

for the  
**Life** you  
**LEAD**

**November 4 – 21**  
**2017 Annual Enrollment**

**People matter, results count.**



**Your life is in constant motion** and, at Capgemini, we think it's important for your employee benefits to keep up with you. Every year, during Annual Enrollment, you have the option to review and change your employee benefits to be sure they continue to meet your needs. We also regularly evaluate our benefits offerings to ensure we provide you with a comprehensive and cost-effective program that lets you choose the coverages and services you need most.

This 2017 Benefits Guide provides a helpful overview of your Medical, Dental, Vision and Disability benefits, as well as summaries of many other valuable benefits available to you, such as Life Insurance, Commuter Benefits, Legal Insurance Plans and Identity Theft Protection. As always, more information and more help is just a click or a call away through the Benefits Services Site at [http://www.unum\\_capgemini.bswift.com](http://www.unum_capgemini.bswift.com) or the Benefits Service Center **(1-877-279-3639)** available Monday through Friday, 8:00 am to 5:00 pm Central.

Be sure to take the time to review this guide and discover the full range of benefits available to you. Choose the plans that best fit the **Life you LEAD.**



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## For all US employees in the Financial Services SBU

The information presented in this brochure is not intended to be construed as or to create a contract between Capgemini and any employee or former employee eligible for benefits under the Capgemini Health and Welfare Benefits Program. The information contained in this brochure was provided by Capgemini. This material is considered confidential and proprietary to Capgemini.

In the event that the content of this guide or any representations made by any person regarding the program conflict with or are inconsistent with the provisions of the Plan Document or their related Summary Plan Description, the provisions of the applicable Plan Document are controlling. Capgemini reserves the right to amend, modify, suspend, replace or terminate any of its plans, policies or programs, in whole or in part, including any level or form of coverage, without your consent or concurrence.

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# Creating Your Benefits Package

## Benefits at a Glance

The following benefits are available to you, as an eligible employee of Capgemini, and your family for the plan year January 1, 2017 through December 31, 2017.

### Voluntary Benefits

You can choose to participate in these benefits and will pay a cost for participation.

- ▶ Medical (including MDLIVE)
- ▶ Dental
- ▶ Vision
- ▶ Health Care Flexible Spending Account
- ▶ Dependent Care Flexible Spending Account
- ▶ Optional Life Insurance
- ▶ 401(k) Plan
- ▶ Commuter Benefit
- ▶ Legal Insurance Plans / Identity Theft Protection
- ▶ Auto and Home Insurance\*
- ▶ Critical Illness Insurance\*
- ▶ Accident Insurance

*\*You can enroll in these plans by contacting the plan administrator directly. Refer to page 38 for contact information.*

### Company-Paid Benefits

If eligible, you are enrolled in these benefits automatically and the Company pays the full cost of your participation.

- ▶ Business Travel Benefits
- ▶ Basic Life Insurance
- ▶ Accidental Death and Dismemberment Insurance
- ▶ Short Term Disability
- ▶ Long Term Disability (for non-Officers and Directors)
- ▶ Long Term Disability (for Officers and Directors)
- ▶ 401(k) Plan Company Match
- ▶ Non Qualified Deferred Compensation
- ▶ Employee Assistance Program
- ▶ Paid Time Off

## Take Advantage of the Perks at Work Program

The Perks at Work Program helps you save money on a range of purchases, including computers, appliances and travel, as well as tickets, food, and more. Over 30,000 merchants nationwide offer discounts for you and up to five members of your family.

**For more information on employee pricing for thousands of your favorite brands visit the North America Talent portal** (People > Your Capgemini Experience > Discount Programs).

## Enrolling in Capgemini Benefits

Here's how to create your personal Capgemini benefits package.

### 1. Mark Your Calendar

If you're new to Capgemini, you have 30 days from your date of hire to enroll for benefits. If you're already enrolled, watch for information about the next Annual Enrollment period. If you miss either of these opportunities, you will have to wait until the next Annual Enrollment period to enroll for coverage unless you experience a qualified status change.

Note: During the Annual Enrollment in November 2016, you can choose benefits for the period January 1, 2017 to December 31, 2017.

### 2. Review Your Options

Read this guide for more information about your benefits options. Review the features of each plan, and ask yourself which coverages best fit your needs and those of your dependents.

### 3. Enroll Online or by Phone

Capgemini gives you two ways to enroll in and manage your Medical, Dental, Vision and most other insurance benefits. If you like the convenience of anytime, anywhere Internet access, you can log on to the Benefits Services Site virtually 24 hours a day. If you have questions, don't have Internet access or simply prefer to speak with someone when you enroll, you can contact a Benefits Counselor.

#### Benefits Services Site – Available During Annual Enrollment

Visit [http://www.unum\\_capgemini.bswift.com](http://www.unum_capgemini.bswift.com) from anywhere you have Internet access.

- Review your current coverages
- Get comprehensive benefits plan information
- Select your benefits coverage for the new plan year
- Conduct most benefits transactions
- Update dependent and beneficiary information
- Get answers to your questions

#### Benefits Service Center – Available Throughout the Year

1-877-279-3639, toll-free, Monday through Friday, 8:00 am to 5:00 pm Central.

Clearly speak the name of the state in which you live when prompted by the automated greeting (you must give a response to have your call routed). Your call will be routed to a licensed benefit counselor for your resident state.

## Using the Benefits Services Site ...

On the Benefits Services Site, input your Username, which is your first initial plus your full last name (e.g., Jane Doe would be jdoe). Input your password, which is the last four digits of your Social Security number. If you do not have a Social Security number, your password is the last four digits of your Employee ID number. You will be prompted to change your password. Keep your Username and password for future logins.

You will see a welcome screen. Click the button that says:

“CHANGE MY ELECTIONS” and follow the instructions to complete enrollment.

If you have any questions regarding your benefits, or if you need assistance with your password, the Benefits Service Center is available to assist you.



# Benefits Eligibility

Your eligibility for Capgemini's benefits plans will depend on whether you are a full-time or part-time employee. Part-time and temporary employees are not eligible to participate in Capgemini benefits programs. You are eligible to participate in the Medical, Dental, Vision and Basic Life Insurance Plans as of your date of hire.

## Full-Time Employees

You are a full-time employee if you are a regular employee who is scheduled to work at least 30 hours a week. Full-time employees are eligible to participate in the Capgemini benefits program. You also may enroll your eligible dependents for certain benefits.

## Eligible Dependents

Your eligible spouse, domestic partner and children are described on the following page. For certain benefit options, these definitions may vary. If you have a question about who may be covered under your benefit plans, call Human Resources at **1-847-384-6135**. At any time during the plan year, you may be required to provide documentation to support a dependent's eligibility status.

See definitions of eligible dependents below.

### Spouse

Your spouse is the person to whom you are legally married. Legal spouses are eligible dependents for Medical, Dental and Vision coverage.

### Domestic Partner

A domestic partner is a person of the same or opposite sex who has reached age 18, is competent to consent to contract, is not related by blood to you in any way that would prohibit marriage in your state of residence, and has shared a principal place of residence with you for at least six months and intends to do so indefinitely. You and your domestic partner must have mutually agreed to be jointly responsible for each other's common welfare and basic living expenses. Neither you nor your domestic partner can be married or the domestic partner of anyone else.

Note that the value of domestic partner coverage under the Medical, Dental and Vision Plans is considered taxable income to you. Refer to "Paying for domestic partner coverage" for more information.

It is important to change your partner's status to spouse once you are married. This change in status impacts the tax treatment of your health benefit costs.

## Paying for domestic partner coverage.

The cost of domestic partner coverage will be deducted from your pay on a pre-tax basis. According to IRS rules, both your and Capgemini's contribution toward the cost of Medical, Dental and Vision Plan coverage for your domestic partner is considered taxable income to you (also known as imputed income). Imputed income is subject to federal, state, local and Social Security (FICA) taxes and will be reported as imputed income on your annual W-2 form.

## **Child**

For the Medical, Dental and Vision Plans:

- An unmarried child who became permanently and totally disabled prior to age 26
- A child who is not yet age 26 who is any of the following:
  - Your, your spouse's or your domestic partner's biological or adopted child (including children placed for adoption) or stepchild
  - A child under your or your spouse's/domestic partner's legal guardianship
  - A child for whom you or your spouse/domestic partner are required to provide coverage under a Qualified Medical Child Support Order (QMCSO)

For all other plans:

- An eligible dependent child up to age 19 or up to age 26 if a full-time student
- Your, your spouse's or your domestic partner's unmarried children who became permanently disabled prior to age 19 or 26 (you must provide proof that they are disabled within 31 days after they reach age 19 or 26)



# Your Medical Plan Options

Capgemini offers two Medical Plan options: Premier PPO and Basic PPO. Both Medical Plan options are administered by Blue Cross Blue Shield of Illinois (BCBS of IL) and both provide comprehensive medical coverage. The difference between these two plans is how your costs are structured. Therefore, the right plan for you is the one that best meets your needs and preferences for how you pay for your medical care.

## Choosing Your Plan

As the following table shows, in the Premier PPO Plan you pay a higher semi-monthly rate but less out of pocket at the time you receive medical care. This plan might be an attractive option to those who want more predictable health care costs or greater protection against unanticipated medical expenses. In the Basic PPO Plan, you pay a lower semi-monthly rate, but you pay more when you receive care. This plan might be an attractive option to those who do not anticipate heavy medical expenses during the year.

Feature	Premier PPO	Basic PPO
<b>Medical Services Covered</b>	Same	Same
<b>Semi-Monthly Rates</b> (Amount you pay to participate in the plan)	Higher	Lower
<b>Annual Deductibles</b> (Amount you pay before the plan begins paying certain benefits)	Lower	Higher
<b>Co-insurance</b> (A percentage of your costs that the Company pays)	Higher	Lower
<b>Out-of-Pocket Maximum</b> (The most you must pay for covered services in a plan year)	Lower	Higher

For Medical Plan Semi-Monthly Rates, go to page 12.

For a Medical Plan Comparison Chart, go to page 13.

## When choosing a plan, consider your individual needs.

- ▶ Do you typically incur high medical costs during the year?
- ▶ Do you anticipate significant medical expenses next year?
- ▶ Do you cover any dependents with significant medical needs?
- ▶ Do you have a low tolerance for financial risk?
- ▶ Do you need greater predictability in your budget?

If you answered “yes” more often than “no” to these questions, **Premier PPO** might be more attractive to you. If you answered “no” more often, **Basic PPO** might be more attractive.

Take the time to do the math and think through your needs before making a decision. You also may want to consider whether you have access to other medical insurance, such as through your spouse’s/ domestic partner’s employer.

## In-Network Care Can Save You Money

Both Medical Plan options give you the choice of receiving care from providers in or out of the Blue Cross provider network. Using in-network providers can save you money because these providers agree to charge you pre-negotiated fees and because the plans cover in-network care at higher rates. Neither plan requires you to select a primary care physician or to obtain referrals to a specialist.

Another advantage of using in-network providers is that you will only be responsible for paying a flat fee, known as a co-payment, for your office visits. You will not need to pay co-insurance (a portion of the actual cost) or satisfy a deductible before the plan pays a benefit. However, you may need to meet your deductible or pay co-insurance for additional medical work, such as X-rays or lab work, performed at a separate facility. You should confirm with your provider's office whether any additional work will be handled by an in-network or out-of-network provider.

## Choose Your Provider

Use Provider Finder<sup>®</sup> to locate a network doctor, hospital or other health care provider on Blue Access for Members at [www.bcbsil.com/member](http://www.bcbsil.com/member).

## Manage Your Health with Blue Access for Members (BAM)

BAM is a convenient, comprehensive self-service website for Medical Plan participants. After you've enrolled, you'll be able to log on to [www.bcbsil.com/member](http://www.bcbsil.com/member) to:

- ▶ Check eligibility details
- ▶ Review claim status
- ▶ Request a new ID card or print a temporary one
- ▶ Take a Health Assessment
- ▶ Visit Health Care School to see articles and videos to help you make the most of your benefits
- ▶ Check costs before your appointments and find out how providers in your area compare for providing quality care
- ▶ Get discounts on wellness programs such as weight management, fitness club memberships and massage therapy

## MDLIVE Through Blue Cross Blue Shield of Illinois\*

With MDLIVE, you have 24/7/365 access to board-certified primary care doctors and pediatricians through a phone call or web chat.

Whether you are at home, at work, traveling, or you simply want a more convenient way to see a doctor, MDLIVE is easy to use and available on your schedule anytime.

### When Can I Use It?

- For non-emergency medical issues – especially as an alternative to emergency rooms or urgent care centers
- When your doctor is not available on your schedule
- MDLIVE staff is available 24/7/365 by phone or web chat

### Use It For Non-Emergencies, Like:

- Allergies
- Respiratory Infections
- Ear Infections
- Sinus Problems
- Pediatric Care
- Urinary Tract Infections
- Nausea, Vomiting
- And more!

### How Do I Get Started?

#### 1. Register Online or by Phone

Go to [www.mdlive.com/bcbsil](http://www.mdlive.com/bcbsil). **Online:** video chat with the doctor on the website at [www.mdlive.com/bcbsil.com](http://www.mdlive.com/bcbsil.com); **Mobile app:** download the MDLIVE mobile app and video chat with the doctor; **Telephone:** speak with a doctor by calling **1-888-676-4204**.

To register you will need to provide your first and last name, date of birth, and BCBSIL member ID number.

You may also register over the phone at **1-888-676-4204**.

#### 2. Complete Your Medical History

Just complete your medical history during registration.

#### 3. Request a Consultation

Simply pay a \$20 co-pay for the consultation.

Visit [www.mdlive.com/bcbsil](http://www.mdlive.com/bcbsil) or call toll-free **1-888-676-4204** to get started and make an appointment today!

*\*This service is secure, confidential and compliant with all medical privacy regulations. The service is available except where prohibited by state regulations. Contact MDLIVE at 1-888-676-4204 for more information.*

## Don't Forget to Register!

So, when you need to request a consultation, you are all set to go. Get started today at [www.mdlive.com/bcbsil](http://www.mdlive.com/bcbsil) or call MDLIVE at **1-888-676-4204**.

MDLIVE virtual services are available to Medical Plan participants. MDLIVE physicians are:

- Able to diagnose conditions and prescribe medications, if appropriate. MDLIVE cannot prescribe controlled substances.
- Board-certified and licensed in the state you are located at the time of your virtual visit. If you are traveling outside of the United States, an advice call can be completed if you have a US-based phone number.

State limitations\*:

- Telephone Only: Texas
- Video Only: Idaho, Montana, New Mexico and Oklahoma.
- Not available: Arkansas

\*Behavioral Health visits are available by video only for all states. Prescription services may not be available in all states.

If you are experiencing a medical emergency, you should seek appropriate medical assistance such as calling 911.

## Prescription Drug Coverage

Both Medical Plans provide the same prescription drug coverage. When you refill your prescriptions at in-network pharmacies, you pay a co-insurance. When you use out-of-network pharmacies, you will pay the actual cost of the drug.

Each time you fill a prescription, you could save money by asking for a generic medicine. Generic medications have the same active ingredients and effectiveness as their brand-name counterparts, but for a lower price. Check with your doctor to see if a generic alternative is right for you.

### Mail Order Drug Program

The Mail Order Drug Program can help you save money and time when filling prescriptions for a 90-day supply of a drug. Compared to using a retail pharmacy, the mail order program lets you purchase three times the medication for only two times the price, and your prescription is mailed directly to your home.

You may purchase a 90-day supply of maintenance medication at network pharmacies. To locate a network pharmacy, visit [www.caremark.com](http://www.caremark.com). If you prefer, you may conveniently purchase your maintenance medications through CVS Caremark Mail Order.

### Step Therapy Program for Select Medications

Step therapy is the practice of using the most cost-effective and safe drug to treat a medical condition before other more costly or risky therapies are used. This approach ensures you have access to the treatments you need while offering you valuable cost savings. CVS Caremark offers step therapy for three common ongoing medical conditions:

- ▶ High blood pressure (ACE/ARB drug class)
- ▶ Stomach acid (PPI drug class)
- ▶ High cholesterol (Statin drug class)

When you fill a prescription for a step therapy medication, you and your physician will receive a letter explaining what needs to be done before you refill that medication. This might include trying a lower cost alternative or seeking authorization from CVS Caremark for continued coverage of the original medication. At any time, your physician can request authorization to continue coverage for a step therapy medication for medical reasons.

### Preventive Medications Available to You at No Cost

Under our Medical Plans, certain types of preventive care are covered 100% and are provided at no cost to you. This includes certain categories of prescription drugs as well as specific over-the-counter medications. A partial list is provided below. For a complete list, visit [www.caremark.com](http://www.caremark.com) or call the number on the back of your ID card. You should consult with your doctor about choosing medications that are right for you.

- ▶ **Aspirin Products** (including Aspirin, Baby Aspirin, Bayer Children's Aspirin, Bufferin, Doan's Regular, Ecotrin, St. Joseph Aspirin) *Available to males age 45 to 79 and females age 55 to 79.*
- ▶ **Barrier Contraception** (including Encare, Femcap, Reality, Today Contraceptive Sponge, VCF) *Available to females.*
- ▶ **Emergency Contraception** (including Ella, Levonorgestrel, Next Choice) *Available to females.*
- ▶ **Folic Acid Supplements** (including KPN, Mission Prenatal, One-a-Day Women's Prenatal DHA) *Available to females. Only products containing from 0.5 mg – 0.8 mg of folic acid are included.*
- ▶ **Hormonal Contraception** (including Altavera, Camila, Errin, Gianvi, Heather, Jolessa, Solia, Zeosa) *Available to females.*
- ▶ **Pediatric Multivitamins containing fluoride and fluoride supplements** (including Epiflur, Fluorotab, Luride, Poly-Vi-Flor, Renaf, Sodium Fluoride) *Available to males and females age six months to six years.*
- ▶ **Pediatric Iron-Containing Products** (including Children's Ferrous Sulfate, Children's Iron, Fer-In-Sol, Fer-Iron, Ferrous Sulfate, Icar, Wee Care) *Available to males and females age 6 to 12 months.*

## Focus on Health and Wellness: To Help You Live the Life you LEAD

At Capgemini, we are used to taking care of our clients and taking care of our families. The daily demands of life and work sometimes make it hard to live a healthy lifestyle. Capgemini appreciates you – and provides the tools and support you need to get healthy and stay healthy. We are investing in you and in your health to help you live the Life you LEAD.

### Have Your Annual Physical

Getting an annual physical with preventive screenings is an important part of a healthy lifestyle – it can help you detect medical conditions earlier when they may be easier to treat.

In general, Capgemini Medical Plans cover this type of care at 100% when received from an in-network provider – and when you follow age and frequency guidelines. That means you pay nothing, not even a co-payment, for most in-network preventive care. Preventive care received from providers outside of the plan's network is subject to deductibles and co-insurance.

Call your doctor to schedule your appointment with the appropriate screenings today. For more information, visit [www.bcbsil.com/member](http://www.bcbsil.com/member).

### Know Your Numbers

Do you know your numbers? What numbers count? Blood pressure, blood sugar level, cholesterol and Body Mass Index (BMI) are the most commonly measured biometrics. The combination of these tests can often predict the likelihood of developing a chronic condition, such as heart disease or diabetes. Before your annual physical, connect with your doctor to prepare for your blood work.

### Complete the Blue Cross Health Assessment

The onmyway Health Assessment is a quick online survey on your health available on the Well on Target Member Wellness Portal, available at [www.wellontarget.com](http://www.wellontarget.com). Just take 10-15 minutes to answer questions, such as your height, weight and results from your biometric screenings – blood pressure, HDL/LDL cholesterol, blood sugar level and Body Mass Index (BMI). Once complete, the Health Assessment will produce a results report for you to review and share with your doctor. Your doctor may make recommendations based on your results.

The Well on Target Member Wellness Portal offers you the tools and resources you need to reach your wellness goals. For more information on the Blue Cross Health Assessment, go to [www.wellontarget.com](http://www.wellontarget.com).

## Save the emergency room for emergencies.

Trips to the ER are expensive! If you aren't experiencing a true medical emergency, schedule an appointment with your doctor. You'll save time and money.

## Stay in-network.

Network providers charge pre-negotiated, discounted rates, and the Medical Plans pay higher benefits for in-network services.

## Preventive care services include:

- ▶ Well-child care (periodic health examinations for children), including immunizations and physical and diagnostic tests appropriate for the child's age and health.
- ▶ Routine physical examinations for adults, including a general physical examination and certain basic tests (such as blood, cholesterol and urinalysis), as appropriate for your age, health and family health history.
- ▶ Certain screenings, including an annual examination as well as age and gender appropriate tests, such as a gynecological exam with mammogram for women and PSA test for men.

## Blue Care Connection

Through a single point of contact, members and their health care providers may obtain information about benefits, complete notification/preauthorization requirements and inquire about independently contracted network physicians and health care providers. By incorporating the concepts of customer and health advocacy, our Utilization Management program provides quality and transparency of information and supports integration and coordination of care.

## Cancer Support Program

**Statistics show that half of all men and one-third of all women in the United States will get cancer in their lifetime.** Cancer is affecting more and more of our family members and co-workers, so our Medical Plan offers an Oncology Care Management program for those who need it.

The Oncology Care Management program includes:

- ▶ Outreach – A Care Manager reaches out to explain the program and develop a plan of care tailored to meet a member's needs.

Once the member has provided consent, the Care Manager will:

- ▶ Educate the member – Help the member understand the diseases and determine care goals. Provide insight on how to maximize their benefits
- ▶ Facilitate transition of care – Support with discharge planning to the right setting at the right time
- ▶ Provide referrals – Share information on community and caregiver resources
- ▶ Coordinate Palliative Care – Support with options to improve quality of lives for patients and their families
- ▶ Support family and caregivers – Arrange assistance for caregivers
- ▶ Communicate with providers – Maintain contact with physician and other providers as needed

## Get Healthy with Blue 365

Blue 365 is just one more advantage of being a BCBSIL member. With this program, you may save money on health and wellness products and services from top retailers that are not covered by insurance. Below are some of the ongoing deals offered to Blue365 members:

- ▶ TruHearing | Beltone
- ▶ Proctor & Gamble (P&G) Dental Products
- ▶ Dental Solutions
- ▶ CORD:USE | CorCell
- ▶ Jenny Craig | Seattle Sutton's | Nutrisystem
- ▶ Retrofit
- ▶ Reebok | SKECHERS
- ▶ SeniorLink Care
- ▶ Handstand Kids
- ▶ Snap Fitness

For more great deals or to learn more about Blue365, visit [www.blue365deals.com/BCBSIL](http://www.blue365deals.com/BCBSIL).

## Mental Health and Substance Abuse

If you enroll in either of the Medical Plan options, you and your dependents have access to comprehensive mental health, substance abuse and lifestyle management treatment services through the Blue Cross Mental Health Unit. The Blue Cross Mental Health Unit has been established to perform preadmission and length of stay review for your services for the treatment of Mental Illness and Substance Abuse Disorder. The Mental Health Unit is primarily staffed by physicians, psychologists and registered nurses. These professionals are there to ensure you and your dependents are getting the most effective care from our Medical Plan. For more information about these services and your responsibility for satisfying preauthorization requirements, contact the Mental Health Unit 24 hours a day, 7 days a week at **1-800-851-7498**.

Capgemini also offers an Employee Assistance Program (EAP) to all benefit-eligible employees. The EAP is a free and confidential resource that can help you identify and resolve issues by providing short term counseling services or directing you to resources in your community. For more information about the EAP, go to page 31.

## Terms You Should Know

**Semi-monthly Rates:** Amount you pay to participate in the plan.

**Annual Deductible:** Amount you pay before the plan begins paying certain benefits.

**Co-insurance:** A percentage of your medical costs that the Company pays.

**Co-payment:** A flat dollar amount you pay at the time you receive a service.

**Out-of-Pocket Maximum:** The Medical Plan's out-of-pocket maximum is the total amount you pay out of pocket (including deductibles, co-pays, co-insurance and prescription co-pays) in one plan year before the plan pays 100% of eligible expenses.

**Primary Care Physician (PCP):** A physician in general practice, family practice, pediatrics, or obstetrics and gynecology whom you select to coordinate your care.

**Specialist:** A physician who provides specialty or subspecialty services (ophthalmologists, oncologists, endocrinologists, cardiologists, etc.).

**Maximum Allowance:** Amounts in which participating providers have agreed to accept as payment in full for a particular covered service. If you receive care outside of the plan's network, with a non-participating provider, the Maximum Allowance will be the lesser of the provider's billed charges or the non-contracting Maximum Allowance.

## Get to know your PCP.

Having a good relationship with a primary care physician who knows you and your health will make you more likely to receive the care you need when you need it.

## Ask your doctor about generic drugs.

Generic drugs offer the same safety and strength as their brand-name counterparts at a lower cost.

## Women's Health and Cancer Rights Act of 1998

The Women's Health and Cancer Rights Act of 1998 requires that all group health plans that provide medical and surgical benefits with respect to a mastectomy must provide coverage for:

- Reconstruction of the breast on which the mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prosthesis and treatment of physical complications of all stages of mastectomy, including lymphedemas

These services must be provided in a manner determined in consultation with the attending physician and the patient. This coverage may be subject to annual deductibles and co-insurance provisions applicable to other such medical and surgical benefits provided under the plan.

## Medical Plan Rates

Coverage Level	Semi-Monthly Employee Contribution	
	Premier PPO	Basic PPO
You Only	\$26.90	\$11.68
You + Spouse/Domestic Partner	\$60.52	\$28.03
You + Child(ren)	\$51.88	\$24.03
You + Family	\$89.15	\$43.55

Coverage levels can include any eligible dependents defined under the **Benefits Eligibility** section. The rates shown do not apply to COBRA participants.

## Medical Plan Comparison Chart

Covered Health Services	Premier PPO		Basic PPO	
	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>
<b>Office Visit Co-pays</b>				
Wellness	\$0	50% after deductible	\$0	50% after deductible
Primary Care Physician	\$20	50% after deductible	\$20	50% after deductible
Specialist	\$30	50% after deductible	\$30	50% after deductible
MDLIVE Tele-visit	\$20	50% after deductible	\$20	50% after deductible
<b>Medical Deductible</b>				
You Only	\$300	\$600	\$600	\$1,200
You + Spouse/Domestic Partner	\$600	\$1,200	\$1,200	\$2,400
You + Child(ren)	\$600	\$1,200	\$1,200	\$2,400
You + Family	\$600	\$1,200	\$1,200	\$2,400
<b>Professional Services and Hospital Services (Co-insurance<sup>2</sup>)</b>				
Inpatient Care	85% after deductible	50% after deductible	75% after deductible	50% after deductible
Outpatient Care	85% after deductible	50% after deductible	75% after deductible	50% after deductible
<b>Annual Out-of-Pocket Maximum</b>				
You Only	\$3,150	\$4,725	\$4,500	\$7,500
You + Spouse/Domestic Partner	\$6,300	\$9,450	\$9,000	\$15,000
You + Child(ren)	\$6,300	\$9,450	\$9,000	\$15,000
You + Family	\$6,300	\$9,450	\$9,000	\$15,000
<b>Lifetime Maximum Benefit<sup>3</sup></b>	Unlimited		Unlimited	
<b>Emergency Room</b>	\$100 (waived if admitted)		\$100 (waived if admitted)	
<b>Urgent Care Co-pay</b>	\$50 (waived if admitted)		\$50 (waived if admitted)	

Continued on next page

<sup>1</sup> Out-of-network benefits will be based on maximum allowance as determined by Blue Cross Blue Shield of Illinois.

<sup>2</sup> You will be responsible for the first \$500 of covered services for failure to notify Blue Cross as required for Inpatient Hospital, Skilled Nursing Facility, Coordinated Home Care Program, Private Duty Nursing Services, and Mental Health and Substance Abuse admissions.

<sup>3</sup> Certain limitations apply to the Lifetime Maximum Benefit. Please see the Summary Plan Description for details.

Co-pays are not subject to deductible. The deductible must be met before co-insurance applies. Deductibles are met for the Plan Year when (a) a covered member satisfies the individual deductible maximum or (b) any combination of covered members satisfies the family deductible maximum. Out-of-pocket limits are met for the Plan Year when (a) a covered member satisfies the individual out-of-pocket maximum or (b) any combination of covered members satisfies the family out-of-pocket maximum.

### What's an out-of-pocket maximum?

The Medical Plan's out-of-pocket maximum is the total amount you pay out of pocket (including deductibles, co-pays, co-insurance and prescription co-pays) in one plan year before the plan pays 100% of eligible expenses.

### Save time and money with MDLIVE.

MDLIVE service gives you 24/7/365 access to a doctor through a phone call or web chat for a \$20 co-pay. You can use MDLIVE for routine illnesses like allergies, ear infections and more. Go to [www.mdlive.com/bcbsil](http://www.mdlive.com/bcbsil) for more information.

## Medical Plan Comparison Chart (continued)

Covered Health Services	Premier PPO		Basic PPO	
	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>
<b>Vision Benefits (Once every 12 months)</b>				
Eye Exam	Up to \$50 reimbursement		Up to \$50 reimbursement	
Frames	Up to \$40 reimbursement		Up to \$40 reimbursement	
Lenses	Up to \$40 reimbursement		Up to \$40 reimbursement	
Contacts (in lieu of glasses)	Up to \$50 reimbursement once		Up to \$50 reimbursement	
<b>Mental Health/Substance Abuse</b>				
Inpatient	85% after deductible	50% after deductible <sup>2</sup>	75% after deductible	50% after deductible <sup>2</sup>
Outpatient	\$20 office visit co-pay	50% after deductible <sup>2</sup>	\$20 office visit co-pay	50% after deductible <sup>2</sup>
<b>Substance Abuse<sup>3</sup></b>	Unlimited Lifetime Maximum		Unlimited Lifetime Maximum	
<b>Prescription Drug Retail Co-insurance</b>				
Generic	10% (\$5 min., \$12 max.)	50% after \$12 co-pay	10% (\$5 min., \$12 max.)	50% after \$12 co-pay
Preferred Brand	20% (\$20 min., \$50 max.)	50% after \$50 co-pay	20% (\$20 min., \$50 max.)	50% after \$50 co-pay
Non-Preferred Brand	40% (\$40 min., \$100 max.)	50% after \$100 co-pay	40% (\$40 min., \$100 max.)	50% after \$100 co-pay
<b>Prescription Drug Mail Order Co-insurance (3-month supply)</b>				
Generic	10% (\$12 min., \$30 max.)	N/A	10% (\$12 min., \$30 max.)	N/A
Preferred Brand	20% (\$50 min., \$125 max.)		20% (\$50 min., \$125 max.)	
Non-Preferred Brand	40% (\$100 min., \$250 max.)		40% (\$100 min., \$250 max.)	

<sup>1</sup> Out-of-network benefits will be based on maximum reimbursable costs as determined by BCBS of Illinois.

<sup>2</sup> There is a 20% penalty for failure to pre-certify an out-of-network hospital confinement.

<sup>3</sup> Certain limitations apply to the Lifetime Maximum Benefit. Please see the Summary Plan Description for details.

## What's a deductible?

See Terms You Should Know on page 11.



# Your Dental Plan Options

Good dental health is about more than a pretty smile. Doctors and dentists have linked oral health to your overall health, emphasizing the importance of brushing your teeth, flossing and visiting a dentist regularly.

To help you maintain your dental health, Capgemini offers three Dental Plan options: the Enhanced Dental Plan, the Dental HMO (DMO) (where available), and the Basic Dental PPO Plan.

## Enhanced Dental

If you enroll in the Enhanced Dental Plan, you will have the option of visiting any dental provider you wish; however, visiting in-network providers can reduce your out-of-pocket expenses because these providers agree to perform services for Delta Dental's maximum allowable charges and will not bill you for any charges over those amounts. Because of the flexibility this plan offers regarding your choice of providers, your semi-monthly cost will be higher compared to the DMO. For more information regarding plan benefits, refer to the Dental Plan Comparison Chart.

## Dental HMO (DMO)

The Dental HMO (DMO) covers the same basic and major dental services, as well as orthodontic services, that are covered by the Enhanced Dental Plan, as long as those services are performed by in-network providers. You pay a co-payment at the time the service is received and there is no annual maximum on the benefits you can receive from this plan.

When you enroll in the DMO, you select a primary care dentist for yourself and each covered dependent. Your primary care dentist provides routine, basic care and refers you to specialty dentists when necessary. If your dentist leaves the network during the year, you must select a new in-network general dentist to have care covered by the plan.

The plan pays benefits only when your in-network general dentist provides or coordinates your care. If you seek care on your own, you pay the entire cost. Payment for services is based on a predetermined patient charge schedule, which is available on the Capgemini FS benergy site at [www.capgeminiFS.benergy.com](http://www.capgeminiFS.benergy.com) (User ID: CapgeminiFS; password: benefits) under Dental. Procedures not listed on the patient charge schedule are not covered.

The DMO is available only if you live in the plan's network area. When you access the Benefits Service Site, you will only have the option to enroll in the plan options for which you are eligible.

## Moving from current Dental PPO Plan to new Dental DMO Plan?

If you switch from the current Dental PPO Plan to the DMO, be sure you understand how any major dental or orthodontia care you may be undergoing will transition to the new plan. Generally, major dental treatment plans (e.g., root canal treatment, dentures, or crown and bridge treatment) should be completed under your current plan. Ongoing orthodontia treatment may be able to transition to the DMO. For simplicity, you might want to postpone any upcoming new major dental or orthodontia care until the new plan year begins. If you have any questions about the transition of care, contact Delta Dental of Illinois at **1-800-323-1743**.

## Basic Dental PPO

In the Basic Dental PPO Plan, you can visit any dental provider you wish; however, visiting in-network providers can reduce your out-of-pocket expenses because these providers agree to perform services for Delta Dental's maximum allowable charges and will not bill you for any charges over those amounts. Basic Dental covers diagnostic and preventive services, such as cleanings and X-rays, and basic services, such as basic restorations, endodontics and periodontics. It does not cover major services or orthodontia. For more information about the Basic Dental PPO Plan, visit the Capgemini FS benergy site at [www.capgeminiFS.benergy.com](http://www.capgeminiFS.benergy.com) under Dental.

## Choose Your Dentist

Locate a participating dental provider in your area in the **Find a Dentist** section of Delta Dental's website at [www.deltadental.com](http://www.deltadental.com).

## Dental Plan Rates

Coverage Level	Semi-Monthly Employee Contribution		
	Enhanced Plan	Basic Plan	DMO Plan
<b>You Only</b>	\$5.45	\$3.27	\$2.89
<b>You + Spouse/Domestic Partner</b>	\$10.90	\$6.54	\$5.21
<b>You + Child(ren)</b>	\$12.54	\$7.52	\$6.60
<b>You + Family</b>	\$18.53	\$11.12	\$9.77

Coverage levels can include any eligible dependents defined under the **Benefits Eligibility** section. The rates shown do not apply to COBRA participants.

## A truly healthy smile.

Improving oral health has been shown to lower medical costs for individuals with diabetes and cardiovascular disease.

## Open up and say, "How much?"

If you are enrolled in the Basic or Enhanced Dental Plan, ask your dentist to submit a predetermination to Delta Dental for dental procedures in excess of \$250. This way, you'll know your costs before services are rendered.

## Dental Plan Comparison Chart

Covered Services	Enhanced Dental	DMO (In-Network Only)	Basic Dental PPO
<b>Deductible (Individual/Family)</b>	\$25/\$75	\$0	\$50/\$150
<b>Maximum Benefit</b>			
Dental Services	\$1,500 per plan year	No limit	\$1,000 per plan year
Orthodontia Services	\$2,000 per lifetime		N/A
Non-Surgical Temporomandibular Joint Dysfunction (TMJ)	No coverage		N/A
<b>Diagnostic &amp; Preventive Services (deductible waived)</b>			
Co-insurance <sup>1</sup>	100%	Costs based on patient charge schedule <sup>2</sup>	100%
Oral Exams	2 visits per plan year	All oral exams and X-rays are covered at 100%	2 visits per plan year
Cleaning	2 visits per plan year		2 visits per plan year
X-rays	Bite wing – 2 per plan year		Bite wing – 2 per plan year
	Complete series – 1 during any 36 months		Complete series – 1 during any 36 months
<b>Basic Services (co-insurance)<sup>1</sup></b>			
Basic Restorations, Endodontics, Periodontics	80% after deductible	Costs based on patient charge schedule <sup>2</sup>	80%
<b>Major Services (co-insurance)<sup>1</sup></b>			
Crowns, Inlays/Onlays, Full or Partial Dentures	50% after deductible	Costs based on patient charge schedule <sup>2</sup>	No coverage
<b>Orthodontic Services (co-insurance)<sup>1</sup></b>	50% after deductible	Costs based on patient charge schedule <sup>2</sup>	No coverage
<b>Non-Surgical Temporomandibular Joint Dysfunction (TMJ) (co-insurance)<sup>1</sup></b>	No coverage	Costs based on patient charge schedule <sup>2</sup>	No coverage

<sup>1</sup> Co-insurance reflects the portion of costs that the Company pays.

<sup>2</sup> The patient charge schedule is available on the Capgemini FS benergy site at [www.capgeminiFS.benergy.com](http://www.capgeminiFS.benergy.com) under Dental.

### What is a maximum plan allowance?

The maximum plan allowance is the amount that a Delta Dental Premier Dentist agrees contractually to accept as full payment for covered procedures. The maximum plan allowance is calculated as a percentile of billed fees.

Delta Dental PPO and Premier Dentists are required to accept the Delta Dental of Illinois approved fee as full reimbursement for their services. If you visit an out-of-network provider who charges fees higher than the maximum plan allowance, you will be responsible for paying the difference.



# Your Vision Plan

Both Medical Plan options provide an allowance of up to \$50 each year for a basic annual eye exam. If you need more than the basic level of protection, you have the option to enroll in the Vision Plan through EyeMed.

EyeMed's large Vision Plan provider network offers you access to private practice optometrists and ophthalmologists, to conveniently located retail chain providers, and to discounted laser eye surgery from pre-screened providers. When you visit in-network providers, you can receive most services and materials for a \$10 co-payment.

## Vision Plan Rates

### Premier Plan

Coverage Level	Semi-Monthly Employee Contribution
You Only	\$2.00
You + Spouse/Domestic Partner	\$3.81
You + Child(ren)	\$4.01
You + Family	\$5.89

### Find a provider.

To locate an EyeMed participating provider, visit [www.eyemed.com](http://www.eyemed.com) or call **1-866-939-3633**.

## Vision Plan Benefits

Vision Services Description	In-Network Coverage	Out-of-Network Coverage
<b>Eye Exam:</b> A complete initial vision analysis, which includes a comprehensive visual exam, including the prescription of corrective eyewear, if necessary.	\$10 co-payment, once every 12 months, per covered member	Reimbursed up to \$60, per covered member
<b>Single Lenses<sup>1</sup>:</b> Lenses having one part that corrects either near vision or distant vision.	\$10 co-payment, once every 12 months, per covered member	Reimbursed up to \$40, per covered member
<b>Bifocal Lenses<sup>1</sup>:</b> Lined lenses having one part that corrects near vision, one for distant vision.	\$10 co-payment, once every 12 months, per covered member	Reimbursed up to \$60, per covered member
<b>Trifocal Lenses<sup>1</sup>:</b> Lined lenses having one part that corrects near vision, one for intermediate vision, and one for distant vision.	\$10 co-payment, once every 12 months, per covered member	Reimbursed up to \$80, per covered member
<b>Lenticular Lenses<sup>1</sup>:</b> Lenses designed to reduce weight and thickness, primarily used for post-cataract lenses.	\$10 co-payment, once every 12 months, per covered member	Reimbursed up to \$80, per covered member
<b>Frames:</b> The supporting structure of a pair of glasses that holds the lenses in place.	\$10 co-payment, once every 12 months  Note: When costs exceed the \$80 wholesale frame allowance or \$200 retail frame allowance, you will be responsible for the difference less a 20% to 40% discount	Reimbursed up to \$200, per covered member

<sup>1</sup> In-network lens options, such as progressive lenses, and anti-reflective coating may be available at a higher co-payment or at a discount.

[Continued on next page](#)

## Vision Plan Benefits (continued)

Vision Services Description	In-Network Coverage	Out-of-Network Coverage
<p><b>Contact Lenses:</b> Contact Lens allowance includes materials only. Standard Contact Lens fit and follow-up is covered In-network up to \$50 and Premium Contact Lens fit and follow-up is 10% off retail price.</p> <p>Note: You cannot choose both contacts and lenses and a frame as a covered benefit during the same 12-month period.</p>	<p>\$10 co-payment, once every 12 months</p> <p>Up to \$200 allowance</p>	<p>Reimbursed up to \$200 per covered member</p>
<p><b>Medically Necessary Contact Lenses<sup>2</sup>:</b> Contact lenses determined medically-necessary by the provider.</p>	<p>\$0 co-pay, then covered in full</p>	<p>Reimbursed up to \$210<sup>3</sup>, per covered member</p>
<p><b>Refractive Eye Surgery:</b> A surgical procedure that can reduce a person's dependency on glasses or contact lenses.</p>	<p>Discounts available from U.S. Laser Network of 15% off retail price or 5% off promotional price, visit <a href="http://www.eyemed.com">www.eyemed.com</a></p>	<p>Not covered</p>

<sup>2</sup> Necessary contacts are determined at the provider's discretion for one or more of the following conditions: following post cataract surgery without intraocular lens implant; to correct extreme vision problems that cannot be corrected with spectacle lenses; with certain conditions of anisometropia; with certain conditions of keratoconus. If your provider considers your contacts necessary, you should ask your provider to contact EyeMed Vision concerning the reimbursement that EyeMed Vision will make before you purchase such contacts.

<sup>3</sup> Receipts for services and materials purchased on different dates must be submitted together as part of a single claim to receive reimbursement. Receipts must be submitted within 12 months of the date of service.



# Flexible Spending Accounts

Flexible Spending Accounts (FSAs) let you pay for eligible health care and dependent care expenses with pre-tax dollars. Your contributions to an FSA are deducted from your paycheck before your taxes are calculated, reducing your taxable pay and helping you take home more of your own money.

Capgemini offers two types of FSAs: the Health Care FSA and the Dependent Care FSA. These two accounts are separate. You must enroll in each account separately and choose how much to contribute to each account. Funds cannot be transferred from one FSA to the other.

You must enroll in these plans for each year you wish to participate. Your participation will not automatically roll over from one plan year to the next.

## Dependent Care FSA

Your Dependent Care FSA can help you pay for day care, preschool, nursery school, nanny or elder care expenses. To participate, you and your spouse (if married) must be unable to care for your dependents because of work or school schedules. The care can be provided in your home as long as the caregiver is not your spouse or claimed as a dependent on your federal income tax return. Dependent children must be under age 13 to qualify. If the care is for an elderly parent or disabled spouse, the dependent must spend at least eight hours a day in your home.

You may contribute \$5,000 for 2017 to your Dependent Care FSA. If you are married and file a separate return, the maximum contribution is \$2,500 for 2017.

Depending on your household income, it may be more advantageous to claim dependent care expenses as a credit on your federal income tax return than to fund a Dependent Care FSA. You should consult with a tax advisor.

For general guidelines about expenses eligible under the Dependent Care FSA, refer to IRS tax Publication 503 (available online at <http://www.irs.gov/Forms-&-Pubs>).

For reimbursement of eligible expenses, please contact WageWorks at **1-877-924-3967** or go to the WageWorks Flexible Spending Service Center at [www.wageworks.com](http://www.wageworks.com).

## Consider an FSA.

Using a Flexible Spending Account to cover eligible out-of-pocket health care and dependent care expenses can reduce your taxes and save you money.

## Wondering how much to contribute to an FSA?

Use the FSA Calculator Tool to help you estimate your annual expenses and tax savings under each type of FSA.

Dependent Care FSA:

<https://www.wageworks.com/employees/support-center/fsa-savings-calculator>

Health Care FSA:

<https://www.wageworks.com/employees/support-center/hsa-compatible-fsa-calculator/>

## Get the WageWorks EZ Receipts mobile app.

With the WageWorks EZ Receipts app, you can quickly, easily and securely view your FSA balances, pay and benefits, claims information and more. To download the app, go to <https://www.wageworks.com/employees/account-management/wageworks-ez-receipts-mobile-app/>.

## Health Care FSA

You can use your Health Care FSA to help pay for medical, dental and/or vision expenses that are not covered by your Medical, Dental and/or Vision Plan or reimbursable from another source. You do not need to be enrolled in a Capgemini Medical Plan to participate in the Health Care FSA.

You may contribute up to a maximum of \$2,600 for 2017 to your Health Care FSA. Some examples of eligible expenses include the following:

- ▶ Deductibles
- ▶ Co-insurance/co-payments
- ▶ Infertility treatment
- ▶ Laser eye surgery
- ▶ Smoking cessation products
- ▶ Certain weight loss programs

*Note that nonprescription, over-the-counter drugs are not eligible expenses under the Health Care FSA.*

For general guidelines about expenses eligible under the Health Care FSA, refer to IRS tax Publication 502 (available online at <http://www.irs.gov/Forms-&-Pubs>).

For reimbursement of eligible expenses, please contact WageWorks at **1-877-924-3967** or go to WageWorks Flexible Spending Service Center at [www.wageworks.com](http://www.wageworks.com).

### Health Care FSA Debit Card

When you enroll in the Health Care FSA, you will be issued a WageWorks Healthcare card. The debit card allows you to pay for eligible health care expenses directly from your Health Care FSA, saving you the time and effort of paying for your eligible expenses up front, then filing for reimbursement.

If you incur an eligible expense for which you cannot use the debit card, pay the expense and file a claim for reimbursement by contacting WageWorks at **1-877-924-3967** or by visiting the WageWorks Flexible Spending Service Center at [www.wageworks.com](http://www.wageworks.com).

If you are a new participant in the Health Care FSA for 2017, additional information will be sent to your home along with the debit card explaining how it may be used.

### Save Your Receipts!

Although funds are immediately deducted from your Health Care FSA when you use your debit card, you still need to save receipts and explanation of benefits (EOB) statements for all debit card transactions. The IRS requires that all Health Care FSA debit card purchases be validated as eligible health care expenses. If you are unable to provide documentation to validate a debit card transaction, the transaction will be considered an overpayment and your card will be suspended until the overpayment is repaid.

## Before You Enroll in an FSA

FSAs offer valuable tax advantages, but it's important to understand the IRS restrictions placed on these plans. You may want to consult with a tax advisor before you enroll. Nothing herein constitutes tax advice.

- ▶ **Use it or Lose it.** Any unused funds in your account will be forfeited. Only eligible expenses incurred from January 1, 2017, through March 15, 2018 (includes an end-of-year grace period) are eligible for reimbursement. You will have until March 31, 2018, to submit eligible expenses for reimbursement for 2017.
- ▶ **No Changes.** You cannot change your FSA election during 2017 unless you have a qualified status change.
- ▶ **Active Participants Only.** Only expenses incurred while you are participating in the plan can be submitted for reimbursement.
- ▶ **No Double-Dipping.** Any expenses reimbursed through your account cannot be taken as a tax deduction or tax credit on your income tax return.
- ▶ **Domestic Partners Are not Eligible.** Expenses incurred by your domestic partner are not eligible for reimbursement through your FSA.
- ▶ **Professional Providers Only.** All providers of dependent care services must provide you with their Social Security number or Taxpayer ID number.



# Your Life and Accident Insurance Options

Capgemini offers you an array of plans that pay benefits to you or your beneficiaries if you become injured or die. These benefits are such an important part of your financial security that Capgemini provides some insurance benefits to you automatically and at no cost to you. Review the life and disability insurance options described in this section to select the combination of plans that is right for you.

## Basic Life Insurance

Basic Life Insurance, which is provided at no cost to you, pays benefits in the event of your death. This coverage will pay a benefit equal to 1.5 x your annual earnings, rounded up to the next higher multiple of \$1,000 (up to the \$750,000 maximum benefit).

Annual earnings includes your current base pay. The value of your coverage will change as your annual base pay changes. It does not include bonuses or commissions. This program is subject to reductions in coverage once you reach age 65.

## Accidental Death and Dismemberment

Accidental Death and Dismemberment (AD&D) insurance provides you with financial protection if you die or suffer certain serious injuries as the result of a covered accident on or off the job. A percentage of the full benefit is paid in the event of dismemberment.

AD&D is provided at no cost to you. Your AD&D benefit amount is the same as your Basic Life Insurance benefit.

## Optional Life Insurance

If you need life insurance coverage beyond what is provided at no cost to you by the Basic Life Insurance Plan, you can enroll in Optional Life Insurance offered through Unum.

This option enables you to purchase Optional Life Insurance coverage for yourself and your eligible dependents during the Annual Enrollment period.

You may elect \$10,000 increments up to five times your annual earnings or \$750,000 (whichever is less). You can elect coverage for your spouse in \$5,000 increments up to \$50,000 and coverage for your dependent children in \$2,500 increments up to \$10,000.

During Annual Enrollment, if you are currently enrolled in Optional Life, you may increase your coverage, up to the guarantee issue amount without Evidence of Insurability.

### Evidence of Insurability

Evidence of Insurability (EOI), also known as proof of good health, is required by the insurance company for certain benefit elections. The maximum amount of coverage you may have under the Optional Life Insurance Plan without EOI is \$200,000 for you and \$25,000 for your spouse. Any coverage over these amounts is subject to EOI and will become effective on the date the EOI is approved by the insurance company. EOI will also be required when electing coverage for the first time, and this is not your initial eligibility period.

The EOI form can be downloaded from Capgemini's benegy website ([www.capgeminiFS.benegy.com](http://www.capgeminiFS.benegy.com)). Any changes requiring EOI will take effect after the EOI is approved by the insurance company. Until then, you will remain at your current level of coverage.

## Optional Life Rates

Your Age	Monthly Cost
Under 30	\$0.100
30 - 34	\$0.110
35 - 39	\$0.140
40 - 44	\$0.220
45 - 49	\$0.340
50 - 54	\$0.540
55 - 59	\$0.820
60 - 64	\$1.080
65+	\$1.080

Rates are monthly per \$1,000 of coverage

Insurance Age: Your rate is based your actual age as of the effective date of the group policy or effective date of coverage. Your rate will increase as you age and move to the next age band.

## Optional Accidental Death and Dismemberment

If you elect Optional Life Insurance for yourself, you will receive an AD&D benefit equal to your Optional Life Insurance up to \$500,000. The AD&D rate is \$0.04 per \$1,000 of coverage.

## Beneficiary Designations

You must select a beneficiary. However, beneficiary designations allow you to split up your total insurance benefit among multiple beneficiaries. If you select multiple beneficiaries, your total beneficiary designations must equal 100%.

To review or update your beneficiary designation, go to the Benefits Service Site at [www.unum\\_capgemini.bswift.com](http://www.unum_capgemini.bswift.com).



# Your Disability Coverage Options

Disability Plans are another important part of a complete financial planning strategy. These valuable plans replace some or all of your pay for a period of time if you miss work because of a disability.

Capgemini offers Company-paid Short Term Disability (STD) and Long Term Disability (LTD) coverage to eligible employees. You also have the option to purchase additional Accident and Critical Illness coverage.

## Short Term Disability

If you are a regular, full-time employee, you will be enrolled in the STD Plan automatically after 180 days of employment. STD coverage is provided at no cost to you after a five-day elimination period. This benefit replaces a portion of your income if you are unable to work because of certain illnesses or injuries for more than five business days. (Paid Time Off, as described under Illness on page 36, may be used for up to the first five business days of an absence.)

Your benefit amount is based upon your length of disability and your annual earnings, as shown in the table below after a five-day elimination period. Request forms and doctor certifications will be required to qualify for STD benefits. Please see the Summary Plan Description for more details.

After a Five-Day Elimination Period	Your Benefit is:
<b>First Two Weeks</b>	100% of weekly earnings
<b>For the Next Two Weeks</b>	80% of weekly earnings
<b>For the Remainder Up to a Total of 60 Days</b>	60% of weekly earnings

## Long Term Disability

### Long Term Disability for Non-Officers and Directors

The LTD program will provide you with income in the event that you remain disabled after 60 days, subject to the plan's maximum duration of benefits provision. The benefit is based on 60% of your monthly earnings, up to a maximum monthly benefit of \$12,000. Capgemini provides the coverage at no cost to you and therefore the benefits paid to you are subject to income taxes.

### LTD Maximum Benefit for Non-Officers and Directors

LTD Plan Component	Benefit	Maximum Monthly Benefit
LTD – Taxable Benefit	60% of Monthly Earnings	\$12,000

### Long Term Disability for Officers and Directors

The LTD program will provide you with income in the event that you remain disabled after three months, subject to the plan's maximum duration of benefits provision. The benefit is based on 60% of your monthly earnings, up to a maximum monthly benefit of \$20,000. Capgemini includes the cost of your Employer-paid coverage in your taxable income so the benefit paid to you is not subject to income taxes.

### LTD Maximum Benefit for Officers and Directors

LTD Plan Component	Benefit	Maximum Monthly Benefit
LTD – Non-taxable Benefit	60% of Monthly Earnings	\$20,000

Benefits due to mental illness, a nervous disorder or substance abuse will be payable for no more than 24 months during your lifetime, unless you are confined to a hospital.

## How the Disability Plans work with other disability benefits.

Monthly benefits from the Disability Plans will be reduced by any other disability benefits you receive, such as any state disability benefits, Social Security or Workers' Compensation. For more detailed information, please refer to the Summary Plan Descriptions for these plans.

## What do *monthly earnings* include?

Monthly earnings include your current gross annual base salary, divided by 12. Bonus, commissions or any other extra compensation is not included in your monthly earnings for LTD purposes.



# Your Retirement Benefits

## 401(k) Plan

Capgemini's 401(k) Plan helps you save money for your retirement by giving you special tax advantages and matching a portion of the money you contribute to the plan.

### Your Contributions

You may enroll in the Capgemini 401(k) Plan on your date of hire.\* At any time, you may elect to contribute to the plan from 1% up to 90%, subject to IRS limits:

- On a pre-tax basis, or
- On a Roth 401(k) basis instead.

Pre-tax contributions are deducted from your pay before your income taxes are deducted, reducing your taxable income. You do not pay income taxes on these contributions, or their earnings, until this money is paid to you. With after-tax contributions under the Roth 401(k) option, you pay taxes on your contributions now and qualify for tax-free withdrawals later. To be qualified, a Roth 401(k) withdrawal must occur at least five years after the first Roth contribution and after you have reached age 59½, become disabled or died.

Contact Fidelity NetBenefits® at [www.401k.com](http://www.401k.com) or call the Fidelity Retirement Benefits Line at **1-800-835-5095** for assistance.

### Company Matching Contributions

While you may begin participation in the 401(k) Plan as of your date of hire, the Company matching contribution begins once you have completed one year of service. The Company matching contribution will be \$1 for every \$1 you contribute up to the first 3% of your pay plus \$0.50 cents for every \$1 you contribute on the next 2% of your pay.

### Vesting of Company Match

Company matching contributions are immediately 100% vested in the 401(k) Plan.

\*The plan excludes non-resident aliens and temporary employees.

## Capgemini 401(k) Plan

### Date of Hire

**On Your Date of Hire**  
Eligible for 401(k)\*

**After 1 Year of Service\*\***  
Company match begins at \$1 for every \$1 you contribute up to the first 3% of your pay plus \$0.50 for every \$1 you contribute on the next 2% of your pay.

**Company Match 100%  
Vested Immediately**

\*If at least 21 years old.

\*\*Service includes global service.

**IRS Limits**

*2017 IRS 401(k) Contribution Limit: \$18,000*

This is the most you can contribute to a 401(k) Plan during 2017.

*2017 IRS Compensation Limit: \$270,000*

Any pay over this limit is ignored when calculating your actual deferral amount. In other words, the most your deferral percentage can be applied to in 2017 is \$270,000, even if your pay is higher.

If you reach either of these limits before the end of the year, your contributions to the plan – and the Company's matching contributions – will stop automatically.

**Online and Mobile Account Management**

You can manage your 401(k) Plan account online by logging on to [www.401k.com](http://www.401k.com). On the site, you can review balances, change your deferral amount and more. With the NetBenefits® Smartphone App, you can access your account information from anywhere.



# Commuter Benefits

Capgemini's Commuter Benefit allows you to set aside pre-tax dollars for the purchase of transit passes, vanpooling and parking expenses incurred while commuting between work and home. Using pre-tax dollars for these expenses can help you reduce the cost of your commute and increase your take home pay.

## Transit Account

You can contribute up to \$255 per month to this account on a pre-tax basis. You can use that money to pay for eligible mass transit or vanpooling expenses to and from work that are not paid by your employer. Eligible expenses include:

- ▶ Monthly passes, tokens, fare cards or vouchers for transportation by train, subway, bus, streetcar and ferry
- ▶ Vanpooling in a "commuter highway vehicle" with a seating capacity of six or more adults, excluding the driver (at least 80% of the mileage use must be for transportation of employees between work and residences)

## Parking Account

You can contribute up to \$255 per month to this account on a pre-tax basis. You can use that money to pay for eligible parking expenses that are not paid by your employer. Eligible expenses include:

- ▶ Parking on or near the business premises of the employer
- ▶ Parking on or near a location from which you commute to work by mass transit, vanpooling in a commuter highway vehicle, or by carpool (parking on or near property used for residential purposes is not included)

## How to Enroll

You can enroll in one or more of the Commuter Benefit accounts online at [www.wageworks.com](http://www.wageworks.com) and click "Sign Me Up!" at any time.

## How to Pay for Expenses

WageWorks provides four easy, hassle-free payment and reimbursement options:

- 1. Buy My Pass.** WageWorks will purchase your transit and/or parking pass with your tax-free dollars and mail the pass directly to your home or office each month. You can order your passes each month or schedule a recurring order.
- 2. WageWorks Commuter Card.** Use this handy card to purchase transit passes, SmartCards, and pay for parking. It works just like a debit card.
- 3. Pay My Provider.** Schedule automated payments right from your account to participating transit and parking providers at the start of each month.
- 4. Pay Me Back.** Get reimbursed for commuter expenses that you've already paid.

## For More Information

For more information, go to [www.wageworks.com](http://www.wageworks.com).



# Legal and Identity Theft Plans

Signing contracts, preparing legal documents, buying or selling real estate, and dealing with identity theft are all critical and potentially stressful times when we could benefit from having professional legal assistance. LegalShield can help you take control of your legal and financial matters with fewer worries.

## LegalShield

LegalShield is your direct line to experienced attorneys and financial counselors who can assist you with a variety of personal legal and financial matters.

- ▶ **Legal Hotline.** Toll-free legal advice and services from network attorneys to help you better understand most general legal issues and how to address them. You can consult with network attorneys over the phone as often as necessary – and as long as necessary.
- ▶ **Identity Theft Services.** Toll-free access to certified identity theft case managers and online resources to help you prevent and recover from identity theft.
- ▶ **Document Review.** Legal review of valid documents and contracts reviewed by attorneys for accuracy and state-specific compliance.
- ▶ **Representation.** Moving violations and representation in civil lawsuits and IRS audits.

## IDShield

The IDShield program helps employees overcome the growing problem of identity theft with coverage of all seven areas of your identity. The plan offers the services of Kroll Licensed Investigators – professionals specially trained to recognize the intricacies of identity theft and resolve problems that develop a result. IDShield includes access to your credit reports and a credit score tracker. For more information, go to [www.idshield.com](http://www.idshield.com).

## Legal Shield and IDShield Plan Rates

Coverage Level	Semi-Monthly Cost
MA, NY, NV, FL Residents	\$12.95
All Other State Residents	\$14.45

Some legal services are not covered by the legal plans and pre-existing limitations may apply.

## How to Enroll

To enroll, visit the Benefits Services Site at [www.unum\\_capgemini.bswift.com](http://www.unum_capgemini.bswift.com) or call the Benefits Service Center at **1-877-279-3639**. For more information about the plans, contact our representative, Doug Roberts at **1-630-254-2884** or go to [www.legalshieldassociate.com/info/dougroberts](http://www.legalshieldassociate.com/info/dougroberts).



# Employee Assistance Program

The Employee Assistance Program (EAP) is available to help you find solutions to personal challenges – big and small – and restore your peace of mind. Just a free phone call away, EAP advocates are waiting to assess your needs and direct you to helpful resources in your community and online.

The EAP, which is administered by Unum Group, can help you with a wide variety of issues, such as:

- ▶ Overcoming stress
- ▶ Communicating with friends and family
- ▶ Parenting and child development
- ▶ Teens and alcohol
- ▶ Childcare and senior care services
- ▶ Diet and fitness goals
- ▶ Eating disorders
- ▶ Guidance for work-related conflicts
- ▶ Legal consultations
- ▶ Spending habits

The program is free to you and your dependents and you can call the EAP anytime, any day. In addition to telephone support, your EAP benefits include three face-to-face sessions per plan year for assistance with behavioral health issues.

For more information about the EAP, call Unum Group at **1-800-854-1446** (24 hours a day, seven days a week) or log on to **[www.lifebalance.net](http://www.lifebalance.net)** and use password **lifebalance**.

## Help with stress.

A satisfaction survey of employees who used work-life balance EAP shows more than 68% reported less stress.



# Additional Insurance Options

## Auto, Home and Renters Insurance

Are you certain you get the best value for your essential auto, home<sup>1</sup> and renters insurance – the best available coverage for your hard-earned dollar? The Insurance Information Institute recommends that you comparison-shop your policies frequently. You can do this easily, conveniently and quickly with the Auto, Home and Renters Program for Capgemini employees.

## How to Apply

To apply, visit [www.libertymutual.com](http://www.libertymutual.com) or call **1-800-835-0894** and state you are with Capgemini.

## Critical Illness Insurance

Critical Illness Insurance provides you with a lump-sum benefit payment of up to \$50,000 to be used at your discretion in the event you experience one of the covered conditions:

- ▶ Benign Brain Tumor
- ▶ Blindness
- ▶ Cancer
- ▶ Coma as a result of severe traumatic brain injury
- ▶ Heart Attack
- ▶ Major Organ Failure
- ▶ Occupational HIV
- ▶ Permanent paralysis as a result of a covered accident
- ▶ Stroke

You may choose coverage for yourself or your entire family. If you select coverage, you can choose coverage from \$1,000 to \$50,000 with Evidence of Insurability (EOI) required if you elect more than \$20,000. If you choose coverage for your spouse, you can choose coverage from \$1,000 to \$30,000 (EOI required if you elect more than \$10,000). If you choose coverage for your dependent children, the coverage will be 25% of your coverage amount for no additional cost (EOI required if you elect more than \$5,000). Rates are based on your current age and tobacco status. Benefits start after you have had the coverage for 30 days. Pre-existing condition exclusions apply. Refer to the carrier policy for details.

- Additional covered conditions for dependent children:
  - Cerebral Palsy
  - Cleft Lip or Palate
  - Cystic Fibrosis
  - Down Syndrome
  - Spina Bifida

### Voluntary Accident Coverage

Voluntary Accident Insurance pays cash benefits (tax free) based on the injury and treatments you receive, such as:

- Emergency room and urgent care treatment
- Fractures or dislocations
- Concussions
- Intensive care unit confinement
- Ambulance
- Hospital admissions
- ... and more

The plan is guaranteed issue and portable.

### How to Apply

To apply, visit [www.unum\\_capgemini.bswift.com](http://www.unum_capgemini.bswift.com) or call toll-free at **1-877-279-3639**.

While medical plans often provide coverage for hospital and medical expenses arising from a critical illness, there are still many expenses associated with a critical illness that many medical plans are not typically designed to pay:

- Co-insurance and co-pay amounts
- Deductibles
- Experimental treatments
- Additional childcare
- Lost earnings from a spouse



# Paid Time Off

## Holidays

Capgemini observes a set of paid holidays each year. For some employees, this includes two “floating holidays.” Refer to the list below for Company paid holidays in your organization.

### Company Paid Holidays\*

When a holiday falls on a Saturday, typically the office will be closed on the preceding Friday. If the holiday falls on a Sunday, typically the office will be closed on the following Monday.

- ▶ New Year’s Day
- ▶ Memorial Day
- ▶ Independence Day
- ▶ Labor Day
- ▶ Thanksgiving Day
- ▶ Friday after Thanksgiving
- ▶ Christmas Day
- ▶ 2 floating holidays (personal days)\*

\*Individuals hired before July 1 are eligible for two floating holidays. Individuals hired July 1 or after, will be eligible for one floating holiday during that year.

## Vacation

You will accrue paid vacation time each full pay cycle based on your level. Vacation accruals during the first calendar year of service will be pro-rated based on the number of pay cycles actually worked.

Generally, vacation time should be used during the calendar year in which it is earned, but you may be able to carry over a portion of unused vacation. Vacation rollover days not used by the following April 30 are forfeited. You can determine your vacation accrual by reviewing the table on the next page. For more information regarding the vacation policy, visit FS benergy site at [www.capgeminiFS.benergy.com](http://www.capgeminiFS.benergy.com) (User ID: CapgeminiFS; password: benefits).

## How do I schedule paid time off?

Scheduled paid time off must be approved by your Supervisor.

## Other time off from work.

In addition to vacation, you may also be able to take time off from work for jury duty, bereavement and election day. For more information, refer to the employee handbook at <https://km3.capgemini.com/book/714873>.

## Vacation Accrual

Paid vacation time is accrued each full pay cycle. The table below describes accruals for full-time employees. Employees who are scheduled to work between 20 and 39 hours per week will accrue vacation on a pro-rata basis. Employees scheduled to work fewer than 20 hours per week do not accrue vacation.

Unified Grade Structure	Vacation Days for Full-Time Employees
Vice President	22
E1, E2	20
D1, D2	18
C1, C2	15
B1, B2	12
A3, A4, A5	12

For more information regarding the vacation policy, visit FS benergy site at [www.capgeminiFS.benergy.com](http://www.capgeminiFS.benergy.com) (User ID: CapgeminiFS; password: benefits).

## Illness

Capgemini allows you to take paid illness days if you are ill and can't work or if you need to care for a sick family member. For the number of paid illness days permitted, please refer to the employee handbook at <https://km3.capgemini.com/book/714873>.

Paid illness days do not accrue or carry over in the same way as vacation time. This paid time off is available to be used responsibly by employees to help protect their pay in case a brief illness prevents them from working.

If you need to take an illness day, be sure to keep your manager informed of your situation. If the illness or injury is serious and may result in an extended absence, you should contact Human Resources at **1-847-384-6135**. Below are some guidelines to follow when taking paid illness days.

## Taking Paid Illness Days

Length of Absence	What to Do
<b>1 - 3 Consecutive Days</b>	Notify your supervisor or team leader that you will be out.
<b>3 or More Consecutive Days</b>	Contact Human Resources at <b>1-847-384-6135</b> if you have been out for three or more consecutive days and expect to continue your time off for illness or injury. You may apply for Short Term Disability benefits. Please refer to page 25 for more information.

## Family, Service Member and Medical Leave

The Family and Medical Leave Act (FMLA) allows you to take up to 30 weeks of unpaid, job-protected leave during a rolling, 12-month period. You may be eligible to take FMLA leave for the following reasons:

- ▶ To care for your child, within the first year of its birth
- ▶ To care for a child who has been placed with you for adoption or foster care, within the first year of placement
- ▶ To care for an immediate family member (spouse, domestic partner, child, parent) who has a serious health condition
- ▶ To care for a Covered Services Member or Covered Veteran (who is a spouse, child, parent or next of kin) that has incurred a serious injury or illness in the line of duty
- ▶ You are unable to work due to your own serious health condition

If you have any questions about FMLA leave, contact Human Resources at **1-847-384-6135**.

## Other Types of Leave

In addition to paid illness days and FMLA leave, you may also be able to take a leave for military service or for other personal reasons. If you need to take a leave of absence, contact Human Resources at **1-847-384-6135**. For more information, refer to the employee handbook at <https://km3.capgemini.com/book/714873>.



# General Information

## Making Changes

Changes made to certain benefits elected during the Annual Enrollment process will remain in effect through December 31, 2017. You may make changes to these benefits only if you experience a qualified status change. For details about making changes to your benefit elections, contact the Benefits Service Center at **1-877-279-3639**. Examples of qualified status changes include:

- ▶ Marriage, divorce or legal separation
- ▶ Birth, adoption or legal guardianship of a child
- ▶ Death of a spouse or child
- ▶ End of a dependent child's qualified status
- ▶ Your spouse's loss or gain of employment that affects benefits
- ▶ Loss of other group medical coverage if previously you did not elect coverage under these plans
- ▶ Medicare entitlement
- ▶ For FSA, if your child no longer needs day care or if you have a change in dependent care expenses

**If you have a qualified status change, you must notify Human Resources at 1-847-384-6135 within 30 days of the change. If you do not do so within 30 days, you must wait until the next Annual Enrollment period to make changes to your benefit elections.**

The IRS requires that any change in your elections be consistent with your qualifying status change. You may be asked to provide proof of the qualifying status change, such as a marriage license or birth certificate.

## Coordination of Benefits

If you're thinking of enrolling in two different medical insurance plans for extra protection, you might be surprised to learn that you would still owe a portion of your medical bills. Capgemini's Medical Plan has a coordination of benefits provision that decides how the plan pays benefits when there is more than one source of coverage. Coordination of benefits works as follows:

- ▶ Your Capgemini coverage will be your primary coverage; your other coverage will be secondary
- ▶ If your spouse/domestic partner is covered through his or her employer, his or her employer's coverage will be primary and Capgemini's coverage will be secondary
- ▶ If you and your spouse/domestic partner both cover a dependent through your employers' plans, the dependent's primary coverage is determined by the "birthday rule" – the coverage of the parent whose birth month and day is earliest in the year is the primary coverage

When Capgemini's coverage is secondary, the plan's payment will be reduced by the primary coverage's payment. To find out how your spouse's/domestic partner's plan coordinates benefits, please contact his or her plan.



# At Your Fingertips

Who to contact with questions, to enroll, to initiate claims or to follow up on existing claims.

Who	How to Contact
<b>All Plans</b>	
<b>Benefits Service Center</b>	<a href="http://www.unum_capgemini.bswift.com">www.unum_capgemini.bswift.com</a> 1-877-279-3639 Monday through Friday, 8:00 am to 5:00 pm Central
<b>Cancer Support Program</b>	
<b>Blue Cross Blue Shield of Illinois</b>	1-855-676-4484 Monday through Friday, 8:00 am to 6:00 pm Central
<b>Basic Life Insurance Plan</b>	
<b>UNUM</b>	1-800-421-0344 Monday through Friday, 7:00 am to 7:00 pm Central
<b>Core Long Term Disability</b>	
<b>UNUM</b>	1-800-421-0344 Monday through Friday, 7:00 am to 7:00 pm Central
<b>Employee Assistance Program</b>	
<b>UNUM</b>	1-800-854-1446 (24 hours a day, seven days a week) <a href="http://www.lifebalance.net">www.lifebalance.net</a> (user ID and password: <b>lifebalance</b> )
<b>Flexible Spending Accounts (Health Care, Dependent Care and Commuter Benefits)</b>	
<b>WageWorks</b>	1-877-924-3967 Monday through Friday, 8:00 am to 8:00 pm Eastern

Who	How to Contact
<b>Legal Insurance Plan / Identity Theft</b>	
<b>LegalShield</b>	<b>1-630-254-2884</b> <b>www.legalshieldassociate.com/info/dougroberts</b>
<b>Voluntary Accident and Critical Illness</b>	
<b>UNUM</b>	<b>1-800-635-5597</b> Monday through Friday, 7:00 a.m. to 7:00 p.m. Central
<b>Medical Plan (including MDLIVE, Mental Health and Substance Abuse)</b>	
<b>Blue Cross Blue Shield of Illinois</b>	<b>1-855-676-4484</b> Monday through Friday, 8:00 am to 6:00 pm Central <b>www.bcbsil.com</b>  <b>MDLIVE – 24/7/365 access to doctors</b> <b>1-888-676-4204</b> <b>www.mdlive.com/bcbsil.com</b>
<b>Prescription Drug Plan</b>	
<b>CVS/caremark</b>	<b>1-888-321-3128</b> <b>www.caremark.com</b>
<b>Dental Plan</b>	
<b>Delta Dental of Illinois</b>	<b>1-800-323-1743</b> <b>www.deltadentalil.com</b>
<b>Auto and Home Insurance</b>	
<b>Liberty Mutual</b>	<b>1-800-835-0894</b> , state you are with Capgemini <b>www.libertymutual.com</b>

Who	How to Contact
<b>Basic Life, Optional Life, and Accidental Death and Dismemberment, Short Term and Long Term Disability</b>	
<b>UNUM</b>	<b>1-800-421-0344</b> Monday through Friday, 7:00 am to 7:00 pm Central
<b>Vision Plan</b>	
<b>EyeMed Vision</b>	<b>1-866-939-3633</b> Monday through Saturday 7:30 am to 11:00 pm Eastern Sunday 11:00 am to 8:00 pm Eastern <a href="http://www.eyemed.com">www.eyemed.com</a>
<b>401(k) Plan</b>	
<b>Capgemini 401(k) Plan</b>	<b>1-800-835-5095</b> <a href="http://www.401k.com">www.401k.com</a>