

# 2021

PUBLICIS BENEFITS GUIDE

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## PUBLICIS BENEFITS GUIDE

For Active Employees



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## YOUR TO-DO LIST

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 date of hire to enroll for benefits. Here is a summary of essential steps for you to take.

### THINGS TO DO

Carefully review this guide in its entirety to understand all of your benefits options.

**View a list** of all Publicis Benefits Connection benefits.

Review the options for your **medical, dental** and **vision** coverage.

Visit Publicis Benefits Connection at [www.publicisbenefitsconnection.com](http://www.publicisbenefitsconnection.com) and click **View, Enroll or Change Benefits** to enroll for benefits. (You can enroll from your desktop or from any mobile device.)

Print and review your **enrollment confirmation statement**.

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## MAKE SMART DECISIONS

The Publicis Benefits Connection (PBC) is a partnership between you and the Company: we provide you with the benefits, but we depend on you to make informed decisions when choosing coverage and buying health care services. Having the right level of coverage and care is important to your well-being and financial security. The information in this guide is provided to help you understand your new benefits and make the right choices.

To help you choose and use your benefits wisely, you can access the following resources during your enrollment period and throughout the year:

RESOURCE	HOW TO ACCESS
<b>Publicis Benefits Connection Website</b> Visit anytime to learn more about your benefits and to enroll in your 2021 benefits.	<a href="http://www.publicisbenefitsconnection.com">www.publicisbenefitsconnection.com</a>
<b>Ask Emma Decision Support Tool</b> Access a private, personalized virtual assistant available to you when you log on to the bswift enrollment site. Ask Emma is bswift's proprietary decision support tool designed to help you make informed decisions when selecting a health plan for yourself and your family.	<a href="http://www.publicisbenefitsconnection.bswift.com">www.publicisbenefitsconnection.bswift.com</a>
<b>Benefits Service Center</b> Available weekdays from 9 a.m. to 5 p.m. ET to answer questions about your Publicis benefits.	1-800-933-3622 <a href="mailto:benefits.sharedservices@lionresources.com">benefits.sharedservices@lionresources.com</a>
<b>Health Advocate</b> When you call the Publicis Benefits Service number at 1-800-933-3622, you will automatically reach a Health Advocate representative to assist you with your Publicis benefits or any other health care- or insurance-related issues.	1-800-933-3622 <a href="mailto:answers@healthadvocate.com">answers@healthadvocate.com</a>
<b>Publicis Benefits Connection Healthy Living</b> Visit the website to learn more and take action, or call to speak with a representative to learn how certain healthy lifestyle changes can help you control health care costs.	1-877-830-0078 <a href="http://www.webmdhealth.com/pbchealthyiving">www.webmdhealth.com/pbchealthyiving</a>

See a complete list of [contact information](#) for plan providers.

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## BENEFITS ELIGIBILITY

You are eligible to participate in the PBC program 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/civil union partner
2. Your eligible children. **Please note, eligible children include:**
  - Your natural children
  - For all other benefits unless otherwise stated, those under age 21 and unmarried, or under age 25 if a full-time student and unmarried
  - 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 coverage regardless of marital or student status
- Unmarried dependent children up to age 21 are eligible for dental, vision and life insurance coverage
- Unmarried dependent children age 21 through age 25 are eligible for dental, vision and life insurance coverage if they are full-time students. Qualifying proof of full-time student status will be requested each year upon attainment of age 21 in order to maintain active dental, vision and life insurance coverage
- Unmarried dependent children age 21 and older, if totally disabled, are eligible for dental, vision and life insurance coverage. Qualifying certification of total disability will be required by the plan

### You may also enroll your children age 21 (or under age 25 if an unmarried full-time student) if one of the following conditions apply:

- You are legally obligated to support them in anticipation of adoption (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/CIVIL UNION PARTNER COVERAGE

PBC provides medical, dental and vision coverage for unmarried same- or opposite-gender domestic/civil union partners. Children of a domestic/civil union 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 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 SPOUSE SURCHARGE

If your spouse or domestic/civil union partner has access to other employer-provided medical coverage and you elect to cover him or her under your Publicis medical plan, you will incur an additional charge for that coverage. The surcharge is \$100 per month deducted on an after-tax basis. 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 you and your family need.

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## DEPENDENT VERIFICATION

Publicis plans to conduct dependent audits, including of full-time students who are 21 years and older, to ensure that the health plans are covering only those individuals, and their dependents, who are eligible to participate in the plans. Please make sure that all your dependents meet the eligibility criteria before you enroll them in coverage.

Publicis will provide sufficient notice of the audit. Once notified, you will need to provide proof, within a reasonable time frame, of your dependents' eligibility (for example, a birth or marriage certificate). If you do not provide satisfactory proof, coverage for your ineligible dependents will be terminated.

Publicis health coverage is self-funded, which means we, the Company and employees (not insurance companies), directly pay the cost of claims. As a result, we all share in the total cost of the health plan. Covering ineligible dependents can add millions of dollars in nonessential expenses to the plan. We conduct dependent audits to control costs for the Company as well as for employees.

Take a moment to review the [dependent eligibility criteria](#).

## QUALIFIED LIFE EVENTS

In general, you are not able to make changes to your election until the next annual Open Enrollment period unless you experience a Qualified Life Event, as defined by the IRS. Changes, consistent with your Qualified Life Event, must be made within 31 calendar days of the event; otherwise, you cannot make coverage changes until the next annual Open Enrollment period.

**Note:** Subsequent to submitting your family status change or Qualifying Life Event via the benefits enrollment site, bswift will contact you via email or home mailing to request supporting documentation for dependent verification within a specified "verification deadline."

Your verification deadline is 30 calendar days from your enrollment date. You'll need to submit the required documents to bswift by the deadline specified in your notice, or your requested coverage will be retroactively terminated as of the date of coverage.

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## 2021 BENEFITS AT-A-GLANCE

Publicis offers you and your family a variety of benefits and programs that can help you lead a healthy and balanced life at home and at work. Review the chart below for an overview of your benefits and to find out where to learn more about each benefit.

BENEFIT	COVERAGE AND DETAILS
<b>Medical, including Prescription Drugs</b>	<ul style="list-style-type: none"> <li>• Medical administered by <b>Blue Cross Blue Shield of Illinois (BCBSIL)</b></li> <li>• Prescription Drugs administered by CVS Caremark</li> <li>• Three options:               <ul style="list-style-type: none"> <li>• <b>Medical Health Savings Account Plan (Medical HSA Plan):</b> Has the highest deductible and out-of-pocket limit of the medical options and the lowest paycheck contributions</li> <li>• <b>Standard Preferred Provider Organization (Standard PPO):</b> Benefit levels and paycheck contributions fall in the middle of the three medical options</li> <li>• <b>Premier Preferred Provider Organization (Premier PPO):</b> Has the highest benefit levels and highest paycheck contributions of the three medical options</li> </ul> </li> <li>• 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</li> <li>• If you elect the Medical HSA Plan, you will be enrolled in a <b>Health Savings Account</b>; you must take the additional step of opening the account in order to use it</li> </ul>
<b>Health Savings Account (HSA)</b>	<ul style="list-style-type: none"> <li>• Administered by <b>HealthEquity   WageWorks</b></li> <li>• 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</li> <li>• Publicis makes an annual contribution on your behalf of \$250 (Employee Only tier) or \$500 (all other tiers)</li> <li>• You can also contribute on a pre-tax basis to the annual IRS limit of \$3,600 (individual) or \$7,200 (family), which includes your and Publicis' contributions combined</li> <li>• 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</li> </ul>

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BENEFIT	COVERAGE AND DETAILS
<p><b>Teladoc Telemedicine Services</b></p>	<ul style="list-style-type: none"> <li>Administered by <b>Teladoc</b></li> <li>You and your eligible dependents have access if you enroll in a Publicis medical plan option</li> <li>Gives you access to a national network of board-certified doctors all day, every day</li> <li>Obtain affordable, high-quality care conveniently by phone, web or mobile device</li> <li>Doctors can diagnose and treat your condition, and write prescriptions to manage common health problems</li> <li>There is no cost to you for Teladoc’s services</li> </ul> <p><i>Employees enrolled in the Medical HSA Plan must meet the plan deductible before they are eligible for the \$0 copay.</i></p>
<p><b>Dental</b></p>	<ul style="list-style-type: none"> <li>Administered by <b>Delta Dental</b></li> <li>Two options:               <ul style="list-style-type: none"> <li><b>Basic PPO:</b> Pays a lower level of benefits than the Comprehensive Plan; lower paycheck contributions</li> <li><b>Comprehensive PPO:</b> Pays a higher level of benefits than the Basic Plan; higher paycheck contributions</li> </ul> </li> <li>Both plans cover in-network preventive services at 100%</li> </ul>
<p><b>Vision</b></p>	<ul style="list-style-type: none"> <li>Administered by <b>VSP</b></li> <li>Two options:               <ul style="list-style-type: none"> <li><b>Low Plan (Base):</b> Pays a lower level of in-network benefits than the High Plan; lower paycheck contributions</li> <li><b>High Plan (Buy-Up):</b> Pays a higher level of in-network benefits than the Low Plan; higher paycheck contributions</li> </ul> </li> </ul>



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<b>Life and Accidental Death and Dismemberment Insurance (AD&amp;D)</b>	<ul style="list-style-type: none"> <li>Administered by <b>MetLife</b></li> <li>You receive Basic Life Insurance coverage automatically at no cost to you</li> <li>You may elect:               <ul style="list-style-type: none"> <li>Supplemental Life Insurance for yourself</li> <li>Dependent Life Insurance for your spouse and/or dependent child(ren)</li> <li>Optional Accidental Death and Dismemberment Insurance for you and for your family</li> </ul> </li> </ul>
<b>Short- and Long-term Disability</b>	<ul style="list-style-type: none"> <li>Administered by <b>The Hartford</b></li> <li>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</li> <li>You receive a core amount of long-term disability (LTD) insurance automatically at no cost to you</li> <li>You may purchase additional amounts of LTD coverage to supplement your Company-provided LTD coverage</li> </ul>
<b>Health Care, Limited Purpose Health Care and Dependent Care Flexible Spending Accounts (FSAs)</b>	<ul style="list-style-type: none"> <li>Administered by <b>HealthEquity   WageWorks</b></li> <li>You can contribute annually up to \$2,750 to a Health Care FSA or Limited Purpose Health Care FSA and up to \$5,000 to a Dependent Care FSA</li> <li>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</li> <li>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)</li> <li>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</li> </ul>
<b>Transportation Reimbursement Incentive Plan (TRIP)</b>	<ul style="list-style-type: none"> <li>Administered by <b>HealthEquity   WageWorks</b></li> <li>Allows you to pay for eligible transportation and/or parking expenses with pre-tax dollars</li> <li>You can contribute a maximum of \$270 per month for public transit or van pooling</li> <li>You can contribute a maximum of \$270 per month for parking</li> <li>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</li> </ul>

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<b>Group Legal Assistance Plan</b>	<ul style="list-style-type: none"> <li>Administered by <b>MetLaw</b></li> <li>Offers access and referrals to network and non-network professional, credentialed attorneys for you and your eligible dependents</li> <li>Covers a wide range of commonly used legal services</li> </ul>
<b>Bright Horizons Program</b>	<ul style="list-style-type: none"> <li>Administered by <b>Bright Horizons</b></li> <li>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</li> <li>You are provided with a total of 15 days per year for back-up care for children/adults/elders</li> <li>Nominal copays apply for each back-up care use</li> <li>For self-selected ongoing care arrangements, you will pay for full cost of care as negotiated with care provider</li> </ul>
<b>Voluntary Benefits</b>	<ul style="list-style-type: none"> <li>Administered by <b>Marsh@WorkSolutions</b></li> <li>Obtain affordable group rates for a variety of insurance programs, including:               <ul style="list-style-type: none"> <li>Auto Insurance</li> <li>Homeowners/Renters Insurance</li> <li>Pet Insurance</li> <li>Personal Liability Insurance</li> <li>Personal Accident Insurance</li> </ul> </li> </ul>
<b>Employee Assistance Program (EAP)</b>	<ul style="list-style-type: none"> <li>Administered by <b>Workplace Solutions</b></li> <li>For you and your eligible dependents</li> <li>Provides confidential, professional, one-on-one, short-term counseling for personal and work/life issues</li> <li>You receive this benefit automatically at no cost to you</li> </ul>

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<p><b>Health Advocate Program</b></p>	<ul style="list-style-type: none"> <li>• For you, your eligible dependents and members of your extended family</li> <li>• Provides confidential, professional information about managing your health care needs and costs, including providing assistance with insurance claims</li> <li>• You receive this benefit automatically at no cost to you</li> </ul>
<p><b>International SOS Program</b></p>	<ul style="list-style-type: none"> <li>• For employees who travel internationally for business</li> <li>• Provides health and safety information when you are traveling internationally</li> <li>• You receive this benefit automatically at no cost to you</li> </ul>
<p><b>Publicis Benefits Connection Healthy Living powered by WebMD</b></p>	<ul style="list-style-type: none"> <li>• 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 Benefits Connection medical plan.</li> <li>• Provides the tools you need to get closer to your health</li> <li>• Offers lifestyle improvement programs, resources and decision support</li> <li>• You and your eligible spouse/domestic partner/civil union partner can earn program incentives</li> </ul>
<p><b>Publicis Benefits Connection 401(k) Plan</b></p>	<ul style="list-style-type: none"> <li>• Recordkeeping and trustee services provided by <b>Fidelity Investments</b></li> <li>• A convenient, tax-advantaged way to save for retirement</li> <li>• The Company will match up to a total of 4% of your eligible pay</li> </ul>

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## ENROLLING FOR BENEFITS

### WHEN ENROLLMENT IS REQUIRED

Your enrollment period is your opportunity to decide how you and your family can best use the Publicis Benefits Connection benefits plans in the year ahead.

You will receive more information regarding your enrollment deadline separately. Once you know which benefits you want to elect, carefully review the following chart to determine the actions you need to take during your enrollment period.

You must enroll in this benefit during your enrollment period, or within 45 days if you are a new hire	You may enroll in this benefit anytime during the year	You receive this benefit automatically and do not have to enroll
<ul style="list-style-type: none"> <li>• Medical</li> <li>• Health Savings Account (you can change the amount you contribute at any time)</li> <li>• Dental</li> <li>• Vision</li> <li>• Supplemental Life Insurance</li> <li>• Dependent Life Insurance</li> <li>• Optional AD&amp;D Insurance</li> <li>• Supplemental Long-Term Disability</li> <li>• Health Care FSA</li> <li>• Limited Purpose FSA</li> <li>• Dependent Care FSA</li> <li>• Group Legal Assistance</li> </ul>	<ul style="list-style-type: none"> <li>• TRIP</li> <li>• 401(k) Plan</li> <li>• Voluntary Benefits</li> </ul>	<ul style="list-style-type: none"> <li>• Teladoc (provided you enroll in a Publicis medical plan option)</li> <li>• BCBS Telehealth Services (provided you enroll in a Publicis medical plan option)</li> <li>• Basic Life Insurance</li> <li>• Short- and Basic Long-Term Disability</li> <li>• PBC Healthy Living (action required to receive reward)</li> <li>• Employee Assistance Program</li> <li>• Health Advocate</li> <li>• Bright Horizons Care Advantage Program</li> <li>• International SOS</li> </ul>

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## IF YOU ARE A NEW HIRE

If you are a new hire, you have 45 days from your date of hire to enroll in benefits online. If you do not enroll within this 45-day period, your 2021 benefits coverage will be limited to:

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

You will not be able to enroll for additional benefits until next year's Open Enrollment for coverage effective in the 2021 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

Starting with the 2019 plan year (for which you'll file taxes by July 15, 2020), the federal tax penalty under the Affordable Care Act (Health Care Reform) no longer applies.

However, 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 [HealthCare.gov](https://www.healthcare.gov).

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## HOW TO ENROLL

You can use the **Publicis Benefits Connection website** at [www.publicisbenefitsconnection.com](http://www.publicisbenefitsconnection.com) to enroll in your benefits. Just follow the steps starting below.

### 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. Visit [www.publicisbenefitsconnection.com](http://www.publicisbenefitsconnection.com) for access to the bswift enrollment site for Publicis.
2. Click the **View, Enroll or Change Your Benefits** on the home page. From the pop-up window, click on (<http://www.publicisbenefitsconnection.bswift.com/>)—this will direct you to the bswift login page.
3. If you are a first-time user, click the **First Time User** link and follow the steps to register your benefits account and to establish a User ID and Password to access the enrollment site.

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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 qualifying 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

## COMPLETING YOUR ENROLLMENT

1. Review your elections on the Benefits Summary screen
  - If you have dependents, carefully review the list of dependents on this screen to ensure that all information about your dependents is accurate
2. Tick the box for **I Agree and I'm Finished With My Enrollment** to save your elections and finalize your enrollment
3. **IMPORTANT!** Print your confirmation statement for your records

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## HEALTH AND GROUP BENEFITS DETAILS

### MEDICAL

The medical plan is designed to provide you and your enrolled dependents with access to quality health care that is comprehensive and cost-conscious.

You have three medical plan options:

- Blue Cross Blue Shield of Illinois Medical HSA Plan
- Blue Cross Blue Shield of Illinois Standard PPO
- Blue Cross Blue Shield of Illinois Premier PPO

See how the medical options [compare](#).

All three medical plan options are administered by **Blue Cross Blue Shield of Illinois**. They offer you access to the national BlueCard PPO network, which is one of the largest national networks of doctors, hospitals and treatment facilities. In-network providers typically agree to charge lower, negotiated rates for care.

Access the [Provider Finder](#) to determine which providers are in the BCBS of Illinois (BCBSIL) network. You can sort by distance, provider type and language spoken, and even look for special Blue Distinction providers that BCBSIL has designated as the highest quality care options.

You can choose to receive care in- or out-of-network. When you visit an in-network provider, the plan covers more of your expenses.



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### How the Medical Plans Work

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

- An annual deductible
- Flat dollar copay (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, shown on page 20.

### SUMMARIES OF BENEFITS AND COVERAGE

Thinking about which of the three medical plans is best for you? Summaries of Benefits and Coverage (SBCs), which provide more detailed information of the key provisions of each of the medical plan options, are available in the “Guides/Forms” section of [www.publicisbenefitsconnection.com](http://www.publicisbenefitsconnection.com).

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## A Closer Look at the Medical Plan Options

Whether you choose the Medical HSA Plan, Standard PPO or Premier PPO should depend on your health care needs and budget.

The Medical HSA Plan retains many features of more traditional plans, but it has some important differences, too. It's important to think about your potential health care needs and evaluate how they may impact your costs.

### How Your Medical Plans Compare

The table below shows how the medical plans options compare.

	MEDICAL HSA PLAN	STANDARD PPO	PREMIER PPO
<b>Employee Contribution</b>	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
<b>Preventive Care</b>	Covered at 100% in-network; subject to deductible and coinsurance out-of-network		
<b>Deductible</b>	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
<b>Office Visits and Mental Health/Substance Abuse Outpatient Care</b>	You pay coinsurance after deductible	You pay copayment in-network; subject to deductible and coinsurance out-of-network	
<b>Coinsurance</b>	After deductible, you pay 20% of in-network and 40% of out-of-network costs		After deductible, you pay 20% of in-network and 40% of out-of-network costs
<b>Out-of-Pocket Maximum</b>	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.

### Family Planning Benefit

Coverage under the Publicis medical plans covers family planning services without evidence of medical necessity (e.g., infertility). We are committed to assisting our employees looking to build their families through the use of various fertility treatments such as intrauterine insemination and in vitro insemination.

Note: There is a \$15,000 lifetime fertility benefit maximum. 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. The fertility benefit does **not** include cryopreservation (storage) for eggs.

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## Some Ways the Medical HSA Plan Is Different from the Premier PPO and Standard PPO

	MEDICAL HSA PLAN	STANDARD AND PREMIER PPO OPTIONS
<b>Health Savings Account (HSA)</b>	<ul style="list-style-type: none"> <li>You are automatically enrolled in an HSA (you must take action to open and use your HSA)</li> <li>Allows you to save pre-tax money for health care expenses in 2021 and beyond</li> <li>Publicis funds the account annually and you may contribute, too</li> <li>You may also enroll in a Limited Purpose Health Care FSA</li> </ul>	<ul style="list-style-type: none"> <li>You may not enroll in an HSA</li> <li>You may enroll in a Health Care FSA, which allows you to save pre-tax money for health care expenses in 2021</li> <li>Publicis does not fund the Health Care FSA</li> </ul>
<b>Cost of Coverage</b>	<ul style="list-style-type: none"> <li>You pay less in paycheck contributions</li> </ul>	<ul style="list-style-type: none"> <li>You pay more in paycheck contributions</li> </ul>
<b>Annual Deductible</b>	<ul style="list-style-type: none"> <li>You pay a higher deductible than the PPO options</li> <li>Family Plan: If only one covered family member becomes ill or injured, that person must reach <u>the full family annual deductible</u> before Plan coinsurance begins for <u>any family member</u>. The single annual deductible doesn't apply within a family annual deductible.</li> </ul>	<ul style="list-style-type: none"> <li>You pay a lower deductible than the Medical HSA Plan (see page 24 for full details)</li> <li>Family Plan: If only one covered family member becomes ill or injured, that person must reach <u>the single annual deductible</u> before Plan coinsurance begins for <u>that individual</u>. Plan coinsurance for all family members begins only after you reach the family annual deductible through a combination of family members.</li> </ul>
<b>Coinsurance vs. Copayments</b>	<ul style="list-style-type: none"> <li>You generally pay coinsurance for physician office visits and outpatient mental health/substance abuse care, after you meet the annual deductible</li> </ul>	<ul style="list-style-type: none"> <li>You generally pay a copayment for physician office visits and outpatient mental health/substance abuse care</li> </ul>
<b>Annual Out-of-Pocket Maximum</b>	<ul style="list-style-type: none"> <li>There is a higher out-of-pocket maximum than the PPO options</li> <li>Family Plan: <u>You must first reach the entire family annual deductible before the Plan starts to cover coinsurance costs</u>. 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.</li> </ul>	<ul style="list-style-type: none"> <li>There is a lower out-of-pocket maximum than the Medical HSA Plan (out-of-pocket maximums differ between the two PPO options)</li> <li>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.</li> </ul>
<b>Prescription Drugs</b>	<ul style="list-style-type: none"> <li>Prescription drug expenses are subject to the annual deductible</li> </ul>	<ul style="list-style-type: none"> <li>Prescription drug expenses are not subject to the annual deductible</li> </ul>

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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 thinking about which medical plan may be right for you and your family, consider these features of the Health Savings Account:

- **Automatic Enrollment.** When you elect the Medical HSA Plan, you will be automatically enrolled in a Health Savings Account. You must take action in order to open and use your HSA.
- **Company Contribution.** The Company contributes money to your Health Savings Account. For 2021, the employer contribution is \$250 for Employee Only coverage and \$500 for other contribution tiers. 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 2021, the Health Savings Account contribution limits will be as follows:
  - Employee Only coverage—\$3,600
  - All other tiers—\$7,200
- **Catch-Up Contributions Allowed.** If you are age 55 or older, you may make additional catch-up contributions of up to \$1,000 annually.

*\* 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.*

### 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:** Health Savings Account funds can only be used for health care costs, and funds cannot be withdrawn from your account to pay non-health-related expenses.

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### Participation in a Health Savings Account

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. You may not participate in a Health Savings Account if:

- You can be claimed as a tax dependent on another individual's tax return
- You are enrolled in Medicare or TRICARE
- You have medical plan coverage other than a high-deductible health plan (like the Medical HSA Plan), including coverage under your spouse's or domestic partner's plan
- You or your spouse participates in a Health Care FSA in or outside of the Publicis benefits platform

### 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 Blue Cross Blue Shield 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 advantages of a Health Savings Account—might be right for you and your family

### Use the bswift Ask Emma Decision Support Tool

To see how your costs compare under each medical plan option, use the Ask Emma Decision Support Tool when you log in to the bswift enrollment site via the **Publicis Benefits Connection** site at [www.publicisbenefitsconnection.com](http://www.publicisbenefitsconnection.com) > **View, Enroll or Change Your Benefits.**

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?

Take a close look at all of your medical plan options to make sure you aren't paying more than you have to. Find the example that most closely matches your own situation and see how estimated plan costs compare. Remember, too, 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) to help 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.

	 <b>MEET MARK</b> <ul style="list-style-type: none"> <li>• Age 26</li> <li>• Unmarried, no children</li> <li>• Uses health care infrequently</li> </ul>	 <b>MEET JILL</b> <ul style="list-style-type: none"> <li>• Age 36</li> <li>• Married, 2 children</li> <li>• Expecting third child</li> <li>• Uses health care frequently</li> </ul>	 <b>MEET RICARDO</b> <ul style="list-style-type: none"> <li>• Age 50</li> <li>• Married, no children to cover</li> <li>• Uses health care frequently – husband has diabetes</li> </ul>
<b>Expected Health Care Usage:</b>	<ul style="list-style-type: none"> <li>• 1 physical exam</li> <li>• 2 additional visits with primary care physician</li> <li>• 2 prescriptions for allergies</li> </ul>	<ul style="list-style-type: none"> <li>• 2 physical exams</li> <li>• 1 well woman exam</li> <li>• 4 well child exams</li> <li>• 15 primary physician visits</li> <li>• 40 specialist visits</li> <li>• 2 emergency room visits</li> <li>• Childbirth</li> <li>• 1 ICU stay</li> <li>• 32 generic prescriptions (retail location)</li> <li>• 20 brand formulary prescriptions</li> </ul>	<ul style="list-style-type: none"> <li>• 2 physical exams</li> <li>• 4 primary physician visits</li> <li>• 8 specialist visits</li> <li>• 1 outpatient surgery</li> <li>• 12 generic prescriptions—preventive (retail)</li> <li>• 9 brand formulary prescriptions</li> </ul>
<b>Estimated annual costs under each plan option*:</b>			
<b>Medical HSA Plan</b>	Payroll deductions: \$746 Plus Out-of-pocket costs: \$320 Less Publicis HSA contribution: \$250 <b>Total Employee Cost: \$816</b>	Payroll deductions: \$2,819 Plus Out-of-pocket costs: \$11,772 Less Publicis HSA contribution: \$500 <b>Total Employee Cost: \$14,091</b>	Payroll deductions: \$2,183 Plus Out-of-pocket costs: \$4,064 Less Publicis HSA contribution: \$500 <b>Total Employee Cost: \$5,747</b>
<b>Standard PPO</b>	Payroll deductions: \$1,062 Plus Out-of-pocket costs: \$80 <b>Total Employee Cost: \$1,142</b>	Payroll deductions: \$3,864 Plus Out-of-pocket costs: \$11,125 <b>Total Employee Cost: \$14,989</b>	Payroll deductions: \$2,905 Plus Out-of-pocket costs: \$2,440 <b>Total Employee Cost: \$5,345</b>
<b>Premier PPO</b>	Payroll deductions: \$1,684 Plus Out-of-pocket costs: \$60 <b>Total Employee Cost: \$1,744</b>	Payroll deductions: \$5,860 Plus Out-of-pocket costs: \$7,500 <b>Total Employee Cost: \$13,360</b>	Payroll deductions: \$4,243 Plus Out-of-pocket costs: \$1,960 <b>Total Employee Cost: \$6,203</b>

For Mark, the Medical HSA Plan is the most cost-effective plan option. Mark can also add funds to an HSA to pay for services next year and/or in the future.

For Jill, 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 Ricardo, 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 shown are average employee contribution rates which, while representative 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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## 2021 Publicis Benefits Connection 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	\$1,650	\$3,300	\$1,100	\$2,200	\$700	\$1,400
	Family	\$3,300 <sup>1</sup>	\$6,600 <sup>1</sup>	\$2,200 <sup>2</sup>	\$4,400 <sup>2</sup>	\$1,400 <sup>2</sup>	\$2,800 <sup>2</sup>
Out-of-Pocket Maximum	Single	\$6,650	\$13,300	\$6,250	\$12,500	\$3,750	\$7,500
	Family	\$13,300 <sup>3,4</sup>	\$26,600 <sup>3,4</sup>	\$12,500 <sup>4</sup>	\$25,000 <sup>4</sup>	\$7,500 <sup>4</sup>	\$15,000 <sup>4</sup>
Coinsurance (you pay)		20%	40%	20%	40%	20%	40%
Wellness Care <sup>4</sup>		100% covered by plan; deductible does not apply		100% covered by plan; deductible does not apply		100% covered by plan; deductible does not apply	
Office Visit	(Primary)	Deductible and coinsurance		\$30	Deductible and coinsurance	\$20	Deductible and coinsurance
Office Visit	(Specialist)			\$45		\$30	
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		20%; subject to deductible	
Mental Health/Substance Abuse (Outpatient)		20%; subject to deductible		\$45 copay		\$30 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		\$30 copay	
Infertility Hospital or Outpatient Facility Services <sup>5</sup>		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					

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> 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.

<sup>4</sup> 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.

<sup>5</sup> Annual physicals for adults; well child exams covered as defined by standards of the American Academy of Pediatrics.

<sup>6</sup> \$15,000 lifetime maximum benefit will apply to artificial reproduction technology. Artificial reproduction technology includes artificial insemination, IVF, ZIFT and GIFT. The fertility benefit does **not** include cryopreservation (storage) for eggs.



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## Prescription Drugs

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

Publicis plans use a three-tier prescription drug payment design:

- **Generic drugs** are chemically identical counterparts to drugs that carry a brand name. They cost less because they do not have research and development and marketing costs built into their pricing, as their branded prescription counterparts do. Generic drugs have the lowest coinsurance under your prescription drug benefit, meaning you pay the least amount out-of-pocket when you purchase them.
- **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.

While all three plans cover 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.

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So you will need to meet your annual medical deductible before the plan will share 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.

TIER	MEDICAL HSA PLAN	PPO PLANS			
		Retail		Mail Order	
Generic	You pay 100% of prescription drug expenses until medical plan deductible is met; then plan pays 80% coinsurance	You pay 20% coinsurance	Min - \$10	You pay 20% coinsurance	Min - \$25
Brand Formulary			Max - \$50		Max - \$125
Brand Non-Formulary			Min - \$30		Min - \$75
			Max - \$100		Max - \$250
			Min - \$55		Min - \$137.50
			Max - \$200		Max - \$500

**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 medications you take on a regular basis to treat or manage a chronic condition.

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, 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 at [www.caremark.com](http://www.caremark.com) 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.
- Visit [www.caremark.com/mailemailservice](http://www.caremark.com/mailemailservice) and sign in or register to request a new prescription.
- 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 now collaborating with CVS Caremark and PrudentRx to reduce your copay costs for specialty medications to \$0 effective January 1, 2021. If you have a specialty medication, you'll be automatically enrolled in this program and PrudentRx will send you additional information to get started.

### 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 the Livongo Connected Meter)

Publicis has partnered with CVS Caremark to offer the Diabetes Management program to help improve the lives of our employees and family members with diabetes. The Diabetes Management Program provides the following, at no cost:

- **A Livongo digital meter**, which automatically sends all your 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 instructors** if your level is out of range or you need assistance.
- **Unlimited test strips and lancets** delivered right to your door.
- **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

Visit [start.livongo.com](https://start.livongo.com) or call your dedicated Livongo Team at **1-800-945-4355**. You'll need to provide your registration code: PUBLICIS.

### 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](https://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 (i.e., 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](http://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](http://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. When you speak with a board-certified doctor, he or she can diagnose your condition and even 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 via 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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### Get Free Virtual Preventive Care with Catapult

At Publicis Groupe, we want to find better ways to support our employees with their health. That's why we're now partnering with Catapult to provide you with free virtual preventive care checkups, all in the convenience of your home. There have been all kinds of reasons that the majority of us haven't received our regular preventive care checkups. But what's important to remember is that our health matters and we need to prioritize it most of all.

To learn more, go to the [Catapult page](#) on the PBC site.

Remember: Catching things early with preventive care makes all the difference to staying in good health. And this will count toward your medical preventive allowance.



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### Blue Access for Members™

Blue Access for Members™ (BAM) connects you instantly to health information. By registering for BAM, 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 BAM while you're on the go. Register or log in by going to [www.bcbsil.com](http://www.bcbsil.com) from your mobile device web browser for secure and convenient access.

### Special Beginnings® Maternity Program

If you participate in a Publicis Benefits Connection medical plan offered by Blue Cross Blue Shield of Illinois and you or one of your covered dependents become pregnant, the pregnant participant may enroll in Special Beginnings® during the first trimester of pregnancy. The program provides personalized support, including care management and education, from obstetrical nurses.

Participants will receive a complimentary copy of the Mayo Clinic Guide to a Healthy Pregnancy, which covers various pregnancy and infant care-related topics. Participation is confidential—Publicis Benefits Connection 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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### Blue Care Connection

**Blue Care Connection** is a program offered through BCBSIL that connects you with a **Personal Health Clinician (PHC)** to help you manage a medical condition, answer questions about your diagnosis and help you take steps to improve your overall health. PHCs are registered nurses who know your health plan benefits and can provide resources that may help you reach your health goals and get the most value from your benefits.

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

- 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 PHC to call you. You can call the Customer Service number on the back of your BCBSIL ID card and ask for your Personal Health Clinician (PHC) whenever you need support and/or additional information.**

### BCBSIL Member Rewards Program

The Member Rewards Program, administered by Vitals, a Blue Cross Blue Shield of Illinois partner, is a health shopping program designed to reduce member out-of-pocket health care costs for eligible services, while providing cash rewards for selecting quality, cost-effective health care providers. This program is available to employees enrolled in a Publicis medical plan. To access the Members Rewards health care shopping portal, you need to register for Blue Access for Members via [www.bcbsil.com](http://www.bcbsil.com). You can search for eligible services and cost-effective providers online using the Provider Finder at [www.bcbsil.com](http://www.bcbsil.com).

You can also contact a Benefits Value Advisor (BVA) at the number on the back of your medical plan ID card for help with identifying eligible services and local health care providers. Within four to six weeks of completing a Member Rewards-eligible provider service and payment of the claim, you will receive a check for the reward in the mail.

**Note:** Rewards are taxable. For more details on the BCBSIL Member Rewards program, please visit the Medical Plan page on [www.publicisbenefitsconnection.com](http://www.publicisbenefitsconnection.com).

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## DENTAL

Dental coverage is available through **Delta Dental**. 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.

The dental PPO plan is a “passive” PPO. This means you can go to any dentist you choose, but you must pay the difference between charges from an out-of-network dentist and the contracted rate for in-network dentists. Using in-network dentists lowers your out-of-pocket costs; using out-of-network services gives you more flexibility to choose your providers but requires you to pay more of the cost of care.

Your dental plan options include:

- **Basic PPO Plan:** Offers care through in-network and out-of-network dentists; designed for participants who expect only routine annual or preventive care
- **Comprehensive PPO Plan:** Offers care through in-network and out-of-network dentists; 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 2021. 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 2021?

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## 2021 PUBLICIS BENEFITS CONNECTION DENTAL COVERAGE

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

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## VISION

Vision coverage is offered through **Vision Services Plan (VSP)**. Through VSP, you can receive care from any vision care provider, and the plan will cover either a portion or all of your cost.

When you use a VSP network doctor for an eye exam or to purchase eyeglasses, you pay less than if you go outside the network. In addition, VSP doctors take care of all your paperwork—there are no claims to file. If you do not use a VSP doctor, you will receive an allowance toward your incurred expenses. You pay for services when you receive them, then submit a claim for reimbursement from the plan. Claims must be filed within six months from the date of service.

Your vision plan options include:

- **Low Plan:** Offers services through in-network and out-of-network providers; designed for participants who expect to need only basic services
- **High Plan:** Offers services through in-network and out-of-network providers; designed for participants who expect to need more comprehensive services

2021 PUBLICIS BENEFITS CONNECTION VISION COVERAGE				
	LOW PLAN (BASE)		HIGH PLAN (BUY-UP)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Eye Exam</b>	\$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
<b>Contact Lenses</b>				
<b>Medically Necessary</b>	\$25 copay	\$210 allowance	\$10 copay	\$210 allowance
<b>Elective</b>	\$125 allowance	\$125 allowance	\$200 allowance	\$125 allowance

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

These plans are administered by **MetLife**. Publicis automatically provides you with Basic Life Insurance. You can supplement that coverage with additional insurance coverage to ensure your family's financial future. If you don't take advantage of electing the optional life insurance, your only option for doing so is during the next Open Enrollment period.

### 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

If you wish to increase your Basic Life Insurance coverage, you may purchase supplemental coverage of up to five times your base pay with after-tax paycheck deductions.

The base pay used to determine your coverage will be rounded to the next higher \$1,000. The maximum amount of Supplemental Life Insurance coverage available is \$2 million; the combined maximum for Basic and Supplemental coverage is \$2.75 million.

All employee Basic and Supplemental Life Insurance reduces to 65% of the coverage amount at age 65 and 50% of the coverage amount at age 70.

### Dependent Life Insurance

You may purchase supplemental coverage for your spouse of up to five times your base pay with after-tax paycheck deductions. However, a flat-dollar benefit amount of \$50,000 is available for election, for those who wish to avoid paying imputed income tax.

Your spouse's coverage cannot exceed the lesser of \$300,000 or your combined basic and supplemental coverages. Spouse coverage reduces to 65% of the coverage amount at age 65 and 50% of the coverage amount at age 70.

You can also purchase coverage of either \$5,000, \$10,000 or \$25,000 for each dependent child with after-tax paycheck deductions. In order for the child to be eligible, the child must be under age 21 (or under age 25 if a full-time student), you must legally support the child, and he or she must permanently live in the home in which you are the head of the household.

If both you and your spouse are employed by a Brand participating in Publicis benefits, a dual coverage restriction applies to dependent life coverage as follows:

- An employee is not eligible to be insured as a spouse
- A child is only eligible for coverage under one employee

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## Accidental Death and Dismemberment (AD&D)

In addition to Life Insurance benefits, you can elect Accidental Death and Dismemberment (AD&D) Insurance. This type of insurance provides income protection if you die or are seriously injured in an accident. For Optional AD&D coverage for yourself, you may purchase coverage of up to five times your base pay with after-tax paycheck deductions. You can choose any option up to a maximum of \$2 million.

You can also choose Optional AD&D Insurance for your family. Optional AD&D Insurance benefits for family coverage are as follows:

- If your family includes both a spouse and children, coverage is 50% of employee coverage for your spouse and 10% of employee coverage for each child
- If your family includes a spouse only, coverage is 60% of employee coverage
- If your family includes children only, coverage is 15% of employee coverage for each child

All AD&D Insurance reduces to 65% of the coverage amount at age 65 and 50% of the coverage amount at age 70.

### 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

You receive short-term disability 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 short-term disability 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 short-term disability 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	2021 PUBLICIS BENEFITS CONNECTION STD COVERAGE
	<b>Elimination period:</b> 7 calendar days; may apply sick pay; included in the weeks at 100% of base pay
<b>Less Than 1 Year</b>	4 weeks at 100% of base pay; 22 weeks at 0% of base pay
<b>1 to 2 Years</b>	8 weeks at 100% of base pay; 18 weeks at 0% of base pay
<b>2 to 3 Years</b>	12 weeks at 100% of base pay; 14 weeks at 0% of base pay
<b>3 to 4 Years</b>	16 weeks at 100% of base pay; 10 weeks at 0% of base pay
<b>4 to 5 Years</b>	20 weeks at 100% of base pay; 6 weeks at 0% of base pay
<b>5 or More Years</b>	26 weeks at 100% of base pay; 0 weeks at 0% of base pay

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### Long-Term Disability

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 long-term disability 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	2021 PUBLICIS BENEFITS CONNECTION LTD COVERAGE
<b>Basic LTD Benefit (company-paid)</b>	40% of base pay, up to a maximum base pay of \$300,000, with a maximum benefit of \$10,000/month
<b>Supplemental LTD Benefit (employee-paid)</b>	<ul style="list-style-type: none"> <li>• <b>Level one:</b> Additional 20% up to annual base pay of \$300,000, with a maximum combined benefit of \$15,000/month</li> <li>• <b>Level two:</b> Additional 20% coverage of base pay above \$300,000, with a maximum benefit of \$25,000/month</li> </ul>

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## FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts (FSAs), administered by [Health Equity | WageWorks](#), 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.

**Be conservative with the amount you estimate because you will forfeit any remaining funds that you have contributed to your FSAs that are not used for eligible expenses incurred by the end of the year.**

The [Health Equity | WageWorks 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 annual 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 \$5,000 per year (or \$2,500 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 **Health Equity | WageWorks Healthcare Card**. The annual maximum for the Health Care FSA is \$2,750.

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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 Health Equity | WageWorks Healthcare Card. The annual maximum is \$2,750. You may not use a Limited Purpose Health Care FSA to pay for medical expenses.

TYPE OF FSA	ANNUAL AMOUNT YOU MAY CONTRIBUTE IN 2021
Dependent Care	\$120 - \$5,000 (\$2,500 if you and your spouse file separate tax returns)
Health Care	\$120 - \$2,750
Limited Purpose Health Care	\$120 - \$2,750

## Using Your Health Equity | WageWorks Healthcare Card

The HealthEquity | WageWorks Healthcare 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 Health Equity | WageWorks Healthcare Card at these merchants. You may view a list of eligible and ineligible expense items at [www.healthequity.com](http://www.healthequity.com).

The Health Equity | WageWorks Healthcare 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 Health Equity | WageWorks Healthcare Card. Claim forms can be found at [www.publicisbenefitsconnection.com](http://www.publicisbenefitsconnection.com) or on the Health Equity | WageWorks website at [www.healthequity.com](http://www.healthequity.com).

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## OTHER VALUABLE BENEFITS

### TRANSPORTATION REIMBURSEMENT INCENTIVE PLAN (TRIP)

TRIP, administered by **Health Equity | WageWorks**, reimburses you for your out-of-pocket transportation expenses using funds you contribute monthly. If you enroll in TRIP, you'll be provided a Health Equity | WageWorks Transit Commuter Card you must use to pay for your transportation passes. Use your Health Equity | WageWorks 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 IN 2021
Parking	Maximum \$270* per month
Transit	Maximum \$270* per month for public transit or van pooling

*\*If the IRS releases any changes to the amounts shown, updates will be posted to [www.WageWorks.com](http://www.WageWorks.com) or [www.publicisbenefitsconnection.com](http://www.publicisbenefitsconnection.com).*

### Post-Tax TRIP Commuter Benefit through WageWorks

The post-tax commuter benefit allows you to pay for eligible commuter expenses that exceed IRS pre-tax contribution limits (for 2021 the limits are \$270 per month each for transit and parking). This means that if you are enrolled in TRIP, you'll be able to use your Health Equity | WageWorks Debit 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 Health Equity | WageWorks for reimbursement.

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## GROUP LEGAL ASSISTANCE PLAN

The Group Legal Assistance Plan provides you, your spouse and your dependents with unlimited access and referrals to professional, credentialed attorneys. The plan covers a wide range of commonly used legal services and is administered through **MetLaw**.

Participants in the plan can usually use network attorneys for little or no fees, or they may use services outside of the network and receive a benefit allowance to pay for those legal services. When using out-of-network services, use the Fee Reimbursement Form located on [www.publicisbenefitsconnection.com](http://www.publicisbenefitsconnection.com).

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

Publicis offers you a number of voluntary benefits, which are administered by **Marsh@WorkSolutions**. 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
<b>Auto Insurance</b>	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.
<b>Homeowners/ Renters Insurance</b>	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.
<b>Personal Liability Insurance</b>	Insure yourself against personal liability through policies offered by MetLife Auto & Home, Liberty Mutual, Progressive and Travelers.
<b>Pet Insurance</b>	Insurance is available to make veterinary care for your pet more affordable through policies offered by Veterinary Pet Insurance (VPI).
<b>Personal Accident Insurance</b>	Insurance is available to help protect your finances if you are hospitalized due to an injury. Coverage, through policies offered by Aflac, pays benefits to supplement your existing medical coverage.

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 Marsh@WorkSolutions at 1-800-621-2356 or [www.personal-plans.com/publicis](http://www.personal-plans.com/publicis).



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## EMPLOYEE ASSISTANCE PROGRAM (EAP)

The Employee Assistance Program (EAP) provides confidential, professional, one-on-one, short-term counseling for personal and work/life issues for all employees, even benefit-ineligible employees, and their dependents. You and your family can call the EAP at 1-800-327-5071. The Publicis EAP is administered by **Workplace Solutions**.

EAP counselors can help you with conflicts at work or at home, emotional difficulties, parenting concerns, family and relationship issues, substance abuse, and a variety of other personal concerns. EAP counselors can provide 24-hour confidential referrals.

The EAP also provides assistance, including resources and referrals, with legal issues, financial management, child or elder care, on-site management training, employee education, intervention services, and more.

If additional counseling is necessary beyond the scope of the EAP, you can seek benefits under the medical plan, where applicable.

Any information you share with an EAP counselor remains protected and secure.

## 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](http://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

**Bright Horizons** provides employees with a comprehensive resource for urgent and ongoing care needs to help mitigate the challenges of balancing work and family obligations. Services are provided by Bright Horizons Family Solutions, a leading nationwide provider of high quality care and family support resources.

The program has two main categories of family care offerings:

- Bright Horizons Back-Up Care (back-up child and adult/elder care)
- Additional Family Support via CareDirect™ (for ongoing care needs)

For both programs, you can access care at any time during the year for your family members.

## Back-Up Care

Bright Horizons Back-Up Care provides access to temporary back-up center-based child care 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 backup 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™

The CareDirect™ component of the 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, and test prep and homework assistance

To register and/or reserve care for family members, go to the Publicis Bright Horizons website at [www.careadvantage.com/publicis](http://www.careadvantage.com/publicis) and enter username: **Publicis** and password: **backup4u**.

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## PUBLICIS BENEFITS CONNECTION HEALTHY LIVING

### HEALTHY LIVING—GET CLOSER TO YOUR HEALTH

Our Publicis Benefits Connection (PBC) Healthy Living program rewards you for taking small steps to 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 up to \$300 healthy rewards this year to support you on your wellness journey. See below for more details.

#### How Healthy Living Works

The program, managed by WebMD, helps you take steps—even small ones—to being your healthiest, and provides rewards for some of the healthy steps you complete. WebMD, one of the leading health organizations in the U.S., provides customized information and support based on your reported interests, health risks and readiness for change.

#### What’s the Best Way to Get Started?

- Complete the Personal Health Assessment (PHA) on the PBC Healthy Living website. The confidential PHA screening tool helps provide insight into your individual health risks and major conditions. It takes only 10 to 15 minutes to complete and, when you’re done, opens up your world to tools, personalized reports and information customized to your health needs.
- Once you’ve completed the PHA, you may receive directions for scheduling WebMD health coaching sessions, depending on your risk level. WebMD Coaches are health experts trained to engage in one-on-one conversations to support participants in improving their health. Coaching can consist of phone calls, emails and/or self-reported weekly activities via the WebMD Digital Health Assistant.

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## HEALTHY LIVING REWARDS

Earn up to \$300 (subject to applicable taxes) for taking and completing the following wellness steps:

1. Visit [www.webmdhealth.com/pbchealthyiving](http://www.webmdhealth.com/pbchealthyiving).
2. Complete the Personal Health Assessment (PHA) to earn the \$125 cash reward for the 2020 - 2021 program year.\*
  - If you were hired prior to October 3, 2020, you must complete the PHA no later than December 31, 2020, to earn the \$125 PHA reward.
  - If you were hired on or after October 3, 2020, you have until June 30, 2021, to earn the \$125 PHA cash reward for the 2020 - 2021 program year.
3. Once you have completed the PHA, you will become eligible for an additional \$175 Healthy Activity Reward.
4. Complete a series of healthy activities by October 26, 2021, to be eligible for this \$175 cash reward for the 2020 - 2021 program year.\*

**Please note that points earned for the \$125 PHA cash reward do not count toward points required for the \$175 Healthy Activity Reward.**

If you are a new hire, please refer to the [PBC website](#) for the associated deadlines.

*\*Incentive rewards are subject to applicable taxes and will be paid via Payroll two to three pay cycles following your reward completion date. You must be actively employed at the time of payout.*

*\*\*Rewards are subject to applicable taxes and are paid via Payroll.*

**Note:** Eligible spouses and domestic/civil union partners participating in a Publicis medical plan can also participate in the PBC Healthy Living Wellness Program. If they participate, you may earn up to \$600 total for completing the wellness steps. These incentives, along with the Company contribution to your Health Savings Account (if you enroll in the Medical HSA Plan and then open an account), can help you offset any out-of-pocket health care expenses.

**Questions?** Contact the PBC Healthy Living WebMD hotline at **1-877-830-0078**.

### The Healthy Living Program Also Includes:

- A personal health record
- Secure messaging and targeted reminders
- Lifestyle improvement guidance through My Health Assistant
- Clinically reviewed health information references for any health or medical question
- Decision support for understanding the risks and benefits of medical procedures and treatment options

### Who Is Eligible to Participate in Healthy Living?

All active benefits-eligible employees are eligible to participate in Publicis Benefits Connection Healthy Living. In addition, spouses, opposite- or same-gender domestic partners, and opposite- or same-gender civil union partners are eligible to participate if they are enrolled in a Publicis Benefits Connection medical plan. Both the employee and eligible spouse/domestic partner/civil union partner are eligible to earn program incentives. **An employee must be actively employed at the time of payout.**

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## PUBLICIS BENEFITS CONNECTION 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 Benefits Connection 401(k) Plan, administered by **Fidelity**. You can enroll anytime, and do not have to take action during your enrollment period.

### How the Publicis Benefits Connection 401(k) Plan Works

Here's an overview of how you and Publicis help create savings for your future through the Publicis Benefits Connection 401(k) Plan:

- **Contributions** - You can contribute from 1% to 50%\* of your eligible pay (up to the IRS annual compensation limit of \$285,000 in 2021) on a pre-tax or Roth after-tax basis, up to the annual IRS dollar limit combined (\$19,500 in 2021)
- **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 Benefits Connection 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 Benefits Connection 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](http://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.

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PUBLICIS BENEFITS CONNECTION 401(K) PLAN FEATURE	HOW IT WORKS
<b>Eligibility</b>	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
<b>Enrollment</b>	<p><b>Auto Enrollment (5% of your eligible compensation):</b> In accordance with PBC 401(k) Plan rules, you will be auto-enrolled in the PBC 401(k) Plan within 45 days of your 401(k) plan eligibility date, <b>at a contribution rate of 5% of your eligible compensation</b> (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 PBC 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.</p> <p><b>EasyEnroll (with pre-set contribution rates of 8%, 10% or 12%):</b> Alternatively, you have the option to select a pre-set higher contribution of either 8%, 10% or 12% with <b>EasyEnroll</b> for a healthy start toward your retirement savings.</p>
<b>Employee Contributions</b>	<ul style="list-style-type: none"> <li>• 1% - 50% of eligible compensation (up to 15% if highly compensated employee) on a pre-tax basis up to annual IRS limits (for 2021, the annual contribution limit is \$19,500 and the annual compensation limit is \$285,000)</li> <li>• 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</li> </ul>
<b>Catch-Up Contributions</b>	<ul style="list-style-type: none"> <li>• 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 \$6,000 (subject to IRS adjustment). You may also make after-tax contributions to the Roth 401(k).</li> <li>• If you elect to use a Roth 401(k), you may make after-tax Roth catch-up contributions.</li> </ul>
<b>Company Matching Contributions</b>	<p>The matching contributions detailed below apply to both the Traditional and the Roth 401(k)</p> <ul style="list-style-type: none"> <li>• 100% of the first 3% and 50% of the next 2% of compensation (total is 4%)</li> <li>• Per-pay-period Company-matching contribution</li> <li>• Annual true-up Company match made during first quarter of following year (must be active on December 31)</li> </ul>

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PUBLICIS BENEFITS CONNECTION 401(K) PLAN FEATURE	HOW IT WORKS
<b>Vesting on Company Contributions</b>	<ul style="list-style-type: none"> <li>• Less than 1 year of service – 0%</li> <li>• 1 to 2 years of service – 25%</li> <li>• 2 to 3 years of service – 50%</li> <li>• 3 to 4 years of service – 75%</li> <li>• 4 or more years of service – 100%</li> </ul>
<b>Investment Options</b>	<p>Publicis Benefits Connection offers investment options across all asset classes in the following categories:</p> <ul style="list-style-type: none"> <li>• Target Retirement Date Funds – Fidelity Freedom K® Funds</li> <li>• Index Funds</li> <li>• Actively Managed Funds</li> </ul>
<b>Default Investment Option</b>	<p>Fidelity Freedom K® Funds</p>
<b>Loans</b>	<ul style="list-style-type: none"> <li>• May borrow up to 50% of total vested account balance</li> <li>• Minimum loan is \$1,000, maximum is \$50,000, subject to IRS limitations for multiple loans</li> <li>• Two outstanding loans allowed at a time</li> </ul>
<b>Withdrawals</b>	<ul style="list-style-type: none"> <li>• Hardship withdrawals</li> <li>• Non-hardship withdrawals allowed from rollover and after-tax accounts</li> <li>• Non-hardship withdrawals allowed for employees age 59 1/2 or older</li> </ul>
<b>Distributions</b>	<ul style="list-style-type: none"> <li>• Lump sum</li> <li>• Roll over to another eligible plan</li> <li>• Age 70 1/2 minimum required distributions</li> <li>• Less than \$1,000 balance cash-outs</li> </ul>

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Medical	Blue Cross Blue Shield of Illinois	<a href="http://www.bcbsil.com">www.bcbsil.com</a>	1-866-876-1989	Premier PPO: 015695 (Prefix: PGI)  Standard PPO: 095837 (Prefix: PGI)  Medical HSA Plan: 119287 (Prefix: PGI)
Prescription Drugs	CVS Caremark	<a href="http://www.caremark.com">www.caremark.com</a>	1-866-212-4752	
Health Savings Account (HSA) & Flexible Spending Accounts (FSAs)	Health Equity   WageWorks	<a href="http://www.healthequity.com">www.healthequity.com</a>	HSA: 1-866-346-5800 FSA: 1-877-924-3967	None
Teladoc	Teladoc	<a href="http://www.teladoc.com">www.teladoc.com</a> or <a href="http://www.teladoc.com/mobile">www.teladoc.com/mobile</a>	1-800-teladoc (835-2362)	
Dental	Delta Dental	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>	1-800-932-0783	04811
Vision	VSP	<a href="http://www.vsp.com">www.vsp.com</a>	1-800-877-7195	12227971
Basic Life Insurance	MetLife	<a href="http://www.metlife.com">www.metlife.com</a>	1-877-275-6387	191110
Supplemental Life Insurance				191110
Dependent Life Insurance				191110
Optional AD&D Insurance				191110



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STD, Basic LTD, Supplemental LTD	The Hartford	<a href="http://www.thehartford.com">www.thehartford.com</a>	1-800-549-6514	STD: 342283 LTD: 377715
PBC Healthy Living	WebMD	<a href="http://www.webmdhealth.com/pbchealthyiving">www.webmdhealth.com/pbchealthyiving</a>	1-877-830-0078	None
TRIP	Health Equity   WageWorks	<a href="http://www.healthequity.com">www.healthequity.com</a>	1-877-924-3967	None
Group Legal Assistance	MetLaw	<a href="http://www.legalplans.com">www.legalplans.com</a>	1-800-821-6400	1012150
Bright Horizons Back-Up Care	Bright Horizons	<a href="http://www.careadvantage.com/publicis">www.careadvantage.com/publicis</a>	1-877-BH CARES (242-2737)	None
401(k) Plan	Fidelity	<a href="http://www.netbenefits.com">www.netbenefits.com</a>	1-800-835-5095	08063
Voluntary Benefits	Marsh@ WorkSolutions	<a href="http://www.personal-plans.com/publicis">www.personal-plans.com/publicis</a>	1-800-621-2356	None
EAP	Workplace Solutions	<a href="http://www.wseap.com">www.wseap.com</a> Access code: Publicis (upper case "P")	1-800-327-5071	None
Health Advocate	Health Advocate	<a href="http://www.healthadvocate.com/publicis">www.healthadvocate.com/publicis</a>	1-800-933-3622	None
Blue Care Connection	Blue Cross Blue Shield of Illinois	<a href="http://www.bcbsil.com">www.bcbsil.com</a>	1-866-876-1989	Medical HSA Plan: 119287 (Prefix: PGI)  Standard PPO: 095837 (Prefix: PGI)  Premier PPO: 015695 (Prefix: PGI)
International SOS	International SOS	<a href="http://www.internationalsos.com/">www.internationalsos.com/</a>	1-800-523-6586	15A MMS 000126

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The following regulatory notices are posted on [www.publicisbenefitsconnection.com](http://www.publicisbenefitsconnection.com). Just click **Guides/Forms** on the **Quick Links bar** and be sure to review these notices carefully.

- **Required Marketplace Notice** – explains 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 Benefits Connection 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 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.