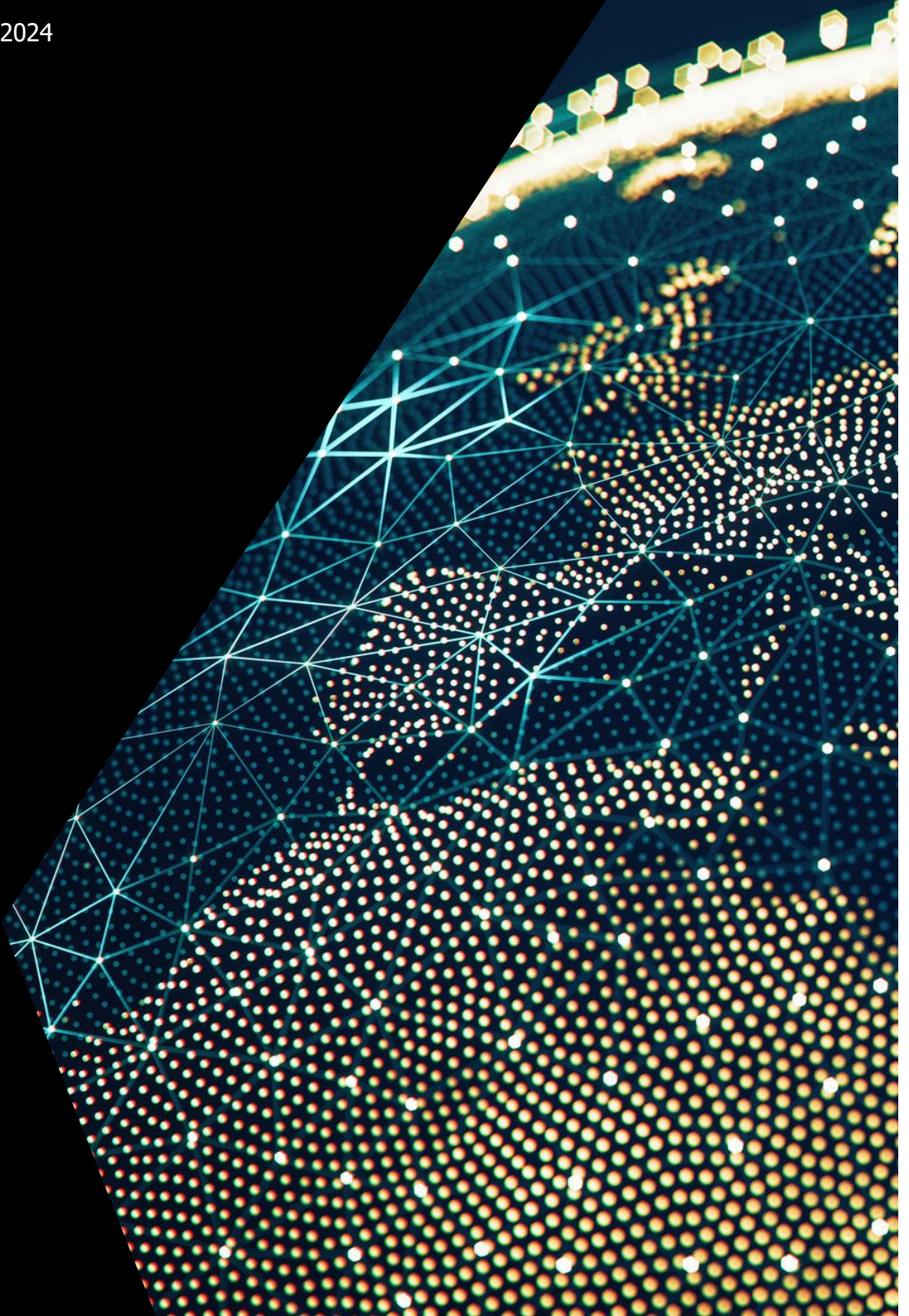


# 2024 Summary Plan Description (SPD)

for Publicis Employee Assistance Program

January 1, 2024



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## About The Employee Assistance Program

The Employee Assistance Program (EAP) coverage is an important part of your Publicis Connections Health and Group Benefits Program (the “Program” or the “Plan”) sponsored by MMS USA Holdings, Inc. (the “Company”). Publicis offers EAP through Workplace Solutions, which is an independent, professional counseling and consulting organization. Counselors can help you and your family with a range of personal matters. All conversations with an EAP counselor are completely confidential, or as otherwise required by law.

This Summary Plan Description (SPD) together with the Administrative Information describes the basic features of the EAP, how it operates and how you can get the maximum advantage from it. These documents, together with other Publicis benefit SPDs and any other plan-related document issued by an insurer, constitute a Plan Document and SPD. This document describes the Plan provisions as it exist as of January 1, 2024, while certain other information related to the Plan may be contained in the Administrative Information. If any statement, oral or written, made on behalf of the Plan disagrees with this Plan and SPD, as interpreted in the sole discretion of the Plan Administrator, the Plan Administrator’s decision will govern.

Please note that the Company reserves the right to amend or terminate these plans at any time without notice. Participation in this plan does not constitute a contract of employment between you and the Company.

Contact Workplace Solutions (1-800-327-5071) if you need more information or if you have questions regarding the EAP.

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## Eligibility

You’re eligible to participate in the Plan if you meet all of the following:

- You’re a U.S.-based employee, dependent of an employee, or household member
- You’re an employee of a subsidiary of MMS USA Holdings, Inc. (the “Company”) that has adopted the Program;
- Your class of employees has not been excluded because you participate in another EAP program. Please see your local HR Representative if you’re unsure of whether your business unit participates in the Program or if you are a member of an eligible class of employees.

If an individual is not considered to be an “employee” for purposes of employment taxes and wage withholding, a subsequent determination by the employer, any governmental agency or a court that the individual is a common law employee, if such determination is applicable to prior years, will not have a retroactive effect for purposes of eligibility to participate in the Program.

## When Coverage Begins

Coverage begins on your hire date or the date you first become eligible to participate in the plan. Your eligible dependents are covered on the same day that your coverage begins.

## Your Eligible Dependents

You may elect coverage for your eligible dependents. Your eligible dependents include:

- **Spouse**, your spouse includes the individual to whom you are legally married (determined in accordance with federal law).

- Note that under federal law a “common law spouse” will be recognized as a spouse only if relevant state law recognizes the person as a spouse despite the lack of a formal marriage.
  - You may be required to provide (if requested) a copy of your marriage license.
  - If you live in a state in which common law marriage is recognized and your “spouse” is your common law spouse under state law, you will be required to prove your marital relationship by providing a copy of a jointly filed federal tax return, or by completing the Affidavit for Certification of Common Law Marriage or by providing such other supporting documentation as may be requested by bswift (our benefits administration vendor) to verify eligibility.
- **Domestic partner**, defined as same-sex and opposite-sex couples registered with any state or local government agency authorized to perform such registrations. If your domestic partnership is not registered with any state or local government agency, your same or opposite sex domestic partner also includes any individual that you have been residing within the same residence for at least six months and who meets the other requirements designated in the Glossary of Terms herein.
    - If you live in a jurisdiction that offers a domestic partner registry, you will be required to provide upon request, a copy of your domestic partner registration certificate to bswift (our benefits administration vendor) within 30 days of enrollment to verify eligibility for coverage.
    - If you do not live in a jurisdiction that offers a domestic partner registry or you have not registered, you will be required to complete and submit the Affidavit for Certification of Domestic Partnership to bswift (our benefits administration vendor) within 30 days of enrollment to verify eligibility for coverage in order for coverage to begin.
    - Domestic Partnerships are not recognized by the federal (and most states) government for tax purposes. This means that the value of your domestic partner’s coverage will be imputed into your income, as required by tax law, if he or she is not otherwise your dependent under applicable tax law.”
- **Dependent children**, including:
    - Your natural children or step-children
    - Your legally adopted 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)
    - Any children of a spouse or domestic partner that must be covered as stipulated by a divorce decree
    - Children of a domestic partner, not otherwise adopted by you

Coverage for your dependent child continues (as long as your own coverage continues) until the end of the month in which he or she reaches age 26. If your dependent child is totally disabled as determined by the Program due to a mental or physical disability and he or she is continuously covered under the Program, coverage may continue beyond age 26 (provided the disability continues and you remain an eligible employee).

When you elect, or do not cancel, coverage for your spouse, domestic partner or dependent child(ren), you are certifying that they continue to be eligible under these rules. If your spouse, domestic partner or dependent child(ren) is no longer eligible for coverage, you are expected to inform the benefits team at 1-800-933-3622 as soon as possible. From time to time, the Program will conduct eligibility audits. During an eligibility audit, you will be required to provide documentation substantiating your spouse, domestic partner or dependent child(ren)’s eligibility in order for them to continue to receive benefits under the Program. The type of documentation that will be accepted will be determined by the Plan Administrator and communicated to you at the time of the audit.



## Paying For Your Coverage

The Company pays the full cost of your participation in the Employee Assistance Plan.

## Continuation or Termination of Coverage

**Your coverage** will continue for 60 days after your last day at the company or become ineligible for benefits.

**Your dependents' coverage** will end 60 days after the date (whichever occurs first):

- Your coverage ends
- Your dependent no longer meets the eligibility requirements

## If You Die While Employed

If you die while you're still employed, your covered dependents are eligible to continue coverage for 60 days.

## If You Become Disabled

If you become disabled and are eligible to receive disability benefits under the Short-Term Disability (STD) program, coverage for you and your dependents in the appropriate benefit plans continues provided you continue to receive STD benefits.

If your disability continues and you start collecting long-term disability benefits from the Long-Term Disability (LTD) Plan, coverage for you and your dependents will terminate 60 days following the day your LTD Plan benefits commence.

## If You Take a Leave of Absence

You may decide to take either an unpaid personal leave or an unpaid FMLA leave of absence.

- **Unpaid Personal Leave:** If you take an unpaid personal leave of absence for 30 days or less, coverage continues for you and your eligible dependents.
  - If your unpaid personal leave of absence is more than 30 days, coverage for you and your dependents ends 60 days following your 30 day of leave.
- **Unpaid FMLA Leave:** If you decide to take an unpaid FMLA leave, EAP coverage continues for you and your eligible dependents as if you were still an active employee.

## Continuation of Coverage Under the Family and Medical Leave Act of 1993 (FMLA)

The Company continues your coverage under the plan during your period of FMLA leave just as if you were still employed. Continued coverage ends once you:

- Terminate employment
- Exhaust your approved period of FMLA leave and don't return from your FMLA leave

## Continuation of Coverage Under the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA)

If you're absent from work because of your service in the uniformed services (including Reserve and National Guard duty), you may continue EAP coverage for yourself and your eligible dependents. The period of coverage for you and your eligible dependents ends on the earlier of:

- The end of the 24-month period starting on the day your military leave of absence begins.
- The day after the day on which you're required but fail to contact your employer or return to work.
- Under USERRA, you must contact your employer regarding your return to work within different time periods—depending on the duration of your uniformed service:
  - **If your uniformed service is less than 31 days:** You're generally required to contact your employer regarding your return to work on the first full calendar day of the first full scheduled work period following your period of uniformed service. (Your period of uniformed service ends after you return from your place of service to your residence.)
  - **If your uniformed service is between 31 and 180 days:** You're generally required to contact your employer regarding your return to work within 14 days of your discharge.
  - **If your uniformed service is at least 181 days:** You're generally required to contact your employer regarding your return to work within 90 days of your discharge.

You must also notify your HR Representative that you'll be absent from employment due to military service (unless you can't give notice because of military necessity or unless under all relevant circumstances, notice is impossible or unreasonable). You must also notify your HR Representative that you want to continue coverage for yourself and/or your eligible dependents under the USERRA provisions.

## How the Employee Assistance Program Works

The Publicis EAP, provided by Workplace Solutions, is designed to promote a healthy lifestyle and help you and your eligible household members achieve better work/life balance. Counselors are available to help you clarify your concern(s) and the best way to resolve them. The EAP can assist with a wide range of problems beginning with a thorough assessment. Next steps may include short-term counseling and referrals to appropriate resources. If your concern requires more in-depth counseling, you may be referred to a professional counselor on your medical plan for continued help. If this occurs, your expenses would be congruent with your Publicis medical coverage or otherwise elected carrier. You may also be able to use your health care flexible spending account for reimbursement.

Participation is voluntary and confidential.

Your confidentiality is protected according to rules established by federal and state law and professional ethical standards. With very limited exceptions, disclosure of information to any source without prior written consent is prohibited. EAP records cannot become part of your personnel file and your job security can never be jeopardized for requesting assistance from the EAP.

## Types of Services Offered

**Counseling Solutions:** to offer you guidance and support to assist you with anything that troubles you. Counselors are available 24/7 by calling 1-800-327-5071. Some commonly presented concerns include:

- Personal and professional stress
- Relationship difficulties
- Lifestyle or health changes
- Addictive behaviors
- Emotional health concerns such as depression and anxiety
- Parenting and family matters

**Work-Life Solutions:** to help you make time for what matters most. No-cost consultation for assistance with resources and referrals related to topics including:

- Child Care
- Summer Camps
- Back-up Care
- Senior Housing Options
- Adult Day Care Options
- Home Safety
- Caregiver Support
- Adoption Resources
- Education Resources
- Tutoring Programs
- College Searches
- Financial Aid Resources
- Travel Planning
- Pet Care Services
- Home Maintenance

**Legal-Financial Solutions:** Two types of legal services are available – consultation and referral: To those requiring legal assistance who do not want or need to retain an attorney, your needs may be addressed through a free telephonic service: Access to free consultation for up to 30 minutes with a qualified attorney.

For those who have a need for in-person legal consultation, you can receive a referral to a conveniently-located attorney with appropriate expertise: Access to a free consultation up to 30 minutes; discounted fees may apply if further assistance is required.

**Financial Solutions:** Free telephonic consultation with a financial counselor qualified to address a range of financial topics, including:

- Bankruptcy prevention
- Comprehensive financial fitness
- Wills and estate planning
- Home buying
- Budgeting
- Credit report review
- Debt reduction and management
- Foreclosure prevention
- Long-term goal setting

**ID Recovery:** Access to a consultation with a Certified Consumer Credit Counselor who can help to objectively assess your situation, create an action plan, and provide the knowledge and tools to effectively implement that plan. Referrals can be made to ID Theft Recovery Professionals when needed and appropriate.

**Communication/Education:**

- Free Monthly webinars for your personal and professional development
  - E-Newsletters
  - Comprehensive website
  - LifeSpeak includes streaming video modules facilitated by experts well versed in wellness, family and professional topics
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## Contacts

**Workplace Solutions**

Call 1-800-327-5071, 24/7 to speak with a counselor. Or, for online tools and a wealth of information, go to [Employee Assistance Program](#) (passcode: Publicis) or [LifeSpeak resources](#) (no passcode needed).

**Publicis Connections**

If you have any questions about your Plan, contact the benefits team at 1-800-933-3622 (Monday-Friday, 8am-8pm EST).

**Other contacts**

If you have any questions about this statement or about your rights under ERISA, including COBRA, HIPAA, and other laws affecting the Plan or need assistance in obtaining documents from the Plan Administrator, you should contact:

- The nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory; or
- The Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.
- You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

The Plan Administrator has delegated to the claims administrator the discretionary authority to make decisions regarding the interpretation or application of Plan provisions, to make determinations (including factual determinations) as to the rights and benefits of employees and participants under the Plan, to make claims determinations under the Plan and to decide the appeal of denied claims. Benefits will be paid under the Plan only if the Plan Administrator, or its delegate, determines that the claimant is entitled to them. The decision of the Plan Administrator or its delegate is final and binding.

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## HIPAA

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that, in part, requires group health plans to protect the privacy and security of your confidential health information. Pursuant to the HIPAA privacy rules, the Plan will not use or disclose your protected health



information without your authorization, except for purposes of treatment, payment, health care operations, Plan administration or as required or permitted by law. A description of the Plan's uses and disclosures of your protected health information and your rights and protections under the HIPAA privacy rules is set forth in the plan's Notice of Privacy Practices, which is furnished to all Plan participants and can also be accessed on the Plan's internet site at [Publicis Connections](#).

## Glossary of Terms

<p><b>Actively at Work</b></p>	<p>Active work, actively at work or actively working means you must be:</p> <ul style="list-style-type: none"> <li>• Working at the Company’s usual place of business, or on an assignment for the purpose of furthering the Company’s business;</li> <li>• Performing the material and substantial duties of your regular occupation on a full-time basis; and</li> <li>• Not receiving severance or salary continuation pay.</li> </ul> <p>You’re considered actively at work if you’re on an approved leave of absence under FMLA or an approved personal leave of absence of less than 31 days or during a scheduled vacation or holiday.</p>
<p><b>Company</b></p>	<p>The term “Company” collectively refers to all subsidiaries of MMS USA Holdings, Inc. that have approved participation in the Publicis Connections Health and Group Benefit Programs.</p>
<p><b>Domestic Partner</b></p>	<p>Your same or opposite sex domestic partner includes any individual that you have been residing within the same residence for at least six months. You need to complete the Affidavit for Certification of Domestic Partnership (available in the Forms Library on the Publicis Connections website) before coverage begins.</p> <p>You must meet all of the following to be eligible for coverage of a domestic partner:</p> <ul style="list-style-type: none"> <li>• You have shared a monogamous, committed relationship with one another that has existed for at least six months and is expected to last indefinitely;</li> <li>• You are jointly responsible for each other’s welfare and financial obligations;</li> <li>• You share your principal place of residence;</li> <li>• You are both at least 18 years old and mentally competent to consent to the contract;</li> <li>• Neither of you are married to anyone else; and</li> <li>• You are not related to each other in a way that would prevent a marriage from being recognized under the laws of the state in which you live.</li> <li>• You also may be required to prove your interdependence (if requested). You can do so by providing two of the following documents:             <ul style="list-style-type: none"> <li>• Common ownership of real property;</li> <li>• Common ownership of a motor vehicle;</li> <li>• Driver’s license that lists a common address;</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• Proof of joint bank accounts or credit accounts;</li> <li>• Proof of designation as the primary beneficiary for life insurance or primary beneficiary designation under a partner's will;</li> <li>• Assignment of a property power of attorney or health care power of attorney.</li> <li>• Domestic partnerships are not recognized by the federal government for tax purposes.</li> </ul>
<b>Plan Administrator</b>	<p>The person or committee designated from time to time as the fiduciary responsible for overall administration of the Plan. Except as otherwise designated in the Administrative Information Summary Plan Description or by a notice from the Company, the Plan Administrator may be contacted as follows:</p> <p style="text-align: center;">Publicis Connections  Attn: Plan Administrative Committee  35 W. Wacker Dr., 12th Floor  Chicago, IL 60601  1-800-933-3622</p>
<b>Plan Year</b>	The year starting January 1 and ending December 31.