2026

PUBLICIS BENEFITS GUIDE

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For Active Employees

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GETTING STARTED

If you want to change or newly enroll for benefits, it's important that you take action during your enrollment period. If you are a new hire, you have 45 days from your hire date to enroll for benefits.

CHECKLIST
Carefully review this guide to understand all of your benefits options
Go to the View, Enroll or Change Benefits page on Publicis Connections to get started
Important: Print your confirmation statement for your records

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MAKE INFORMED CHOICES

The benefits you select as a new hire or during Benefits Open Enrollment are effective through the end of the calendar year. It's important to review all your options as you select your Publicis benefits for next year. Having the right level of coverage and care is important to your well-being and financial security.

Your only other opportunity to make changes to your benefits coverage is within 31 days of experiencing a Qualified Life Event. Keep in mind that you can always adjust your contribution amount for your TRIP/commuter benefit, Health Savings Account (HSA) and Dependent Care Flexible Spending Account (DCFSA) on bswift at any time. You can also adjust your contribution amount for your 401(k) Plan on Fidelity at any time.

You have a lot of resources available to help you make informed choices:

- Use the **Ask Emma tool** on the bswift benefits enrollment portal to help you estimate your annual health care costs and make an informed decision regarding your health coverage.
- Talk to a health expert at Health Advocate (1-800-933-3622, weekdays, 8am – 8pm ET) to discuss your specific medical needs and get help with your Publicis benefits options.

You can get additional contact information on the contacts page of Publicis Connections.

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BENEFITS ELIGIBILITY

You are eligible to enroll in Publicis benefits if you're a U.S.-based full-time or part-time employee working a regular schedule of at least 21 hours per week.

You can cover eligible dependents on your medical, dental and vision plans. You can also cover your spouse and/or child(ren) with dependent life insurance plans.

Eligible dependents include:

1. Your **spouse** (unless legally separated or divorced from you) or same- or opposite-gender **domestic partner**
2. Your eligible children. Please note, **your eligible children** include:
   - Your natural children
   - Your legally adopted children
   - Your stepchildren
   - Your domestic partner's children
   - Children placed with you for adoption
   - Your foster children
   - Any other children (including grandchildren) for whom you are the legal guardian as determined by a court of competent jurisdiction

Children are eligible for benefits as follows:

- Dependent children up to age 26 are eligible for medical, dental, vision, and child life insurance coverage regardless of marital or student status
- Dependent children over age 26 if disabled. Qualifying certification of total disability will be required to confirm status.

You may also enroll your children up to age 26 if one of the following conditions applies:

- You are legally obligated to support them in anticipation of acdoption (whether or not the adoption is final)
- You are required to provide health coverage for them under a Qualified Medical Child Support Order (QMCSO)

Publicis plans to conduct dependent audits. Before you enroll, make sure that all your dependents are eligible for coverage.

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DOMESTIC PARTNER COVERAGE

Your Publicis benefits include medical, dental and vision coverage for an unmarried same- or opposite-gender domestic partner. Children of a domestic partner are covered only if they have been adopted by you.

If you choose to cover your partner under your benefit plans, bswift, our third-party benefits administrator, will send you a Domestic Partner Affidavit to complete. You will need to complete the affidavit and return it to bswift in order for your partner to be added to your coverage.

Under federal tax law, unless your partner (and his or her children) satisfies the definition of a tax dependent in section 152 of the Internal Revenue Code:

- The contributions that you make for his or her coverage must be paid with after-tax dollars
- The portion of his or her coverage paid by the Company is taxable to you. This cost is included in the amount used to determine the taxes withheld from your paycheck. It is also reported as income to the Internal Revenue Service on your W-2
- You cannot use your Health Care Flexible Spending Account to pay for his or her unreimbursed health care expenses

Even if your partner and/or his or her children do not qualify for federal tax-free health benefits, their benefits may not be subject to state tax in certain situations — for example, if you live in a state that recognizes non-marriage partnerships.

WORKING SPOUSAL SURCHARGE

If your spouse or domestic partner has access to other employer-provided medical coverage and you elect to cover them under your Publicis medical plan, you will be charged an additional $100/month post-tax from your paycheck. The surcharge applies to medical coverage only; you will not incur a surcharge if you enroll your spouse/partner in dental and/or vision coverage. 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

Think about the benefits available to you and your spouse/partner to see how you might be able to save money while maintaining the medical coverage that you and your family need.

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DEPENDENT VERIFICATION

We conduct audits throughout the year to confirm benefits eligibility. Make sure all your dependents meet the eligibility criteria before enrolling them in coverage.

Publicis will provide sufficient notice of the audit. Once notified, you will need to provide verification documents by the deadline given to confirm your dependents' eligibility (for example, a birth or marriage certificate). If you do not provide sufficient proof, ineligible dependents will no longer receive coverage

Take a moment to review the dependent eligibility criteria.

QUALIFIED LIFE EVENTS

The benefits you select as a new hire or during Benefits Open Enrollment are effective through the end of the calendar year. Your only other opportunity to make changes to your benefits coverage is **within 31 days of experiencing a** Qualified Life Event.

Changes to your coverage must be made within 31 calendar days of the event; otherwise you cannot make coverage changes until the next Benefits Open Enrollment period.

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BENEFITS AT-A-GLANCE

BENEFIT	COVERAGE AND DETAILS

Medical, **including** Prescription Drugs
 	
Medical administered by UnitedHealthcare
Prescription Drugs administered by CVS Caremark
	• Three options:
	  • **Medical Health Savings Account Plan (Medical HSA Plan):** Has the highest deductible and out-of-pocket limit of the medical options and the lowest paycheck contributions
	  • **Standard Preferred Provider Organization (Standard PPO):** Benefit levels and paycheck contributions fall in the middle of the three medical options
	  • **Premier Preferred Provider Organization (Premier PPO):** Has the highest benefit levels and highest paycheck contributions of the three medical options
	• If you elect one of the medical plan options, you'll automatically receive prescription drug coverage as part of the medical coverage you have elected and you will be automatically enrolled in the Teladoc Telemedicine service
	• If you elect the Medical HSA Plan, you will be enrolled in a Health Savings Account; you must take the additional step of opening the account in order to use it

Health Savings Account (HSA) Administered by HealthEquity	• You are enrolled automatically if you elect the Medical HSA Plan; you must take the additional step of opening the account in order to use it • Publicis makes an annual contribution on your behalf of $250 (Employee Only tier) or $500 (all other tiers) • You can also contribute on a pre-tax basis to the annual IRS limit of $4,400 (individual) or $8,750 (family), which includes your and Publicis' contributions combined • You own the funds in your account, even after you leave Publicis; you decide whether to use your account to pay for current expenses or save them for future expenses

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BENEFIT	COVERAGE AND DETAILS
Teladoc Telemedicine Services Administered by Teladoc	• You and your eligible dependents have access if you enroll in a Publicis medical plan option • Gives you access to a national network of board-certified doctors all day, every day • Obtain affordable, high-quality care conveniently by phone, web or mobile device • Doctors can diagnose and treat your condition, and write prescriptions to manage common health problems • There is no cost to you for Teladoc's services *Employees enrolled in the Medical HSA Plan must meet the plan deductible before they are eligible for the $0 copay.*

Dental
Administered by Delta Dental of New York
	• Two options:
	  • **Basic PPO:** Pays a lower level of benefits than the Comprehensive Plan; lower paycheck contributions
	  • **Comprehensive PPO:** Pays a higher level of benefits than the Basic Plan; higher paycheck contributions
	• Both plans cover in-network preventive services at 100%

Vision
Administered by Vision Services Plan (VSP)
	• Two options:
	  • **Low Plan (Base):** Pays a lower level of in-network benefits than the High Plan; lower paycheck contributions
	  • **High Plan (Buy-Up):** Pays a higher level of in-network benefits than the Low Plan; higher paycheck contributions

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Life and Accidental Death and Dismemberment Insurance (AD&D)
Administered by MetLife
	• You receive Basic Life Insurance coverage automatically at no cost to you
	• You may elect:
	  • Supplemental Life Insurance for yourself
	  • Dependent Life Insurance for your spouse and/or dependent child(ren)
	  • Optional Accidental Death and Dismemberment Insurance for you and for your family

Short- and Long-term Disability Administered by The Hartford	• Short-term disability (STD) coverage is automatically provided to you at no cost and the salary continuance benefit provided is up to 26 weeks based on your years of service • You receive a core amount of long-term disability (LTD) insurance automatically at no cost to you • You may purchase additional amounts of LTD coverage to supplement your Company-provided LTD coverage
Health Care, Limited Purpose Health Care and Dependent Care Flexible Spending Accounts (FSAs) Administered by HealthEquity	• You can contribute annually up to $3,400* to a Health Care FSA or Limited Purpose Health Care FSA and up to $7,500* to a Dependent Care FSA. Up to $680 of unused funds can be carried over into the next plan year. • You can fund a Health Care FSA with pre-tax dollars to pay for eligible health care expenses that are not covered under a medical, dental or vision plan • You can fund a Limited Purpose Health Care FSA with pre-tax dollars to pay for eligible health care expenses that are not covered under a dental or vision plan (not medical expenses) • You can fund a Dependent Care FSA with pre-tax dollars to pay for eligible dependent day care or elder care expenses that you incur while you and your spouse (if you're married) are at work, attending school full time or looking for a job
Transportation Reimbursement Incentive Plan (TRIP) Administered by HealthEquity	• Allows you to pay for eligible transportation and/or parking expenses with pre-tax dollars • You can contribute a maximum of $340* per month for public transit or van pooling • You can contribute a maximum of $340* per month for parking • Waiving your TRIP contributions to $0 will not impact your eligible funds. As long as you remain actively employed and benefits-eligible, your funds will roll over month-to-month

*If the IRS releases any changes to the amounts shown, updates will be posted to www.healthequity.com or www.publicisconnections.com.

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Group Legal Assistance Plan Administered by MetLife Legal Plans	• Offers access and referrals to network and non-network professional, credentialed attorneys for you and your eligible dependents • Covers a wide range of commonly used legal services
Bright Horizons Program Administered by Bright Horizons	• Provides you with a single point of access for temporary back-up care for children/adults/elders and additional family support for ongoing care needs • You are provided with a total of 15 days per year for back-up care for children/adults/elders • Nominal copays apply for each back-up care use • For self-selected ongoing care arrangements, you will pay for full cost of care as negotiated with care provider

Voluntary Benefits
Administered by Mercer Voluntary Benefits
	• Obtain affordable group rates for a variety of insurance programs, including:
	  • Auto Insurance
	  • Homeowners/Renters Insurance
	  • Pet Insurance
	  • Personal Liability Insurance
	  • Personal Accident Insurance

Employee Assistance Program (EAP) Administered by Workplace Solutions	• For you and your eligible dependents • Provides confidential, professional, one-on-one, short-term counseling for personal and work/life issues • You receive this benefit automatically at no cost to you

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Health Advocate Program	• For you, your eligible dependents and members of your extended family • Provides confidential, professional information about managing your health care needs and costs, including assistance with insurance claims • You receive this benefit automatically at no cost to you
International SOS Program	• For employees who travel internationally for business • Provides health and safety information when you are traveling internationally • You receive this benefit automatically at no cost to you
Healthy Living Program powered by WebMD	• You can participate if you are an active, benefits-eligible employee. Spouses, domestic partners and civil union partners can participate if they are enrolled in a Publicis Connections medical plan • Provides the tools you need to get closer to your health • Offers lifestyle improvement programs, resources and decision support • You and your eligible spouse/domestic partner/civil union partner can earn program incentives
Publicis 401(k) Plan Administered by Fidelity Investments	• A convenient, tax-advantaged way to save for retirement • The Company will match up to a total of 4% of your eligible pay

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PUBLICIS BENEFITS DETAILS

MEDICAL

Your medical benefits are administered by UnitedHealthcare. Your medical benefits include three medical plan options, all designed to provide you and your enrolled dependents with access to quality health care that is comprehensive and cost-conscious:

- UnitedHealthcare Medical HSA Plan
- UnitedHealthcare Standard PPO
- UnitedHealthcare Premier PPO

UnitedHealthcare provides access to the national UnitedHealthcare Choice Plus network, which is one of the largest national networks of doctors, hospitals and treatment facilities. You can choose to recieve care in-network or out-of-network; however, you typically pay less with in-network providers.

See how the medical options compare.

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How the Medical Plans Work

Your annual out-of-pocket cost of care includes:

- An annual deductible
- Copays (Standard and Premier PPO options only—not subject to deductible) for in-network physician and specialist office visits (preventive/wellness care from an in-network provider is covered at 100% and is not subject to copays)
- Coinsurance for other services (your share of the cost of care, expressed as a percentage of the total cost of care)

For certain services, you must satisfy the annual deductible before the plan pays coinsurance. An annual out-of-pocket maximum amount exists in all three plan options to limit your out-of-pocket medical costs. The annual deductible, coinsurance and copays (where applicable) all count toward the in-network annual out-of-pocket maximum amount.

The annual deductible and the annual out-of-pocket maximum work differently in the Medical HSA Plan than they do in the PPO options.

SUMMARIES OF BENEFITS AND COVERAGE

Wondering which of the three medical plans is best for you? Review the Summary of Benefits and Coverage (SBCs), which provides more detailed information about the key provisions of each of the medical plan options. You'll find the SBCs on the Forms and Guides page on Publicis Connections. Go to **Guides > Medical** to find the relevant SBC.

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A Closer Look at the Medical Plan Options

Choose a medical plan that best suits your health care needs and budget. Think about your potential health care needs and evaluate how these may impact your costs.

The Medical Health Savings Account (HSA) Plan has many features of more traditional plans, and it has some important differences too, like the advantage of triple-advantage tax savings when enrolling in a Health Savings Account (HSA). Review the following pages to learn more about the Medical HSA Plan.

How Your Medical Plans Compare

	MEDICAL HSA PLAN	STANDARD PPO	PREMIER PPO
Employee Contribution	Lower than the Premier PPO and the Standard PPO	Lower than the Premier PPO; higher than the Medical HSA Plan	Higher than the Standard PPO and the Medical HSA Plan
Preventive Care	Covered at 100% in-network; subject to deductible and coinsurance out-of-network		
Deductible	Higher than the Premier PPO and the Standard PPO	Higher than the Premier PPO; lower than the Medical HSA Plan	Lower than the Standard PPO and the Medical HSA Plan
Office Visits and Mental Health/Substance Abuse Outpatient Care	You pay coinsurance after deductible	You pay copayment in-network; subject to deductible and coinsurance out-of-network	
Coinsurance	After deductible, you pay 20% of in-network and 40% of out-of-network costs		
Out-of-Pocket Maximum	Higher than the Premier PPO and the Standard PPO	Higher than the Premier PPO; lower than the Medical HSA Plan	Lower than the Standard PPO and the Medical HSA Plan

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Some Ways the Medical HSA Plan Is Similar to the Standard PPO and Premier PPO

- **Prevention Incentive.** Preventive care is 100% covered if you use in-network providers—meaning you don't pay anything out of pocket for using these services
- **Cost-Sharing.** After you reach your annual deductible, the plan pays the larger percentage of the cost (coinsurance) of most care, both in-network and out-of-network, and you pay the smaller percentage
- **Payment Limit.** What you spend out of pocket for medical care (including your deductible and coinsurance) is limited to an annual maximum

Spotlight on the Medical HSA Plan

As you consider your plan options, remember that the Medical HSA Plan offers the lowest payroll deductions and comes with a Health Savings Account, which Publicis contributes to annually ($250 for single coverage/$500 for other contribution tiers). The HSA helps you save and pay for covered health care expenses, like the plan deductible and coinsurance. Your contributions to your HSA are tax-free, withdrawn tax-free and are yours to keep if you retire or leave the Company.

Infertility and Fertility Treatment Benefits

Coverage under the Publicis medical plans covers family planning services (e.g., infertility) without evidence of medical necessity. We are committed to assisting our employees looking to build their families through the use of various fertility treatments. No diagnosis of "infertility" is needed to receive fertility benefits.

Note: There is a $25,000 lifetime fertility benefit maximum, which will be reset 1/1/2026 for all employees. A covered individual will need to satisfy the plan's deductible and pay the applicable coinsurance up to the out-of-pocket or lifetime maximum, whichever comes first. All plans will now cover Fertility under the UHC medical plan (i.e. egg retrieval / egg freezing, elective, inclusive, etc.)

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	MEDICAL HSA PLAN	STANDARD AND PREMIER PPO OPTIONS
Health Savings Account (HSA)	• You are automatically enrolled in an HSA (you must take action to open and use your HSA) • Allows you to save pre-tax money for health care expenses this year and beyond • Publicis funds the account annually and you may contribute, too • You may also enroll in a Limited Purpose Health Care FSA	• You may not enroll in an HSA • You may enroll in a Health Care FSA , which allows you to save pre-tax money for health care expenses this year • Publicis does not fund the Health Care FSA
Cost of Coverage	• You pay less in paycheck contributions	• You pay more in paycheck contributions
Annual Deductible	• You pay a higher deductible than the PPO options • Family Plan: If only one covered family member becomes ill or injured, that person must reach **the full family annual deductible** before Plan coinsurance begins for **any family member**. The single annual deductible doesn't apply within a family annual deductible.	• You pay a lower deductible than the Medical HSA Plan (see page 20 for full details) • Family Plan: If only one covered family member becomes ill or injured, that person must reach **the single annual deductible** before Plan coinsurance begins for **that individual**. Plan coinsurance for all family members begins only after you reach the family annual deductible through a combination of family members.
Coinsurance vs. Copayments	• You generally pay coinsurance for physician office visits and outpatient mental health/substance abuse care, after you meet the annual deductible	• You generally pay a copayment for physician office visits and outpatient mental health/substance abuse care
Annual Out-of-Pocket Maximum	• There is a higher out-of-pocket maximum than the PPO options • Family Plan: **You must first reach the entire family annual deductible before the Plan starts to cover coinsurance costs**. Once one family member reaches the single annual out-of-pocket maximum, eligible services are 100% covered by the Plan for that individual. You must reach the full family annual out-of-pocket maximum for the Plan to cover 100% of the costs of eligible services for all family members.	• There is a lower out-of-pocket maximum than the Medical HSA Plan (out-of-pocket maximums differ between the two PPO options) • Family Plan: Once one family member reaches the single annual out-of-pocket maximum, eligible services are 100% covered by the Plan for that individual. You must reach the full family annual out-of-pocket maximum for the Plan to cover 100% of the costs of eligible services for all family members.
Prescription Drugs	• Prescription drug expenses are subject to the annual deductible	• Prescription drug expenses are not subject to the annual deductible

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The Health Savings Account Difference

One of the principal differences between the Medical HSA Plan and both the Premier PPO and Standard PPO options is the ability to participate in a Health Savings Account. When you combine an HSA with our Medical HSA Plan, you get incredible benefits. One of the biggest benefits is the triple advantage tax-savings: contribute tax-free funds, grow tax-free earnings, enjoy tax-free distributions. Here are some other things to consider:

- **Automatic Enrollment.** When you elect the Medical HSA Plan, you will be automatically enrolled in an HSA. You must take action in order to open and use your HSA.
- **Company Contribution.** The Company contributes money to your HSA. For this year, the employer contribution is $250 for employee-only coverage and $500 for employee + dependent. The funds will be deposited on a per-pay-period basis prorated based on your participation date. You'll receive a debit card at home, which you can use just as you would a regular debit card to pay for eligible expenses.
- **You Can Contribute, Too.** In addition to receiving the Company's contribution, you can also make pre-tax contributions to your account, up to the annual IRS combined annual maximum (includes employer and your contributions). For this year, the Health Savings Account contribution limits will be as follows:
  - employee-only coverage —$4,400
  - employee + dependent —$8,750
- **Catch-Up Contributions Allowed.** If you are age 55 or older, you may make additional catch-up contributions of up to $1.000 annually.

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.

HELPS PAY FOR CARE

Use your HSA to pay for covered health care expenses only, like the deductible and coinsurance.

NO USE IT OR LOSE IT

You never need to worry about the "use it or lose it" rule. Your account balance rolls over to the next year.

MONEY IS YOURS TO KEEP

You can take your account with you if you retire or leave the Company.

Note: HSA funds can only be used for health care costs, and funds cannot be withdrawn from your account to pay non-health-related expenses.

** Generally, if you live in Alabama, California or New Jersey, the Company's and your own contributions are not subject to federal tax but are subject to state income tax. Consult your tax advisor should you require specific tax advice.*

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Participation in an HSA

You may only participate in the Health Savings Account if you elect the Medical HSA Plan. Also, since Health Savings Accounts offer significant tax advantages, the IRS regulates who may contribute. Per IRS rules, you may not participate in an HSA if:

- Someone claims you as a tax dependent on their tax returns
- You are enrolled in Medicare
- You did not elect the Medical HSA Plan, including with your dependent spouse or domestic partner's plan
- You or your spouse/partner actively participates in an FSA, either with Publicis benefits or another benefits coverage plan

TIPS FOR CHOOSING A MEDICAL PLAN OPTION

Choosing which medical plan option is best for you is a personal decision. You should take many factors into consideration when choosing your coverage, such as:

- Potential health care needs for you and your family
- Whether you anticipate a need to seek care outside the UnitedHealthcare network
- How much you prefer to contribute each pay period (your cost of coverage)
- How much you prefer to spend when you receive care (your cost of care)
- Whether the Medical HSA Plan—with the triple advantage tax-savings of an HSA—might be right for you and your family

Ask Emma Decision Support Tool

Use the **Ask Emma tool** on the bswift benefits enrollment portal to help you estimate your annual health care costs and make a more informed decision regarding your health coverage.

This personalized and confidential tool helps you understand which Publicis medical plan option best fits your needs. **Ask Emma** is an easier way to estimate the health care services you may need for the coming year and what you may pay out of pocket, based on your past health care needs.

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Which Plan Fits You Best? Here are examples:

	MEET TERRENCE • Age 26 • Unmarried, no children • Uses health care infrequently	**MEET ASHNA** • Age 36 • Married, 2 children • Expecting third child • Uses health care frequently	**MEET JIN** • Age 50 • Married, no children to cover • Uses health care frequently – husband has diabetes
Expected Health Care Usage:	• 1 physical exam • 2 additional visits with primary care physician • 2 prescriptions for allergies	• 2 physical exams • 1 well woman exam • 4 well child exams • 15 primary physician visits • 40 specialist visits • 2 emergency room visits • Childbirth • 1 ICU stay • 32 generic prescriptions (retail location) • 20 brand formulary prescriptions	• 2 physical exams • 4 primary physician visits • 8 specialist visits • 1 outpatient surgery • 12 generic prescriptions—preventive (retail) • 9 brand formulary prescriptions
Estimated annual costs under each plan option*:			
Medical HSA Plan	Payroll deductions: $923 **Plus** Out-of-pocket costs: $320 **Less** Publicis HSA contribution: $250 ***Total Employee Cost:*** ***$993***	Payroll deductions: $3,489 **Plus** Out-of-pocket costs: $11,772 **Less** Publicis HSA contribution: $500 ***Total Employee Cost:*** ***$15,121***	Payroll deductions: $2,703 **Plus** Out-of-pocket costs: $4,064 **Less** Publicis HSA contribution: $500 ***Total Employee Cost:*** ***$6,267***
Standard PPO	Payroll deductions: $1,315 **Plus** Out-of-pocket costs: $80 ***Total Employee Cost:*** ***$1,395***	Payroll deductions: $4,783 **Plus** Out-of-pocket costs: $11,125 ***Total Employee Cost:*** ***$15,908***	Payroll deductions: $3,596 **Plus** Out-of-pocket costs: $2,440 ***Total Employee Cost:*** ***$6,036***
Premier PPO	Payroll deductions: $2,085 **Plus** Out-of-pocket costs: $60 ***Total Employee Cost:*** ***$2,145***	Payroll deductions: $7,253 **Plus** Out-of-pocket costs: $7,500 ***Total Employee Cost:*** ***$14,753***	Payroll deductions: $5,252 **Plus** Out-of-pocket costs: $1,960 ***Total Employee Cost:*** ***$7,212***
	For Terrence, the Medical HSA Plan is the most cost-effective plan option. He can also add funds to an HSA to pay for services next year and/or in the future.	For Ashna. the Premier PPO is the most cost-effective medical plan option. She may also want to consider the Medical HSA Plan, which offers the Company-funded, triple-tax-free HSA.	For Jin, the Standard PPO is the most cost-effective medical plan option. He may also want to consider the Medical HSA Plan, which offers the Company-funded, triple-tax-free HSA.

** The medical plan contributions display actual employee contributions, and while representational of the difference in annual contributions among the three plan options, may differ from your own annual contributions. These profiles are illustrative only, and you should base your choice of medical plan options on your personal needs and situation.*

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Publicis Medical Coverage

		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/Child(ren)/Family		N/A		N/A	
Annual Deductible	*Single*	$1,700	$3,400	$1,100	$2,200	$850	$1,700
	Family	$3,400[1]	$6,800	$2,200[2]	$4,400[2]	$1,700[2]	$3,400[2]
Out-of-Pocket Maximum	*Single*	$6,650	$13,300	$6,250	$12,500	$3,900	$7,800
	Family	$13,300[3, 4]	$26,600[3, 4]	$12,500[4]	$25,000[4]	$7,800[4]	$15,600[4]
Coinsurance (you pay)		20%	40%	20%	40%	20%	40%
Wellness Care[5]		100% covered by plan; deductible does not apply	Deductible and coinsurance	100% covered by plan; deductible does not apply	Deductible and coinsurance	100% covered by plan; deductible does not apply	Deductible and coinsurance
Office Visit	*(Primary)*	Deductible and coinsurance		$30		$25	
Office Visit	*(Specialist)*			$45		$40	
Emergency Room Visit		20%; subject to deductible		20%; not subject to deductible		20%; not subject to deductible	
Hospital Stay		20%; subject to deductible		20%; subject to deductible	Deductible and coinsurance	20%; subject to deductible	Deductible and coinsurance
Mental Health/Substance Abuse (Outpatient)		20%; subject to deductible		$30 copay		$25 copay	
Mental Health/Substance Abuse (Inpatient)		20%; subject to deductible		20%; subject to deductible		20%; subject to deductible	
Infertility Office Visit		20%; subject to deductible		$45 copay		$40 copay	
Infertility Hospital or Outpatient Facility Services[6]		20%; subject to deductible		20%; subject to deductible		20%; subject to deductible	
Most Other Services		20%; subject to deductible		20%; subject to deductible		20%; subject to deductible	
Hearing Aids		Up $2,500 annually, once every 3 years					

[1] *Under the Medical HSA Plan for family annual deductible, if only one covered family member becomes ill or injured, that person must reach the full family annual deductible before Plan coinsurance begins for any family member. The single annual deductible doesn't apply within the family annual deductible.*

[2] *Under the Standard PPO and Premier PPO Plans for family annual deductible, if only one covered family member becomes ill or injured, that person must reach the single annual deductible before Plan coinsurance begins for that individual. Plan coinsurance for all family members begins after you reach the family annual deductible through a combination of family members.*

[3] *Under the Medical HSA Plan for family out-of-pocket maximum, you must first reach the entire family annual deductible before the Plan starts to cover coinsurance costs.*

[4] *Under the Medical HSA and both PPO Plans for out-of-pocket maximum, once one family member reaches the single annual out-of-pocket maximum, eligible services are 100% covered by the Plan for that individual. You must reach the full family annual out-of-pocket maximum for the Plan to cover 100% of the costs of eligible services for all family members.*

[5] *Annual physicals for adults; well child exams covered as defined by standards of the American Academy of Pediatrics.*

[6] *$25,000 lifetime maximum benefit will apply to artificial reproduction technology. Artificial reproduction technology includes artificial insemination, IVF, ZIFT, and GIFT. Resets 1/1/26, and no infertility diagnosis required.*

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Prescription Drugs

If you participate in one of the Publicis medical plans, then you'll automatically receive prescription drug coverage through CVS Caremark as part of your medical coverage.

Publicis prescription coverage uses a three-tier prescription drug payment design:

Generic drugs are the preferred choice.

They are identical to brand name drugs, but cost much less because they don't have research and development and marketing costs built into their pricing (like brand name drugs do).

Brand formulary drugs

Belong to a list maintained by individual plan carriers that identifies quality, cost-effective brand-name pharmaceuticals. If a generic drug is not available, there may be more than one formulary drug available to treat a condition. Brand formulary drugs cost you more than generic drugs but less than brand non-formulary drugs.

Brand non-formulary drugs

Include drugs that remain under the patent of the company that developed them. Generally, unless the brand-name drug has recently come on the market or treats a narrowly defined medical condition, there is a generic and/or brand formulary drug that is its equivalent. Brand non-formulary drugs are the most expensive to the consumer and carry the highest coinsurance under the medical plan.

With the Medical HSA Plan, the IRS requires that prescription drug expenses be subject to the annual deductible and coinsurance.

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While all three medical plans cover these three tiers of prescription drugs—for generic, brand formulary and brand non-formulary drugs—they are covered differently. When you fill a prescription, you will pay coinsurance: 20% of the full cost of the drug. However, your cost will always fall within a range of minimum and maximum charges that depend on:

- The tier of the drug (generic, brand formulary or brand non-formulary) and
- Whether you fill the prescription at a retail pharmacy or by mail order.

You will need to meet your annual medical deductible before the medical plan will pay 100% the cost of your prescription drugs.

Under the Standard PPO and Premier PPO medical plan options, all prescription drug out-of-pocket expenses (including coinsurance or, if applicable, the minimum/maximum amounts) count toward the annual out-of-pocket maximum. Once you satisfy the annual out-of-pocket maximum, the plan will cover 100% of eligible medical and prescription drug expenses.

<table>
<tr><th rowspan="2">TIER</th><th rowspan="2">MEDICAL HSA PLAN</th><th colspan="4">PPO PLANS</th></tr>
<tr><th colspan="2">Retail</th><th colspan="2">Mail Order</th></tr>
<tr><td>Generic</td><td rowspan="3">You pay 100% of prescription drug expenses until medical plan deductible is met; then plan pays 80% coinsurance</td><td rowspan="3">You pay 20% coinsurance</td><td>Min – $10
Max – $50</td><td rowspan="3">You pay 20% coinsurance</td><td>Min – $25
Max – $125</td></tr>
<tr><td>Brand Formulary</td><td>Min – $35
Max – $100</td><td>Min – $75
Max – $250</td></tr>
<tr><td>Brand Non-Formulary</td><td>Min – $55
Max – $200</td><td>Min – $137.50
Max – $500</td></tr>
</table>

Note: CVS Caremark requires prior authorization, quantity limits and/or specialty guideline management for selected medications, and these requirements may change from time to time. For more information about these selected medications, contact CVS Caremark at **1-866-212-4752**.

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Mandatory Maintenance Choice Program (applies only to long-term maintenance medications)

A maintenance medication is one that's taken regularly to treat or manage a chronic condition or for long-term therapy. The Maintenance Choice Program provides you with the ability to fill 90-day-supply prescriptions of your long-term maintenance medications at lower copays. With lower copays for 90-day-supply fills, you can realize significant savings over time for these medications.

With Maintenance Choice, you can choose to fill your 90-day supplies at either CVS retail pharmacy locations (including those inside Target locations), or receive them through CVS Mail Service Pharmacy. **Note:** 90-day supplies of maintenance medications cannot be filled at non-CVS network pharmacies.

Fill Limit for 30- or 34-Day Supply of Maintenance Medications

The plan allows two (2) grace fills of maintenance medications at a 30- or 34-day supply to be filled at any network pharmacy (includes CVS retail pharmacies and non-CVS network pharmacies such as Walgreens, Rite-Aid and Duane Reade). The two grace fills do not have to be consecutive, and if you are taking more than one medication, the two grace fills apply to each maintenance medication you are taking. After the second 30- or 34-day fill, your maintenance medication(s) will be managed according to Maintenance Choice provisions and will be required to be filled as a 90-day supply at either a CVS Pharmacy or through CVS Mail Service Pharmacy.

You will need to have your doctor submit a new 90-day-supply prescription for your maintenance medication(s) to CVS Pharmacy or the CVS Mail Service Pharmacy accordingly. Keep in mind that if you attempt to fill your maintenance medication(s) after exhausting your two-grace-fill limit without a new 90-day-supply prescription, the plan will deny the charges and you will be responsible for the full cost of the medication.

How to get started

To fill prescriptions for long-term medications at a CVS Pharmacy:

- Ask your doctor for a 90-day prescription for your long-term medication(s) and have your doctor send it to the CVS Pharmacy of your choice. To find a pharmacy location near you, sign in and click "**Find a Pharmacy**" (in the "**Order Prescriptions**" section).
- Call or visit your local CVS Pharmacy to speak with a pharmacist filling prescriptions for maintenance medications through CVS Mail Service Pharmacy.
- Call the toll-free number on the back of your CVS Caremark prescription benefit ID card.

Dispense As Written Charges

Members who want to fill a prescription for a brand medication when a generic equivalent is available will pay the applicable copay, plus the difference in cost between the brand medication and the generic equivalent.

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Specialty Drug Services

Specialty drugs are prescriptions that are used for the treatment of complex, chronic conditions such as hepatitis, hemophilia and cancer. CVS Caremark offers a program for specialty injectable and oral drugs that can provide you with greater convenience, including express delivery, follow-up care calls, expert counseling and superior service. Specialty drug prescriptions can also be filled at CVS retail pharmacies. Also, CVS Pharmacy locations with a MinuteClinic have a service that provides education regarding the medication or injectables you are taking.

Providing employees with $0 copay to specialty medications

At Publicis Groupe, we are aware of the cost of specialty medications for our employees. That's why we are collaborating with CVS Caremark and PrudentRx to reduce your copay costs to $0 for select specialty medications.

CVS MinuteClinic

CVS MinuteClinic offers quick and easy access to the care you need if you're enrolled in a Publicis medical plan option. You'll receive a discount off standard MinuteClinic fees when you present your CVS ID card at one of more than nearly 1,000 MinuteClinic Centers nationwide. These walk-in medical clinics have on-staff nurse practitioners and physician assistants who specialize in family care (for family members 18 months and older).

Step Therapy Program

The prescription drug Step Therapy program helps ensure that you receive appropriate, safe and cost-effective drug therapy. Step Therapy encourages the use of therapies that should be tried first, before other treatments are covered, based on clinical practice guidelines and cost-effectiveness.

If your doctor prescribes a brand-name drug for the treatment of an ongoing condition, you will be required to try a medically equivalent but lower-cost alternative to the drug first. You will be contacted before implementation of Step Therapy with a list of the alternative drugs available. After you review the list, you or your pharmacist may contact your doctor to approve the change. If your doctor does not authorize the switch to the preferred drug, the request will be clinically reviewed and you will be informed of the outcome.

Coverage of Compound Medications

Due to the lack of U.S. Food and Drug Administration (FDA) approval for many ingredients included in compounds and the high cost of these compounded medications, they may not be covered by your prescription drug benefits or may require a prior authorization. If the compound ingredients are not covered, you will be responsible for the full cost of those ingredients. In situations where the compound ingredients are covered through prior authorization, you will pay the cost share specified by your prescription benefits.

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CVS Caremark Diabetes Management Program (featuring Transform Diabetes Care)

We're making you and your family member's Transform Diabetes Care® experience even better helping you meet your personal goals so you can live your best life. Transform Diabetes Care is expanding beyond blood glucose testing so that, based on your needs, you may receive help managing and staying on track with your medications, reminders about

important health screenings and tests, and guidance on healthy nutrition and lifestyle habits. The Transform Diabetes Care program provides the following, at no cost:

- **A digital meter,** which automatically sends your blood glucose readings straight to your online account—no log books or sync cables needed. It also provides real-time health tips based on your current reading.
- **Phone support from certified diabetes educators** if your level is out of range or you need assistance.
- **Unlimited test strips and lancets** delivered right to your door.
- **Receive timely notices** about medication refills.
- **Message with a health coach** and personalized support from a Certified Diabetes Care Nurse.
- **Two available vouchers for comprehensive diabetes visits** at MinuteClinic locations at no out-of-pocket cost, include A1C checks. MinuteClinic can be reached at **1-866-389-2727**.

Get started today

Call the number on the back of your prescription ID card.

Preventive Drug List for the Medical HSA Plan

Employees enrolled in the Medical HSA Plan will see lower costs when they fill prescriptions for preventive drugs that are included in a new list managed by CVS Caremark. The new list includes select prescriptions that help prevent chronic health conditions when taken regularly. Employees who use medications on the Preventive Drug List will be responsible for only the copay or coinsurance for these medications, even if they have not satisfied their annual deductible.

Note: You may be required to use mail-order services for any maintenance medications you take to prevent chronic conditions.

Standard and Advanced Control Formularies

The Standard and Advanced Control Specialty Formularies are in place to ensure access to clinically appropriate and cost-effective drug therapies. CVS Caremark continually reviews drugs on the formularies and will either add products that have demonstrated enhanced clinical efficacy (and/or provide more convenient dosage forms) or remove products that have less convenient dosages, may have more side effects or may cost more when compared with available options on the CVS Caremark® Drug List. If a medication you are taking is affected by a change to the formulary, you will be contacted by CVS Caremark.

Find drugs on the formulary and see your prescription costs by logging in to your member account at caremark.com.

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CVS Caremark Prescription Drug Benefit Resources and Provisions

CVS Caremark provides members with access to a national network of 68,000 participating pharmacies. You enjoy better savings when you fill your prescription medications at any one of the CVS Pharmacy stores nationwide (including CVS Pharmacy at Target locations). However, you also have the option of obtaining your prescription medications from any participating licensed non-CVS Pharmacy (e.g., Walgreens, Rite Aid).

CVS Caremark's user-friendly website and intuitive mobile apps allow you to manage your prescriptions, find health information and more from your smartphone or tablet. Online features include:

- Fast and convenient mail service for new prescriptions and online refills
- Expedited new prescription mail service orders with Fast Start
- Your prescription history
- Tools that allow you to check for lowest-price options
- Ask-a-Pharmacist and Customer Care to answer your questions
- Information about drug interactions with other drugs, vitamins and foods
- Health information about specific conditions through Self-Care Centers

Visit www.caremark.com for more information.

CVS ExtraCare Health Card

The ExtraCare Health Card gives you 20% savings on thousands of regularly priced CVS Pharmacy Brand health-related items valued at $1 or more. Two ExtraCare Health Card key tags for your family to use will be mailed to your home address.

The card is provided to you at no cost! You can use the card at any CVS Pharmacy register to receive your discount. You can also save money on all eligible items purchased on www.cvs.com.

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Telehealth—High-Quality, Affordable Care, Anytime, Anywhere

Whether you're on the go or at home, you and your eligible dependents (if enrolled in a Publicis medical plan) can use telemedicine through Teladoc as a low-cost alternative to an urgent care or emergency room visit. A board-certified doctor can diagnose your condition and write a prescription to manage it—all online or over the phone.

These options are good when:

- You need care immediately
- You're considering the ER vs. an urgent care center for a non-emergency issue
- You're on vacation, on a business trip or away from home
- You're considering leaving a non-emergency health care issue untreated

Teladoc

Teladoc is available to you 24 hours a day and 365 days a year by phone or online video consultation. You will need to set up an account before you can call a Teladoc doctor. **Note:** If you participate in the Medical HSA Plan, a copayment will apply if you use Teladoc services before you have met the annual deductible. There will be no cost to you for these services after you meet the Medical HSA Plan deductible.

Teladoc doctors can treat many medical conditions, including:

- Cold and flu symptoms
- Allergies
- Bronchitis
- Urinary tract infection
- Respiratory infection
- Sinus problems
- And more

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myuhc.com®

UnitedHealthcare provides members with access to myuhc.com and the UnitedHealthcare app, which connect you instantly to your health information. By registering for myuhc.com, you will be able to:

- Check the status of a claim and your claims history
- Confirm the family members who are covered under your plan
- View and print an Explanation of Benefits (EOB) statement for a claim
- Locate a doctor or hospital in-network
- Request a new or replacement member ID card or print a temporary member ID card, and much more

You can also use the UnitedHealthcare app on your mobile device for secure and convenient access while you're on the go. Register or log in by visiting myuhc.com from your mobile device or download the UnitedHealthcare app from the Apple App Store or Google Play.

UnitedHealthcare Healthy Pregnancy Program

If you participate in a Publicis Connections medical plan offered by UnitedHealthcare and you or one of your covered dependents become pregnant, the pregnant participant may enroll in the UnitedHealthcare Healthy Pregnancy Program during the first trimester of pregnancy. The program provides personalized support, including care management and education, from obstetrical nurses.

Participants will receive access to resources such as the Healthy Pregnancy Owner's Manual, which covers various pregnancy and infant care-related topics. Participation is confidential—Publicis Connections is not informed when the participant enrolls and is not told about the pregnancy or what the participant discusses with the nurses.

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UnitedHealthcare Care Management Services

UnitedHealthcare provides a Care Management Services program that connects you with a Personal Health Advocate (PHA) to help you manage a medical condition, answer questions about your diagnosis, and assist you in taking steps to improve your overall health. PHAs are registered nurses who understand your health plan benefits and can provide resources to help you reach your health goals and get the most value from your benefits.

You can expect to be contacted by a PHA from UnitedHealthcare in the following situations:

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

You don't have to wait for the PHA to contact you. You can call the Customer Service number on the back of your UnitedHealthcare ID card and request support from your Personal Health Advocate (PHA) whenever you need assistance or additional information.

UnitedHealthcare Rewards Program

UnitedHealthcare offers the UnitedHealthcare Rewards Program, a health incentive program designed to help reduce your out-of-pocket health care costs for eligible services while providing cash rewards for choosing quality, cost-effective health care providers. This program is available to employees enrolled in a Publicis medical plan. To access the Rewards Program, you can log in to myuhc.com or the UnitedHealthcare app.

You can search for eligible services and cost-effective providers using the tools available on myuhc.com. Additionally, you can contact a UnitedHealthcare Advocate at the number on the back of your medical plan ID card for assistance in identifying eligible services and local health care providers. After completing a rewards-eligible service and once the claim is processed, you will receive your reward.

Note: Rewards are taxable. For more details on the UnitedHealthcare Rewards Program, please visit the Medical Plan page on www.publicisconnections.com.

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DENTAL

Dental coverage is available through Delta Dental of New York. With the Delta Dental of New York PPO plans, you can keep your teeth and gums healthy by getting a free preventive checkup two times each year. You also have the option of visiting a dentist virtually.

The Delta Dental network is made up of a national group of providers that have contracted to deliver their services at a reduced cost. Participating providers are screened and selected by Delta Dental and must meet pre-established certification standards.

Your dental plan options include:

Basic PPO Plan:	Designed for participants who expect only routine annual or preventive care
Comprehensive PPO Plan:	Designed for participants who want comprehensive dental care

TIPS FOR CHOOSING A DENTAL PLAN

- Consider the needs you and your family may have for dental care in the year. For example, will a member of your family require orthodontic care? Does your family only need preventive care?
- Compare the Basic and Comprehensive PPO plans. Add up the potential cost of care and the potential cost of coverage for your family's anticipated dental care needs. Which plan is most likely to lower your total cost for dental care in the year?

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PUBLICIS DENTAL COVERAGE		
	Basic PPO	**Comprehensive PPO**
Deductible	$100 individual $300 family	$50 individual $150 family
Calendar Year Maximum	$1,000 for basic care	$2,000 for basic and major care
Orthodontia Lifetime Maximum	Not covered	$2,000
Preventive Care	100% covered by plan; not subject to deductible and calendar year maximum	100% covered by plan; not subject to deductible and calendar year maximum
Basic Care	50% after deductible	20% after deductible
Major Care	Not covered	50% after deductible
Orthodontic Care	Not covered	50% after deductible

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VISION

Vision coverage is offered through Vision Services Plan (VSP). With VSP, you save money on eye exams, eyeglasses, lenses, contact lenses and more. VSP covers annual exams and corrective treatment to help you keep your vision strong and eyes healthy. If you choose not to enroll in this coverage, consider setting aside money in the Health Care FSA or HSA—if enrolled—to cover vision expenses you might have during the year.

Your vision plan options include:

Low Plan:	Designed for participants who expect to need only basic service
High Plan:	Designed for participants who expect to need more comprehensive services

PUBLICIS VISION COVERAGE				
	LOW PLAN (BASE)		HIGH PLAN (BUY-UP)	
	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 retail allowance	$70 allowance
Lenses	$25 copay	$50 - $100 allowances	$10 copay	$50 - $100 allowances
Contact Lenses				
Medically Necessary	$25 copay	$210 allowance	$10 copay	$210 allowance
Elective	$125 allowance	$125 allowance	$200 allowance	$125 allowance

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LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE

It's not easy thinking about accidents and death, but if they happen, Publicis provides benefits to protect your financial resources. We offer Basic Life Insurance at no cost to you, and you can choose to supplement that coverage with additional insurance coverage through MetLife.

Basic Life Insurance

Basic Life Insurance is available at no cost to you. There are two options available for Basic Life Insurance coverage:

Option 1:	One-and-a-half times your base pay,* rounded to the next higher $1,000 to a maximum of $750,000
Option 2:	Flat dollar coverage of $50,000 for employees who wish to avoid paying imputed income tax. This option is only available to employees earning more than $33,333.34 per year.

The Internal Revenue Service (IRS) requires your employer to include in your gross income each year the cost of your life insurance coverage in excess of $50,000 that is paid by your employer. Option 2, flat dollar coverage of $50,000, is offered for employees who wish to avoid paying imputed income on their Company-paid life insurance coverage.

*Base pay is defined as your annualized base wage excluding bonuses, commissions, shift differentials, overtime or any other additional compensation.

WHAT IS "IMPUTED INCOME"?

The IRS requires that you be taxed on the value of employer-provided group life insurance over $50,000. Even though you don't receive cash, you are taxed as if you received cash in an amount equal to the value of the coverage. The taxable value of your life insurance coverage, called "imputed income," is calculated based on an IRS table that takes into account your age and the value of your coverage.

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Supplemental Life Insurance

You may choose to purchase supplemental life insurance coverage for you, your spouse/partner or eligible dependents.

WHO'S ELIGIBLE	COVERAGE CHOICES
Employees	• 1 to 8 times your base annual earnings up to a maximum of the lesser of 8 times base annual earnings (post-tax) or $2,000,000 • Coverage will reduce at ages 65-69 to 65% and ages 70+ to 50%.
Spouse/partner	• $50,000 • Not to exceed 100% of your employee life benefits, combined Basic Life and Supplemental Life Insurance benefits. • Coverage will reduce ages 65-69 to 65% and ages 70+ to 50%.
Eligible dependent(s)	• You can also purchase coverage of either $5,000, $10,000 or $25,000 for each dependent child with after-tax paycheck deduction • In order for dependent child to be eligible the following should be met: — Must be under age 26 and — You must legally support the child, and the child must permanently live in the home in which you are the head of the household.

Here are a few things to note with Supplemental Life Insurance coverage:

- The base pay used to determine your coverage is rounded to the next higher $1,000.
- The maximum amount of Supplemental Life Insurance coverage available is $2 million; the maximum coverage amount of Basic and Supplemental Life Insurance combined is $2,750,000.

Visit www.publicisconnections.com for more information.

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Voluntary Accidental Death and Dismemberment (AD&D)

Voluntary Accidental Death & Dismemberment Insurance (AD&D) complements your Supplemental Life Insurance with coverage for severe accidents or loss of life on or off the job. AD&D Insurance pays benefits if you suffer a covered accident that results in paralysis or the loss of a limb, speech, hearing or sight, or if you suffer a covered fatal accident.

You can also choose Optional AD&D Insurance for you and your family.

Employee	• 1 to 8 times your base annual earnings up to $2,000,000
Employee and family plan	• Spouse/partner Only: 60% of your coverage amount up to $500,000 • Spouse/partner/Same sex domestic partner & Child(ren): • Spouse: 50% of your coverage amount up to $500,000 • Child(ren): 10% of your coverage amount up to $50,000 • Child(ren) Only: 15% of your coverage amount up to $50,000

Reduction in coverage

At age 65, your Optional AD&D coverage reduces to 65% of the coverage amount, and at age 70, it reduces to 50% of the coverage amount.

TIPS FOR CHOOSING A LIFE INSURANCE AND/OR AD&D PLAN

- Determine the optimal amount of protection for yourself and your family. If you die or become permanently disabled, what other sources of income would be available for your family? What are your family's living expenses, and how are those likely to increase or decrease over time?
- Compare the different options available to you and determine which plan or plans provide the protection you and your family need.

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DISABILITY

Disability coverage, which is administered by The Hartford, provides you with an important source of income replacement should illness or injury prevent you from working for a sustained period of time. You have two types of disability coverage available: short-term disability (STD) and long-term disability (LTD).

Short-Term Disability (STD)

You receive STD coverage automatically through a salary continuation plan at no cost to you. If you live in New Jersey, New York or California, a statutory plan is also provided to you at a minimal cost. Your STD paycheck from the Company will be offset by the amount you receive for the state benefit, if you're receiving STD salary continuance. Coverage is available if you are considered disabled due to a nonoccupational illness or injury for more than seven calendar days. As long as you continue to be approved for disability by The Hartford, the STD plan may begin to replace 100% of your base pay for up to 26 weeks based on your years of service with a Publicis company.

YEARS OF SERVICE AS OF THE DATE YOU BECOME DISABLED	PUBLICIS STD COVERAGE
	Elimination period: 7 calendar days; may apply sick pay; included in the weeks at 100% of base pay
Less Than 1 Year	4 weeks at 100% of base pay; 22 weeks at 0% of base pay
1 to 2 Years	8 weeks at 100% of base pay; 18 weeks at 0% of base pay
2 to 3 Years	12 weeks at 100% of base pay; 14 weeks at 0% of base pay
3 to 4 Years	16 weeks at 100% of base pay; 10 weeks at 0% of base pay
4 to 5 Years	20 weeks at 100% of base pay; 6 weeks at 0% of base pay
5 or More Years	26 weeks at 100% of base pay; 0 weeks at 0% of base pay

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Long-Term Disability (LTD)

Long-term disability insurance provides income replacement benefits if you are injured or ill for more than 26 weeks. You receive a core amount of LTD insurance automatically, at no cost to you. You can elect one of two levels of supplemental long-term disability coverage on an after-tax basis. Level two is only applicable for employees earning more than $300,000.

TYPE OF LTD COVERAGE	PUBLICIS LTD COVERAGE
Basic LTD Benefit (Company-paid)	40% of base pay, up to a maximum base pay of $300,000, with a maximum benefit of $10,000/month
Supplemental LTD Benefit (employee-paid)	• **Level one:** Additional 20% up to annual base pay of $300,000, with a maximum combined benefit of $15,000/month • **Level two:** Additional 20% coverage of base pay above $300,000, with a maximum benefit of $25,000/month

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FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts (FSAs), administered by HealthEquity, provide you with a convenient way to lower your out-of-pocket costs for medical, dental and vision expenses, as well as many day care expenses. The Dependent Care FSA, Health Care FSA and Limited Purpose Health Care FSA offer you a convenient, tax-free way to pay for eligible expenses. You authorize the Company to deduct an amount from your salary—before federal income tax; Social Security tax; and, in most cases, state and local taxes are withheld—to fund your Dependent Care FSA, Health Care FSA and/or Limited Purpose Health Care FSA.

Note: Under IRS rules, if you participate in a Health Savings Account, you are not allowed to participate in a regular Health Care FSA. You may participate in a Limited Purpose Health Care FSA, which works the same way as a regular Health Care FSA. The difference is that under a Limited Purpose Health Care FSA, eligible expenses are limited to dental and vision expenses, and medical expenses are eligible only after the annual deductible is met.

TIPS FOR SETTING UP YOUR FLEXIBLE SPENDING ACCOUNT

Once you know which medical, dental and/or vision elections you will make, consider whether a Dependent Care FSA, Health Care FSA and/or Limited Purpose Health Care FSA would be right for you. Think about:

- The amount of coverage provided by your medical, dental and/or vision plans
- Whether you anticipate a need to seek out-of-network medical, dental or vision care
- The potential cost of care that may not be reimbursed by the coverage you have chosen

Remember, you may not participate in a Health Care FSA if you have a Health Savings Account. In that case, consider whether you should enroll in a Limited Purpose Health Care FSA to pay for eligible dental and vision expenses.

The HealthEquity website has an FSA calculator that can help you choose the solution that is best for you and your family.

Note that Health Care FSA and Limited Purpose Health Care FSA elections do not carry over automatically from year to year. You must reelect your Health Care FSA or Limited Purpose Health Care FSA election during Benefits Open Enrollment each year if you wish to continue participating.

Dependent Care FSA contributions may be changed throughout the year.

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Dependent Care FSA

The Dependent Care FSA pays for eligible dependent care expenses you incur while you and 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 actively employed, a full-time student or disabled. An eligible dependent is either a child younger than age 13 whom you claim as a dependent on your income tax return or an older dependent who:

- Depends 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 he or she meets all of the requirements.

If you and your spouse both enroll in the Dependent Care FSA, the combined maximum is $7,500* per year (or $3,750* if you and your spouse file separate tax returns).

Health Care FSA

You can use a Health Care FSA to pay for eligible health care expenses that are not covered under a medical, dental or vision plan. Eligible expenses include medical and dental deductibles, coinsurance, office visits, copays, prescription copays and certain unreimbursed vision expenses. When you enroll, you will automatically receive a **HealthEquity Health Care Card**. The annual maximum for the Health Care FSA is $3,400*.

**If the IRS releases any changes to the amounts shown, updates will be posted to www.healthequity.com or www.publicisconnections.com.*

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Limited Purpose Health Care FSA

You can use a Limited Purpose Health Care FSA to pay for eligible health care expenses that are not covered under a dental or vision plan. Eligible expenses include dental deductibles, coinsurance, office visits, copays, prescription copays and certain unreimbursed vision expenses. When you enroll, you will automatically receive a HealthEquity Health Care Card. The annual maximum is $3,400*. You may not use a Limited Purpose Health Care FSA to pay for medical expenses.

TYPE OF FSA	ANNUAL AMOUNT YOU MAY CONTRIBUTE THIS YEAR
Dependent Care	$120 - $7,500* ($3,750 if you and your spouse file separate tax returns)
Health Care	$120 - $3,400*
Limited Purpose Health Care	$120 - $3,400*

Using Your HealthEquity Health Care Card

The HealthEquity Health Care Card is accepted only at certain merchants. This includes physician offices, hospitals, dentist offices, pharmacies, mail-order prescription drug vendors, and hearing and vision care providers. The card will also work at discount stores and grocery stores, provided the merchant has implemented the Inventory Information Approval System (IIAS), which is required by the IRS. The IIAS only allows eligible expenses to be purchased using your HealthEquity Health Care Card at these merchants. You may view a list of eligible and ineligible expense items at www.healthequity.com.

The HealthEquity Health Care Card withdraws funds directly from your FSA account. You should retain receipts for all Health Care FSA expenses, as Publicis reserves the right to request them at any time. You may also submit claims if the vendor does not accept the HealthEquity Health Care Card. Claim forms can be found at www.publicisconnections.com or on the HealthEquity website at www.healthequity.com.

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OTHER VALUABLE BENEFITS

TRANSPORTATION REIMBURSEMENT INCENTIVE PLAN (TRIP)

TRIP, administered by HealthEquity, reimburses you for your out-of-pocket transportation expenses using funds you contribute monthly. If you enroll in TRIP, you'll be provided a HealthEquity Transit Commuter Card you must use to pay for your transportation passes. Use your HealthEquity Parking Commuter Card to pay for your parking expenses related to getting to and from work.

TRIP works much like a Flexible Spending Account, as you elect to have a portion of your pre-tax income transferred to an account for future reimbursement for transportation expenses. Unlike a Flexible Spending Account, TRIP elections and unused amounts are carried forward from one year to the next.

You may elect or make changes to TRIP at any time throughout the year.

TYPE OF TRANSPORTATION	EXPENSE MAXIMUM AMOUNT YOU MAY CONTRIBUTE THIS YEAR
Parking	Maximum $340* per month
Transit	Maximum $340* per month for public transit or van pooling

**If the IRS releases any changes to the amounts shown, updates will be posted to www.healthequity.com or www.publicisconnections.com.*

Post-Tax TRIP Commuter Benefit through HealthEquity

The post-tax commuter benefit allows you to pay for eligible commuter expenses that exceed IRS pre-tax contribution limits. This means that if you are enrolled in TRIP, you'll be able to use your HealthEquity Commuter Card to pay for all eligible commuter expenses. This added convenience eliminates the need to pay for eligible expenses upfront and out-of-pocket and to then submit claims to HealthEquity for reimbursement.

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GROUP LEGAL ASSISTANCE PLAN

We offer a voluntary Legal Assistance Plan that grants you and your family unlimited access to experienced attorneys who are in-network through MetLife Legal Plans. If you choose to elect coverage for this benefit, a modest premium will be automatically deducted from your pay (after taxes).

You can choose an in-network prequalified attorney, or use an out-of-network attorney and be reimbursed some of the cost. All attorney fees are covered as long as the matter is covered under your plan. There are no copays, deductibles or claim forms when using an in-network attorney for a covered legal matter.

Covered services include:

- Advice and consultation
- Wills and estate planning
- Defense in civil lawsuits and debt matters
- Traffic and juvenile criminal matters (not DUI)
- Buying, selling or refinancing a home
- Family law matters (not including divorce)
- Consumer protection matters
- Prenuptial agreements
- Property tax assessments
- Security deposit assistance
- Personal property protection

You may purchase coverage through after-tax per-paycheck deductions.

If you decide to participate in the Group Legal Assistance Plan, you must enroll during your enrollment period. Your enrollment will carry over into subsequent years.

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VOLUNTARY BENEFITS

We are always looking for ways to help you make the most of your dollars and we have a number of voluntary benefits that you can enroll in — should you want it.

There are two categories of voluntary benefits: 1) ones that you need to enroll during Benefits Open Enrollment (or during a qualified life event) and 2) benefits that you can enroll at any time.

VOLUNTARY BENEFITS - ENROLL DURING BENEFITS OPEN ENROLLMENT

During Benefits Open Enrollment (in Q4 each year), you have the opportunity to enroll in select voluntary benefits at group-discount rates.

BENEFIT	DESCRIPTION
Accident Insurance	Accident insurance supplements your medical plan by providing cash benefits in cases of accidental injuries. Benefits include hospital stays, fractures, dislocations, physical therapy and more.
Critical Illness Insurance	Critical Illness insurance helps protect against the financial impact of certain illnesses, such as heart attack, stroke, cancer and more.
Hospital Indemnity Insurance	You might not realize that most primary health insurance plans do not cover all hospital costs. Hospital Indemnity insurance can complement your medical coverage by easing the financial impact of a hospitalization due to an accident or illness.

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VOLUNTARY BENEFITS - ENROLL AT ANY TIME

Publicis offers you a number of voluntary benefits, which are administered by Mercer Voluntary Benefits. Through this program, you may enroll, through after-tax per-paycheck deductions, in a variety of programs at affordable group rates. You may enroll in these benefits anytime and do not have to take action during your enrollment period.

BENEFIT	DESCRIPTION
Auto Insurance	Coverage is offered through MetLife Auto & Home, Liberty Mutual, Progressive and Travelers. You may be eligible for special group discounts just by being a Publicis employee.
Homeowners/ Renters Insurance	Insurance policies for your home or apartment are available through MetLife Auto & Home, Liberty Mutual and Travelers. You may be eligible for a multi-policy discount if you purchase both homeowners/renters and auto insurance.
Personal Liability Insurance	Insure yourself against personal liability through policies offered by MetLife Auto & Home, Liberty Mutual, Progressive and Travelers.
Pet Insurance	Insurance is available to make veterinary care for your pet more affordable through policies offered by Veterinary Pet Insurance (VPI).

Your voluntary benefits are portable and can remain with you at the group discounted rate even if you leave the Company.

To learn more about voluntary benefits, contact Mercer Voluntary Benefits at 1-800-621-2356 or www.personal-plans.com/publicis.

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EMPLOYEE ASSISTANCE PROGRAM (EAP)

You don't have to wait until you're in crisis to get help. We offer a free service to you and your family for any mental health need with our 24/7 Employee Assistance Program. Administered by Workplace Solutions (access code: Publicis), the EAP provides confidential, professional, short-term counseling for personal and work/life issues for all benefit eligible employees and their dependents — at no cost to you. You and your family can call the EAP at 1-800-327-5071.

Services include:

- 24/7/365 availability with mental health professionals
- Confidential counseling
- Financial Solutions: debt management, budgeting, financial planning and bankruptcy
- Legal Solutions: divorce, custody, will preparation, estate planning and landlord/tenant issues
- Work-Life Solutions: childcare, elder care, daily living and convenience services
- A web portal with a wealth of resources including articles, tip sheets, on-demand seminars, calculators, online centers and help managing current events
- LifeSpeak: Thousands of brief personal and professional development video modules; monthly ask-the-expert moderated chats

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 your health care issues. You and your family can call Health Advocate at 1-800-933-3622 to speak with a staff of medical professionals and health-related specialists to help you:

- Solve 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; help coordinate care and services after a hospital stay
- Provide guidance on applying for and navigating Medicare, and on elder care services
- Any information you share with a personal Health Advocate remains protected and secure. Register at www.healthadvocate.com/publicis to:
  - Check the status of your case in real time and view your case history
  - Send and receive secure messages from your personal Health Advocate
  - Submit billing or claims and other documents online

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INTERNATIONAL SOS

The International SOS program provides health and safety information when you are 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 medical, personal, travel, security and legal problems when you are away from home. Call International SOS at any time to speak with a medical team member or security specialist about simple or critical matters.

BRIGHT HORIZONS PROGRAM

The Bright Horizons Program provides you with innovative child care and early education assistance, a comprehensive service for urgent and ongoing care needs to help mitigate the challenges of balancing work and family obligations.

The program has three main offerings:

- College Coach (for college admissions success)
- Back-Up Care (back-up child and adult/elder care)
- Additional Family Support (for ongoing care needs)

For more information about Bright Horizons' programs, go to www.publicisconnections.com.

College Coach

Take the worry out of your child's educational future with Bright Horizons College Coach. Your free benefit gives you access to a team of college admissions and finance experts who can help you maximize your child's chances of admissions success and plan for college costs.

Live events, one-on-one guidance, and online resources assist with all-important aspects of your student's education. You can also get expert advice on college lists and admissions essays. Register and complete your profile to access the most relevant and timely content for your family to support academic success.

Back-Up Care

Bright Horizons provides access to temporary back-up center-based childcare as well as in-home care for dependent children and adult/elder family members (even if they don't live with you).

This benefit allows you to make back-up care arrangements for your loved ones without having to take time away from work when regular care arrangements fall through, an unexpected emergency arises or you simply need additional dependent care assistance.

Additional Family Support via CareDirect™

Our Additional Family Support program provides resources to help you secure your own ongoing care needs including:

- Preferred enrollment access at select Bright Horizons child care centers
- Discounts off tuitions for full-time care at select participating network child care centers
- Online, self-serve and self-pay resources to search and connect with housekeepers, babysitters and nannies, pet sitters/groomers, elder care resources, planning and referral, tutoring, test prep and homework assistance

For more information about Bright Horizons' programs, go to www.publicisconnections.com.

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HEALTHY LIVING PROGRAM

Our Healthy Living Program rewards you for taking small steps that help you live a happier, healthier life. As you continue to take care of yourself, we will too.

Our focus is helping you protect what is most important—your health and wellness. That's why we're offering all employees and all benefit enrolled spouses/domestic partners up to $300 healthy rewards this year to support you on your wellness journey.

The program also provides customized information, tools and support based on your reported interests, health risks and readiness for change.

For more information, go to the Healthy Living page on Publicis Connections.

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PUBLICIS 401(K) PLAN

PREPARE FOR YOUR FUTURE

Every employee is at a different stage on the road to saving for retirement. Wherever you are, there's a convenient, tax-advantaged way to save for the future: the Publicis 401(k) Plan, administered by Fidelity. You can enroll anytime, and you do not need to actively enroll during Benefits Open Enrollment.

How it Works

- **Contributions**—You can contribute from 1% to 50%* of your eligible pay (up to the projected IRS annual compensation limit of $345,000 in 2025) on a pre-tax or Roth after-tax basis, up to the projected annual IRS dollar limit combined ($23,500 in 2025).
- **Vesting****—You own all your own contributions and any investment earnings on that money.
- **Company Matching Contributions**—Publicis matches 100% of the first 3% of compensation you contribute and 50% of the next 2% of compensation you contribute.

The Publicis 401(k) Plan is a defined contribution plan, meaning that the benefit you receive from the plan depends on the amount contributed and the investment performance of the funds in which you have invested.

RETIREMENT PLAN MANAGER

If you are a "hands off" investor, Fidelity offers the Retirement Plan Manager (RPM) program under the Publicis 401(k) Plan. This is a service that manages your 401(k) account for you at no cost to you. You can get more information about this voluntary service by contacting Fidelity Retirement Services at www.netbenefits.com or at 1-800-835-5095.

**Highly compensated participants can contribute between 1% and 15% of their compensation.*

***If you have received Publicis matching contributions, these contributions, along with any related earnings, vest over time.*

If the IRS releases any changes to the amounts shown, updates will be posted to www.netbenefits.com or www.publicisconnections.com.

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PUBLICIS 401(K) PLAN	HOW IT WORKS
Eligibility	Immediately eligible upon date of hire for employees who are regularly scheduled to work at least 1,000 hours of service per year or upon reaching 1,000 hours
Enrollment	**Auto Enrollment (5% of your eligible compensation):** In accordance with Publicis 401(k) Plan rules, you will be auto-enrolled in the Publicis 401(k) Plan within 35 days of your 401(k) plan eligibility date, **at a contribution rate of 5% of your eligible compensation** (unless you elect to enroll prior to your auto-enrollment). If you do not make an investment election, your contributions and any company matching contributions made under the Publicis 401(k) Plan will be invested in one of the FIAM Index Target Date Commingled Pools Class Y funds available under the plan according to your birth date. **EasyEnroll (with pre-set contribution rates of 8%, 10% or 12%):** Alternatively, you have the option to select a pre-set higher contribution of either 8%, 10% or 12% with **EasyEnroll** for a healthy start toward your retirement savings.
Employee Contributions	• 1% – 50% of eligible compensation (up to 15% if highly compensated employee) on a pre-tax basis up to annual IRS limits (for 2025, the annual contribution limit is $23,500* and the annual compensation limit is $345,000*) • If you elect to use a Roth 401(k), the contributions to your 401(k) will be on a post-tax basis, but you will not be required to pay taxes on these funds later
Catch-Up Contributions	• If you are age 50 or older (or will reach age 50 during the calendar year) and are making the maximum plan or IRS pre-tax contribution, you may elect to make an additional "catch-up" contribution each pay period, up to a total of $7,500 (subject to IRS adjustment). • If you elect to use a Roth 401(k), you may make after-tax Roth catch-up contributions.
Company Matching Contributions	The matching contributions detailed below apply to both the Traditional and the Roth 401(k) • 100% of the first 3% and 50% of the next 2% of compensation (total is 4%) • Per-pay-period Company-matching contribution • Annual true-up Company match made during first quarter of following year (must be active on December 31)

**If the IRS releases any changes to the amounts shown, updates will be posted to www.netbenefits.com or www.publicisconnections.com.*

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PUBLICIS 401(K) PLAN	HOW IT WORKS
Vesting on Company Contributions	• Less than 1 year of service—0% • 1 to 2 years of service—25% • 2 to 3 years of service—50% • 3 to 4 years of service—75% • 4 or more years of service—100%
Investment Options	Publicis Connections offers investment options across all asset classes in the following categories: • Target Retirement Date Funds — Fidelity Freedom K® Funds • Index Funds • Actively Managed Funds
Default Investment Option	Fidelity Freedom K® Funds
Loans	• May borrow up to 50% of total vested account balance • Minimum loan is $1,000, maximum is $50,000, subject to IRS limitations for multiple loans • Two outstanding loans allowed at a time
Withdrawals	• Hardship withdrawals • Non-hardship withdrawals allowed from rollover and after-tax accounts • Non-hardship withdrawals allowed for employees age 59 1/2 or older
Distributions	• Lump sum • Roll over to another eligible plan • Age 70-1/2 minimum required distributions • Less than $1,000 balance cash-outs

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ENROLLING FOR BENEFITS

You must actively enroll in these benefits if you want to receive coverage	You may enroll in these benefits anytime during the year	You receive these benefits automatically and you do not need to enroll
• Medical • Health Savings Account (you can change the amount you contribute at any time) • Dental • Vision • Supplemental Life Insurance • Dependent Life Insurance • Optional AD&D Insurance • Supplemental Long-Term Disability • Health Care FSA • Limited Purpose FSA • Dependent Care FSA • Group Legal Assistance • Voluntary Benefits (accident, critical illness, hospital indemnity)	• TRIP • 401(k) Plan • Voluntary Benefits	• Teladoc (provided you enroll in a Publicis medical plan option) • Telehealth Services (provided you enroll in a Publicis medical plan option) • Basic Life Insurance • Short- and Basic Long-Term Disability • PBC Healthy Living (action required to receive reward) • Employee Assistance Program • Health Advocate • Bright Horizons • International SOS

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IF YOU ARE A NEW HIRE

If you are a new hire, you have 45 days from your hire date to enroll in benefits online. If you do not enroll within this 45-day period, your benefits coverage will be limited to:

- Basic Life Insurance
- Short-term and Basic Long-term Disability
- Employee Assistance Program
- Health Advocate
- International SOS
- Publicis Healthy Living Program

You will not be able to enroll for additional benefits until next year's Benefits Open Enrollment for coverage effective in the 2026 plan year, unless you experience a qualified life event, with the exception of Dependent Care FSA and TRIP, which you may enroll in or change at any time during the year.

HEALTH CARE REFORM: THE INDIVIDUAL MANDATE

Note, some states have their own individual health insurance mandate, requiring you to have qualifying health coverage or pay a fee with your state taxes. Check with your state or tax preparer to see if there is a fee for not having health coverage. For more information, please visit Health Care.gov.

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HOW TO ENROLL

GATHER YOUR DEPENDENT INFORMATION FIRST

Before you begin enrolling for your benefits, you should have information available, including Social Security numbers and dates of birth, for any dependents you wish to cover for health care and/or life insurance benefits.

You may enroll a newborn child without having a Social Security number. Remember to apply for the Social Security number and update your dependent information when you receive it.

LOGGING IN

1. Log into **bswift benefits enrollment portal** to view, enroll or change your Publicis benefits. bswift benefits enrollment portal is our benefits enrollment system.
2. Log into **Fidelity NetBenefits** to enroll in or update your 401(k) Plan.
3. Visit the **View, Enroll or Change benefits page** on Publicis Connections for more guidance, including how to register for the first time.

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1. Be sure to have the information you will need to enroll, including:
   - Your benefits choices
   - Your dependent information
   - Confirmation of your dependents' eligibility to participate in the plans
2. On the Welcome page, click on **Start Your Enrollment** (or go to the **Life Event section** if you have a qualified life event change)
3. For each benefit, click **View Plan Options** and choose one of the options or select **I Don't Want This Benefit (Waive)**, then click **Continue**
4. Review your elections on the Benefits Summary screen
   - If you have dependents, carefully review the list on this screen to ensure that all information is accurate
5. Tick the box for **I Agree and I'm Finished With My Enrollment** to save your elections and finalize your enrollment
6. **IMPORTANT!** Print your confirmation statement for your records

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CONTACTS

BENEFIT	ADMINISTRATOR	PHONE NUMBER	GROUP NUMBER
Medical	UnitedHealthcare www.myuhc.com	1-833-313-2025	936200
Prescription Drugs	CVS Caremark www.caremark.com	1-866-212-4752	
Health Savings Account (HSA) & Flexible Spending Accounts (FSAs)	HealthEquity www.healthequity.com	1-866-346-5800	None
Teladoc	Teladoc www.teladoc.com or www.teladoc.com/mobile	1-800-teladoc (835-2362)	
Dental	Delta Dental of New York www.deltadentalins.com	1-800-932-0783	04811
Vision	VSP www.vsp.com	1-800-877-7195	12227971
Basic Life Insurance	MetLife www.metlife.com	1-877-275-6387	191110
Supplemental Life Insurance			191110
Dependent Life Insurance			191110
Optional AD&D Insurance			191110

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BENEFIT	ADMINISTRATOR	PHONE NUMBER	GROUP NUMBER
STD, Basic LTD, Supplemental LTD	The Hartford www.thehartford.com	1-800-549-6514	STD: 342283 LTD: 377715
PBC Healthy Living	WebMD www.webmdhealth.com/pbchealthyliving	1-877-830-0078	None
TRIP	HealthEquity www.healthequity.com	1-877-924-3967	None
Group Legal Assistance	MetLife Legal Plans www.legalplans.com	1-800-821-6400	None
Bright Horizons Back-Up Care	Bright Horizons www.careadvantage.com/publicis	1-877-BH CARES (242-2737)	None
401(k) Plan	Fidelity www.netbenefits.com	1-800-835-5095	08063
Voluntary Benefits	Mercer Voluntary Benefits www.personal-plans.com/publicis	1-800-621-2356	None
EAP	Workplace Solutions www.wseap.com Access code: Publicis (upper case “P”)	1-800-327-5071	None
Health Advocate	Health Advocate www.healthadvocate.com/publicis	1-800-933-3622	None
International SOS	International SOS www.internationalsos.com/	1-800-523-6586	15A MMS 000126

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The following regulatory notices are posted on Publicis Connections. On the Forms & Guides page, you will find them under Guides > General or Guides > Summary Annual Reports.

- **Required Marketplace Notice** – explains the details you may need to provide if you seek coverage in the Health Insurance Marketplace.
- **HIPAA Notice of Privacy Practices** – describes how medical information about you may be used and disclosed and how you can obtain access to this information.
- **Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)** – explains how your state may have a premium assistance program to help pay for your medical coverage if you are eligible for Medicaid or CHIP and have access to employer-sponsored medical coverage.
- **Notice of Creditable Coverage** – confirms that prescription drug coverage offered by Publicis is, on average for all participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage.
- **Summary Annual Reports** – provide you with basic financial data for the Publicis group benefit plans in a format required by the United States Department of Labor, and include instructions on how you may obtain additional information about the plan.

This guide contains highlights of benefit plans and programs offered by Publicis Connections and is not intended to be a comprehensive summary. All plans are governed by the official plan documents, including any related summary plan descriptions. To the extent there is a discrepancy between the information contained in this guide and the official plan documents, the official plan documents will prevail. Publicis Groupe offers these benefits at will and, while it has no immediate plans to do so, has the right to amend, modify or terminate any plan or program without prior notice and for any reason. Receipt of these materials should not be construed as a contract of employment.