

For Your Health

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Total Rewards

Sodexo team members make significant contributions that improve the quality of daily life for our clients, customers and in the communities we serve. In return, Sodexo is committed to caring for our employees in the same way that we care about our customers.

One way we care about our employees is providing a Total Rewards package that meets or exceeds standards for our industry and attracts, retains and rewards the people responsible for our growth and success—you.

Total Rewards represents a broad spectrum of plans and programs designed to reward and motivate you throughout your career.

It includes benefit programs to help support you in different stages of your life. Whether you are single or supporting several dependents, saving for your future, or going back to school, Sodexo provides a range of benefit options.

This brochure provides an overview of the Total Rewards package Sodexo offers to you—meeting your needs now and in the future.

This publication provides a general overview of the benefits package provided to eligible employees at Sodexo. These benefits are provided on a company-wide basis to salaried employees. Employees in the state of Hawaii are not eligible for most standard company medical plans but may be eligible for state-specific medical plans. Also, some benefits listed here may not apply to employees in Puerto Rico and Guam. The benefits, terms and conditions described above are not subject to change without the prior approval of the Benefits Department. Certain benefits are described in greater detail in their respective Summary Plan Descriptions.

For Your Health

Good health is essential to a good life. Sodexo's health plans are designed to keep you feeling your best while helping you and your family manage the costs of medical care. One of the best ways to stay healthy and save money is to take advantage of preventive healthcare. Getting recommended screenings, annual check-ups and immunizations is important to your well-being. Take full advantage of preventive care benefits—many of the medical plans pay 100% of the cost with no copays.

Medical Benefits – PPO

Plan	Description	
<p>Preferred Provider Organization (PPO)</p> <p>www.empireblue.com/sodexo</p> <p>877 378 2448</p> <p>Plan Administrator Empire BlueCross BlueShield</p> <p>Eligibility All full-time non-temporary salaried employees (class codes 1-4) and eligible dependents.</p> <p>Waiting Period When you are hired, your benefits will begin the Saturday following your request within a 45-day window. If you are newly eligible, your benefits can be effective on the Saturday following your call to DEXTER within 45 days of becoming eligible.</p> <p>Precertification required for all hospital services</p>	Annual Deductible	In-network: \$500/individual, \$1,500/family Out-of-network: \$1,000/individual, \$3,000/family
	Annual Out-of-Pocket Maximum	In-network: \$5,000/individual Out-of-network: \$10,000/individual
	Doctor Office Visit (primary and specialist)	In-network: \$20 per visit, then 100% Out-of-network: 60% after deductible
	Preventive Care (routine physical exams, well-baby care, gyn exams, immunizations)	In-network: 100% Out-of-Network: 100% Tobacco cessation program available at no cost to you.
	Hospital	
	<ul style="list-style-type: none"> Inpatient (includes maternity admissions) 	In: 70% after deductible. Out: 60% after deductible In/Out: Precertification required
	<ul style="list-style-type: none"> Outpatient Surgery 	In-network: 70% after deductible Out-of-network: 60% after deductible
	Maternity (pre- and postnatal office visits)	In-network: \$20 initial visit, then 100% Out-of-network: 60% after deductible
	Emergency Care (when not followed by admission)	\$75 per ER visit, then 70% after deductible
Mental Health		
<ul style="list-style-type: none"> Inpatient 	In-network: 70% covered after deductible. Precertification Required Out-of-network: 60% after deductible	
<ul style="list-style-type: none"> Outpatient 	<p>Facility In-network: 70% after deductible. Unlimited visits. Out-of-network: 60% covered after deductible. Unlimited visits</p> <p>Office Visit In-network: \$20 per visit. Unlimited visits. Out-of-network: 60% covered after deductible. Unlimited visits</p>	

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Medical Benefits – PPO continued

Plan	Description																
	<p>Substance Abuse</p> <ul style="list-style-type: none"> Inpatient Outpatient <p>In-network: 70% covered after deductible. Precertification Required. Out-of-network: Covered at 60% after deductible.</p> <p>Facility In-network: 70% after deductible. Unlimited visits. Out-of-network: 60% covered after deductible. Unlimited visits</p> <p>Office Visit In-network: \$20 per visit. Unlimited visits. Out-of-network: 60% covered after deductible. Unlimited visits</p>																
<p>Prescription Drug Benefit</p> <p>www.medco.com 800 903 7968</p> <p>Mandatory Generic Drugs If you purchase brand-name drugs when a generic is available, you pay more.</p> <p>Retail Refill Allowance If you don't use mail order for your long-term medications, you will pay 100% of the cost of the medication after you fill it three times at a retail pharmacy.</p>	<ul style="list-style-type: none"> Retail (for 30-day supply) <table border="1"> <thead> <tr> <th></th> <th>Copay or Coinsurance</th> <th>Minimum</th> <th>Maximum</th> </tr> </thead> <tbody> <tr> <td>Generic</td> <td>\$10</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>Brand Name</td> <td>10%</td> <td>\$35</td> <td>\$100</td> </tr> <tr> <td>Non-Formulary Brand Name</td> <td>30%</td> <td>\$50</td> <td>\$150</td> </tr> </tbody> </table>		Copay or Coinsurance	Minimum	Maximum	Generic	\$10	N/A	N/A	Brand Name	10%	\$35	\$100	Non-Formulary Brand Name	30%	\$50	\$150
		Copay or Coinsurance	Minimum	Maximum													
Generic	\$10	N/A	N/A														
Brand Name	10%	\$35	\$100														
Non-Formulary Brand Name	30%	\$50	\$150														
	<ul style="list-style-type: none"> Mail Order (for 90-day supply) <table border="1"> <thead> <tr> <th></th> <th>Copay or Coinsurance</th> <th>Minimum</th> <th>Maximum</th> </tr> </thead> <tbody> <tr> <td>Generic</td> <td>\$20</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>Brand Name</td> <td>10%</td> <td>\$87.50</td> <td>\$200</td> </tr> <tr> <td>Non-Formulary Brand Name</td> <td>30%</td> <td>\$125</td> <td>\$300</td> </tr> </tbody> </table>		Copay or Coinsurance	Minimum	Maximum	Generic	\$20	N/A	N/A	Brand Name	10%	\$87.50	\$200	Non-Formulary Brand Name	30%	\$125	\$300
	Copay or Coinsurance	Minimum	Maximum														
Generic	\$20	N/A	N/A														
Brand Name	10%	\$87.50	\$200														
Non-Formulary Brand Name	30%	\$125	\$300														

Medical Benefits – Kaiser Permanente HMO

Plan	Description
	<p>www.kaiserpermanente.org</p> <p>Northern and Southern CA – 800 464 4000 Colorado – 800 632 9700 D.C. Metro/MD/VA – 800 777 7902 Georgia – 888 865 5813 Hawaii – 808 948 6372</p> <p>For Kaiser Permanente Health Maintenance Organization (HMO) information, call DEXTER 877 6 DEXTER (eligibility is based on your home ZIP code). Plan designs and benefits may vary by geographic location.</p>

Medical Benefits – UnitedHealthcare Health Reimbursement Account (HRA)

Plan	Description	
<p>UnitedHealthcare HRA (Consumer Driven Plan)</p> <p>https://www.myuhc.com/groups/sdx</p> <p>800 784 2023</p> <p>Plan Administrator UnitedHealthcare</p> <p>Eligibility All full-time non-temporary salaried employees (class codes 1-4) and eligible dependents.</p> <p>Waiting Period When you are hired, your benefits will begin the Saturday following your request within a 45-day window. If you are newly eligible, your benefits can be effective on the Saturday following your call to DEXTER within 45 days of becoming eligible.</p>	Health Reimbursement Account (HRA) Annual Funding by Sodexo	\$750 employee only, \$1,175 Employee+1, \$1,500 family. Rollover available.
	Member Responsibility	\$1,250 employee only, \$1,825 employee+1, \$2,500 family. Only applies if you exhaust HRA.
	Plan Year Deductible (Combination of HRA and Member Responsibility)	\$2,000 employee only, \$3,000 employee+1, \$4,000 family
	Annual Out-of-Pocket Maximum	In-network: \$3,000 employee only, \$6,000 employee+1, \$10,000 family Out-of-network: \$9,000 employee only, \$18,000 employee+1, \$30,000 family
	Doctor Office Visit (primary and specialist)	In-network: HRA pays 100%, then 80% after deductible. Out-of-network: HRA pays 100%, then 60% after deductible.
	Preventive Care (routine physical exams, well-baby care, gyn exams, immunizations)	In/Out-of-network: 100% coverage. Tobacco cessation program available at no cost to you.
	Hospital <ul style="list-style-type: none"> Inpatient (includes maternity admissions) Outpatient Surgery 	In-network: HRA pays 100%, then 80% after deductible. Out-of-network: HRA pays 100%, then 60% after deductible. In-network: HRA pays 100%, then 80% after deductible. Out-of-network: HRA pays 100%, then 60% after deductible.
	Maternity (pre- and postnatal office visits)	In-network: HRA pays 100%, then 80% after deductible. Out-of-network: HRA pays 100%, then 60% after deductible.
	Emergency Care (when not followed by admission)	In/Out: HRA pays 100%, then 80% after deductible.
	Prescription Drug – Retail (30-day supply unless otherwise noted)	In-network: HRA pays 100%, then 80% after deductible. Home delivery available. No formulary.
	Mental Health <ul style="list-style-type: none"> Inpatient Outpatient 	In-network: HRA pays 100%, then 80% after deductible. Out-of-network: HRA pays 100%, then 60% after deductible. Combined with outpatient Substance Abuse. In-network: HRA pays 100%, then 80% after deductible. Out-of-network: HRA pays 100%, then 60% after deductible.
	Substance Abuse <ul style="list-style-type: none"> Inpatient Outpatient 	In-network: HRA pays 100%, then 80% after deductible. Out-of-network: HRA pays 100%, then 60% after deductible. In-network: HRA pays 100%, then 80% after deductible. Out-of-network: HRA pays 100%, then 60% after deductible.

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Medical Benefits – Triple-S

Plan	Description	
<p>Triple-S</p> <p>www.ssspr.com</p> <p>787 749 4777</p> <p>Plan Administrator SSSPR</p> <p>Eligibility All full-time, non-temporary salaried employees (class codes 1-4) and eligible dependents.</p> <p>Waiting Period When you are hired, your benefits will begin the Saturday following your request within a 45-day window. If you are newly eligible, your benefits can be effective on the Saturday following your call to DEXTER within 45 days of becoming eligible.</p> <p>Note A dental benefit is included with this plan.</p>	Annual Deductible	\$100 individual/\$300 family
	Annual Out-of-Pocket Maximum	\$2,000 individual/\$6,000 family
	Doctor Office Visit (primary and specialist)	In-network: \$5 per PCP: \$10 specialist visit, then 100%. Out-of-network: 80% covered after deductible.
	Preventive Care (routine physical exams, well-baby care, gyn exams, immunizations)	In-network: \$5 per PCP: \$10 specialist visit, then 100%. Out-of-network: 80% covered after deductible.
	Hospital	
	<ul style="list-style-type: none"> Inpatient (includes maternity admissions) 	In-network: \$50 admission, then 100%. Out-of-network: 80% covered after deductible.
	<ul style="list-style-type: none"> Outpatient Surgery 	In-network: 100% covered. Out-of-network: 80% covered after deductible.
	Maternity (pre- and postnatal office visits)	In-network: \$5 per PCP: \$10 specialist visit, then 100%. Out-of-network: 80% covered after deductible.
	Emergency Care (when not followed by admission)	In-network: \$20 per ER visit, then 100%. Out-of-network: 80% covered after deductible.
	Prescription Drug – Retail (30-day supply unless otherwise noted)	\$5 (generic), \$10 (preferred brand), \$15 (brand name), 20% or \$15 minimum for non-preferred generic or brand name at participating pharmacy. Mail order available. Non-participating pharmacy in Puerto Rico not covered.
Mental Health (inpatient or outpatient)	Cover services rendered in US, emergencies, services offered by non-participating providers. Group Therapy: 50% after deductible up to \$30 per visit, 50 visits per calendar year.	
Substance Abuse (inpatient or outpatient)	Same as Mental Health above	

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Dental

Plan	Description		
<p>Dental (Preferred Dentist Program - PDP)</p> <p>www.metlife.com/mybenefits 800 942 0854</p> <p>Plan Administrator Metropolitan Life (MetLife)</p> <p>Eligibility All full-time non-temporary salaried employees (class codes 1-4) and eligible dependents.</p> <p>Waiting Period When you are hired, your benefits will begin the Saturday following your request within a 45-day window. If you are newly eligible, your benefits can be effective on the Saturday following your call to DEXTER within 45 days of becoming eligible.</p>		PDP Service Provider	Non-PDP Service Provider
	Annual Deductible	\$50	\$50
		Deductibles for participating and non-participating dentists apply toward each other.	
	Plan Pays		
	• Preventive Care	2 checkups/plan year*; no deductible; plan pays 100%	2 checkups/plan year*; no deductible; plan pays 80%**
	• Basic Services	Plan pays 80%, after deductible	Plan pays 80%**, after deductible
	• Periodontics	Plan pays 80%, after deductible	Plan pays 80%**, after deductible
	• Major Services	Plan pays 50%, after deductible	Plan pays 50%**, after deductible
	• Orthodontic Services	Plan pays 50%, no deductible	Plan pays 50%**, no deductible
		*Limited to one fluoride treatment per year for dependent children under age 19. Sealants covered for dependent children under age 19. **Subject to reasonable and customary fee (R&C) limits. All charges over R&C fees are paid by you	
Annual Plan Maximum	\$2,000		
Lifetime Maximum	\$2,000 per person for dependents under age 19; does not count toward annual limit		
• Orthodontia			

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Vision Plan

Plan	Description			
<p>EyeMed Select Vision Care Plan</p> <p>www.eyemedvisioncare.com</p> <p>866 299 1358</p> <p>Plan Administrator EyeMed Vision Care</p> <p>Eligibility All full-time non-temporary salaried employees (class codes 1-4) and eligible dependents.</p> <p>Waiting Period When you are hired or newly eligible, your benefits will begin the Saturday following your call to DEXTER within 45 days of becoming eligible.</p>	In-Network Benefit	Out-of-Network Reimbursement		
	Eye Exams			
	<ul style="list-style-type: none"> • Eyeglasses 	\$15 copay		Up to \$32
	<ul style="list-style-type: none"> • Contact Lens Exam 	\$15 copay, then covered in full		Up to \$32
	<ul style="list-style-type: none"> • Contacts Fit and Follow-up Visits (Standard) 	\$10 copay, includes 2 follow-up visits		Up to \$32
	<ul style="list-style-type: none"> • Contacts Fit and Follow-up Visits (Premium) 	\$10 copay, 10% off retail, \$30 allowance		Up to \$32
	Frames	\$130 allowance, then 20% off balance over \$130		Up to \$58
	Lenses (standard uncoated plastic), Single, Bifocal, Trifocal, Lenticular	covered in full		Up to \$28 – Single vision Up to \$44 – Bifocal Up to \$72 – Trifocal Up to \$72 – Lenticular Up to \$44 - Progressive
	Progressive (standard)	\$65 copay		
Contact Lenses				
<ul style="list-style-type: none"> • Conventional 	\$130 allowance, then 15% off balance over \$130		Up to \$104	
<ul style="list-style-type: none"> • Disposable 	\$130 allowance		Up to \$104	
Contact Lenses – medically necessary	covered in full		Up to \$200	
Other	Laser Vision Correction Program, Mail Order Contact Lens Replacement Program, EyeMed Vision Care Discount Program			

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Vision Discount Program

Plan	Description	
<p>EyeMed Vision Care Discount Program</p> <p>www.lifeworks.com (user ID: sodexo, password: lifeworks); then click on Employee Discount Program > Health and Wellness > Services > Eye Med</p> <p>Free Discount Program—no enrollment</p> <p>Eligibility All employees and their family members are automatically enrolled at no cost.</p> <p>Waiting Period None</p>	<p>Eye Exams</p> <ul style="list-style-type: none"> Glasses Contact Lenses 	<p>\$5 off routine exam</p> <p>\$10 off contact lens exam</p>
	Frames (retail price)	40% off retail
	Lenses (standard uncoated plastic)	
	<ul style="list-style-type: none"> Single Vision Bifocal Trifocal 	<p>\$50</p> <p>\$70</p> <p>\$105</p>
	Lens Options (add to lens price)	
	<ul style="list-style-type: none"> Polycarbonate (includes scratch coating) Scratch Resistant Coating Ultra-Violet Coating Anti-Reflective Coating Progressive (add-on to Bifocal) Tint (solid or gradient) 	<p>\$40</p> <p>\$15</p> <p>\$15</p> <p>\$45</p> <p>\$65</p> <p>\$15</p>
	Contact Lenses	15% discount on non-disposable contacts; no discount on disposable contacts
	Other	Laser Vision Correction Program, Mail Order Contact Lens Replacement Program, 20% discount on add-ons and accessories



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Your Financial Well-being

Sodexo offers you programs to help you reach your financial goals now and in the future.

Life Insurance

www.lifebenefits.com/plandesign/sodexo

877 282 1936

Life Insurance Beneficiary Designation - You must complete a Beneficiary Designation and Change Request form for the Life Insurance plans. You can do this online at the Minnesota Life website (above) or link to the website when you finish enrolling for benefits at <https://mysodexobenefits.com>. Even if you choose not to elect Group Term Life or Voluntary AD&D, all Sodexo life insurance eligible employees are automatically enrolled in the Free Basic Life Insurance Plan. You must designate beneficiaries for this plan.

Plan	Description	
Free Basic Life Insurance Claims Administrator Minnesota Life Eligibility All full-time non-temporary salaried employees (class codes 1-4) and eligible dependents.	Waiting Period	Saturday following hire – enrollment is automatic or when you become newly eligible
	Plan Benefit	Tax-free benefit 1 times annual salary; \$50,000 maximum (reduced at age 65)
Plan	Description	
Group Term Life Insurance Claims Administrator Minnesota Life Eligibility All full-time non-temporary salaried employees (class codes 1-4) and eligible dependents.	Waiting Period	When you are hired, your benefits will begin the Saturday following your request within a 45-day window. If you are newly eligible, your benefits can be effective on the Saturday following your call to DEXTER within 45 days of becoming eligible.
	Plan Benefit	1-7 times pay, minimum of \$10,000 up to a maximum of \$700,000 50% of employee's coverage up to \$100,000 \$10,000 for each eligible child. Dependent children are eligible for coverage from 14 days up to age 19.

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Life Insurance (continued)

Plan	Description	
	You must elect Group Term Life Insurance coverage for yourself to elect Voluntary AD&D coverage	
Voluntary Accidental Death & Dismemberment (AD&D) <u>Claims Administrator</u> Minnesota Life <u>Eligibility</u> All full-time non-temporary salaried employees (class codes 1-4) and eligible dependents.	Waiting Period	When you are hired, your benefits will begin the Saturday following your request within a 45-day window. If you are newly eligible, your benefits can be effective on the Saturday following your call to DEXTER within 45 days of becoming eligible.
	Plan Benefit	
	<ul style="list-style-type: none"> Employee Spouse/Domestic Partner Child/Domestic Partner's Child 	\$25,000 increments up to \$350,000 50 – 60% of employee amount 15 – 20% of employee amount
Plan	Description	
Business Travel Accident <u>Claims Administrator</u> Minnesota Life <u>Eligibility</u> All full-time non-temporary salaried employees (class codes 1-4)	Waiting Period	None—enrollment is automatic.
	Plan Benefit	\$100,000 – \$1 million BTA provides employee only coverage for accidental death and dismemberments that occur while traveling on company business.

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Disability

File claims: 800 261 9022
Check status of EOI: 800 210 0268
Plan Number: #38481

Plan	Description	
Disability Plus Plan Administrator Liberty Mutual Eligibility Salaried employees (class codes 1-4) enrolled in Long Term Disability Note: Pre-existing condition limitations apply.	Waiting Period	When you are hired, your benefits will begin the Saturday following your request within a 45-day window. If you are newly eligible, your benefits can be effective on the Saturday following your call to DEXTER within 45 days of becoming eligible.
	Plan Benefit	Tax-free benefit 50% of salary
	Maximum Weekly Benefit	\$2,885
	Benefit Begins	At the beginning of the 8th day
	Maximum Benefit Payment Duration	23 days or until you are no longer disabled.
Plan	Description	
Long Term Disability Plan Administrator Liberty Mutual Eligibility All full-time non-temporary salaried employees (class codes 1-4) Note: Pre-existing condition limitations apply.	Waiting Period	When you are hired, your benefits will begin the Saturday following your request within a 45-day window. If you are newly eligible, your benefits can be effective on the Saturday following your call to DEXTER within 45 days of becoming eligible.
	Plan Benefit	Tax-free benefit 60% of base salary
	Maximum Monthly Benefit	\$15,000
	Benefit Begins	At the beginning of the 31st day
	Maximum Benefit Payment Duration	Generally to age 65 or until you are no longer disabled

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Flexible Spending Accounts

www.empireblue.com/sodexo (click on the Flexible Spending Accounts (HCSA/FCSA) link in the lower middle of the screen.)

877 378 2448

Plan	Description	
Health Care Spending Account Plan Administrator Empire BlueCross BlueShield Eligibility All full-time non-temporary salaried employees (class codes 1-4) You do not have to participate in a Sodexo medical, dental or vision plan to participate.	Waiting Period	Enrollment during Annual Enrollment ONLY in the fall.
	Benefit	Before-tax savings on medical, dental and vision expenses.
	Contributions	Choose between \$200 and \$5,000 of your pay divided over 40 weeks.
Plan	Description	
Family Care Spending Account Plan Administrator Empire BlueCross BlueShield Eligibility All full-time non-temporary salaried employees (class codes 1-4) and you are a single parent; married with a spouse who is working or a full-time student or disabled; non-custodial parent with children you claim as dependents on taxes and you pay the day care directly.	Waiting Period	If you do not enroll in a Family Care Spending Account when your employment begins, you are newly eligible, or during Annual enrollment, you cannot participate for that year.
	Benefit	Before-tax savings on child and elder care costs.
	Contributions	Choose between \$200 and \$5,000 of your pay divided over 40 weeks.

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401(k) Retirement and Savings Program

Plan	Description	
401(k) Retirement and Savings Program www.MySodexoSavingsPlan.com 866 7 MY PLAN (866 769 7526) Plan Administrator ING Eligibility Age 21 or older in an eligible unit	Contributions <ul style="list-style-type: none"> Employee Employer 	1-50% (combined pre- and post-tax contributions) Quarterly match – 50% of first 6% of employee contributions – may vary by year
	Automatic Enrollment	Eligible employees are automatically enrolled at a 1% contribution rate upon hire and have 30 days to opt out of the Plan. Automatic enrollment increases at a rate of 1% per year until year 3.
	Vesting	Employees hired on or after 4/1/09 100% after 3 years Employees hired before 4/1/09 50% after 2 years 75% after 3 years 100% after 4 years
	Investment Options	15 investment options
	Loan Feature	Available

Employee Stock Purchase Plan

Plan	Description	
Employee Stock Purchase Plan (ESPP) www.sgvestia.com/sodexo Phone: 888 580 0007 Plan Administrator SG Vestia Eligibility Non-temporary, full and part-time employees employed on September 1 each year	Enrollment Period	August 1 – August 31 each year.
	Contributions	After-tax payroll deductions of 1-8%.
	Plan Benefit	Own a piece of the company by purchasing shares of Sodexo at a 10% discount.

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Credit Union

Plan	Description	
Credit Union	Waiting Period	None
MEFCU www.mefcudirect.com 800 821 7280	Benefit	The credit union offers its members competitive interest rates on loans, yields on certificates, money market accounts and savings accounts.
FCFCU https://firstcomcu.org 610 821 2403		
Plan Administrator MEFCU		
Eligibility All employees		

Direct Deposit

Plan	Description	
Direct Deposit	Benefit	You may have your paycheck deposited into up to 10 savings and 10 checking or investment accounts.
SodexoNet: Search Keyword: Employee Self Service		
Eligibility All employees		

Your Time Off

Even the most dedicated employee needs time away from the job for rest and relaxation. Sodexo provides paid time off to allow you to balance work and personal interests.

Paid Time Off

SodexoNet: [Search Keyword: Paid Time Off](#)

Plan	Description	
Sick Leave Eligibility All full-time non-temporary salaried employees (class codes 1-4)	Waiting Period	6 months before taking a paid sick day
	Annual Accrual Rates	7 days
	Carryover	Up to 50 days
	Cash out	No
Vacation Eligibility All full-time non-temporary salaried employees (class codes 1-4) California If you are in the state of CA, please contact your HR representative for additional details.	Vacation Days	Senior Salaried 0 – 1 year – 3 weeks 2 – 25 years – 4 weeks 26+ years – 5 weeks Salaried 1 – 10 years – 3 weeks 11 – 25 years – 4 weeks 26+ years – 5 weeks
	Carryover	None
	Vesting	First day of each plan year
Other Time Off	Holidays	8 days
	Personal Days	3 days
	Funeral Leave	Up to 3 days of paid funeral leave following the death of an immediate family member, which includes your parents, parents of your spouse or domestic partner, step-parents, your children, step-children, domestic partner's children, grandparents, legal guardian, siblings, spouse or domestic partner.
	Jury Duty	If you have jury duty during your regularly scheduled work hours, you will receive your normal daily pay and any payment received from the court for up to 4 weeks.
	Family Medical Leave Act (FMLA), FMLA-like, or Military Leave	Contact your HR Representative for more information. Adoption follows FMLA Guidelines.

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Your Personal Life

The rest of your life doesn't stop when you enter the door at Sodexo. The company has long recognized that helping employees meet their personal needs allows you to accomplish your professional objectives as well.

LifeWorks

Plan	Description	
LifeWorks www.lifeworks.com (user ID: Sodexo; password: Lifeworks) 888 267 8126 (English) 888 732 9020 (Spanish) Plan Provider Ceridian Eligibility Non-temporary salaried employees (Class 1-4 and their family members)	Waiting Period	None
	Benefit	The LifeWorks program offers, free, confidential support to help manage work, home, health, and life including: emotional stress, financial matters, legal problems, smoking cessation, child or spouse abuse, job stress, work-related issues, substance abuse and grieving. iCan Health Coaching Program is a free program that pairs a personal health coach with an employee or his/her family member to help with losing weight, quitting smoking or coping with stress.

Tuition Reimbursement

Plan	Description	
Tuition Reimbursement SodexoNet: Search Keyword: Educational Assistance Eligibility All full-time employees with one year of continuous service before the first class meeting	Benefit	100% for minimum "C" grade in job-related courses at an approved school; \$2,500 annual maximum. Pre-approval required.

Service Awards

Plan	Description	
Service Awards 800 828 7762, ext. 58609 www.eawardcenter.com/rb/0000112285/44 Eligibility All employees	Benefit	Rewards for meeting 5-year service milestones.

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Employee Discounts

Plan	Description	
<p>Employee Discounts</p> <p>SodexoNet: Search Keyword: Employee Discounts</p> <p>www.lifeworks.com</p> <p>(user ID: Sodexo; password: Lifeworks)</p> <p>Eligibility All employees</p>	Benefit	Discounts offered to Sodexo employees include cell phones, computers, rental cars, taxes, mortgage loans, flowers, paint and vision discounts.