and are contributing the annual maximum plan or the annual IRS pre-tax contribution, you may make an additional "catch-up" contribution each pay period — the maximum for this calendar year is currently highlighted on screen.
- Keep in mind that this election must be a fixed dollar amount per pay period. Once elected, your catch-up contribution elections will carry over from year to year, unless you make a change

Loans and Withdrawals

- Although your 401(k) Plan account is intended for the future, you can always access your money through a loan or a withdrawal
- When making the decision to take out a loan or withdrawal, be sure to understand the tax consequences of any withdrawal before actually making that election
- You can visit Fidelity NetBenefits at www.netbenefits.com or call the Fidelity Retirement Benefits Line to learn how to process a loan or withdrawal

VO:

- What if you need the future to come a little early?
- Although your 401(k) Plan account is intended for the future, you can always access your money through a loan or a withdrawal.
- When making the decision to take out a loan or withdrawal, be sure to understand the tax consequences of any withdrawal before actually making that election.
- You can visit Fidelity NetBenefits at www.netbenefits.com or call the Fidelity Retirement Benefits Line to learn how to process a loan or withdrawal.

Additional Information

1

For more information on your Publicis benefits, visit:
www.publicisconnections.com

For access to benefit materials and forms: Go to Guides & Forms **For access to the PBC benefit carriers:** Go to Contact A Carrier

2

For any questions regarding your benefits, you can contact the PBC Service Center: benefits.sharedservices@lionresources.com or **1-800-933-3622** weekdays from 9 a.m. through 5 p.m. Eastern Time

VO:

- For more information on your Publicis benefits, visit: www.publicisconnections.com
- For access to benefit materials and forms, go to Guides & Forms
- For access to the PBC benefit carriers, go to Contact A Carrier
- For any questions regarding your benefits, you can contact the PBC Service Center: benefits.sharedservices@lionresources.com or 1-800-933-3622 weekdays from 9 a.m. through 5 p.m. Eastern Time

Thanks for participating!

Don't forget to enroll in your Publicis Benefits Connection offerings within **45 calendar days** of your hire date.



VO:

- And with that, my friend, we find ourselves at the conclusion of the New Hire Benefits Orientation. Thanks for participating!
- Don't forget to enroll in your Publicis Benefits Connection offerings within the given amount of calendar days of your hire date.
- And remember — this video will always be here to refer back to if you have any questions. Welcome aboard!