great rewards

2018 BENEFITS ENROLLMENT

Compass Group Benefits Enrollment Guide

This Benefits Enrollment Guide will provide you with the necessary information to help you make your choices, answer many of your questions and provide instructions to successfully complete the enrollment process.

The information provided in this Guide is only intended to summarize the Compass Group benefits that are available to you. Please refer to the Summary Plan Descriptions (SPDs) and Summary of Benefits Coverage (SBCs) on www.altogethergreat.com/rewards for an explanation of covered services, exclusions and limitations.

Note: Union associates should refer to the language in their collective bargaining agreement for more information.

Take action

If you wish to participate in the 2018 Compass Group benefits program, you must enroll online before your eligibility date.

If you do not enroll during your eligibility period, you will not be able to enroll of make changes at a later time—unless you have a qualified life event, employment status change or you qualify for a Health Insurance Portability and Accountability Act (HIPPA) special enrollment.

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2018 Overview

Compass Group offers a comprehensive total rewards package that attracts and retains high caliber associates needed to successfully compete in our fast-paced industry. Our benefits package is competitive and offers a wide range of options, including tools and resources that help you live your best life, grow personally and professionally and get rewarded for the results you deliver.

We realize that our associates have different benefit needs—needs that will probably change as their personal lives change. So we are proud to offer our associates choice, through our flexible benefits program. Be sure to read through this entire guide carefully, as it outlines available benefit plans and other important information you'll need for the year. You can also visit www.altogethergreat.com/rewards for more information.

To participate in the 2018 Compass Group benefits program, *you must actively enroll online before your eligibility date.*

Benefits Enrollment Checklist

Enrolling in your 2018 benefits can appear overwhelming, but this checklist can help make it a breeze! Here's what you need to do:

1. Be Prepared

- Read this Guide carefully to understand your 2018 benefit options.
- Review available provider networks and more at www.altogethergreat.com/rewards.

2. Register

- Remember that you need to register on the benefits enrollment website *before* electing benefits.
- Go to www.compassgroup.bswift.com to begin, and see pages 3-4 for more details.
- If you need assistance with registration, call the Benefit Service Center at 877-311-4747 to have a representative assist you. Telephonic support is available Monday – Friday, from 8:00 a.m. – 6:00 p.m. EST.

3. Enroll

- Enroll online before your eligibility date at www.compassgroup.bswift.com.

4. Confirm

- Please be sure to SAVE and PRINT your confirmation statement for your records.

Your 2018 benefits are mobile!

Your benefit information is available on your smartphone and tablet, as well as your PC. Visit www.compassgroup.bswift.com to get started. If you don't have a smartphone or mobile device, you can still access the benefits enrollment website from www.altogethergreat.com/rewards/enrollment-center, then click the link for the 2018 Benefits Enrollment Website.

If you enroll in 2018 benefits, medical, pharmacy and dental ID cards will be mailed to you within approximately two to three weeks of completing your enrollment. However, if you need to obtain membership information quickly, please register for the carrier's website and print a temporary ID card. Carrier websites are listed on page 28 of this Guide.

Benefits Enrollment Website

Compass Group's benefits enrollment website, powered by bswift, provides a smart, simple and personalized enrollment experience to help you choose the right plans for you and your dependents. Visit the benefits enrollment website throughout the year, to:

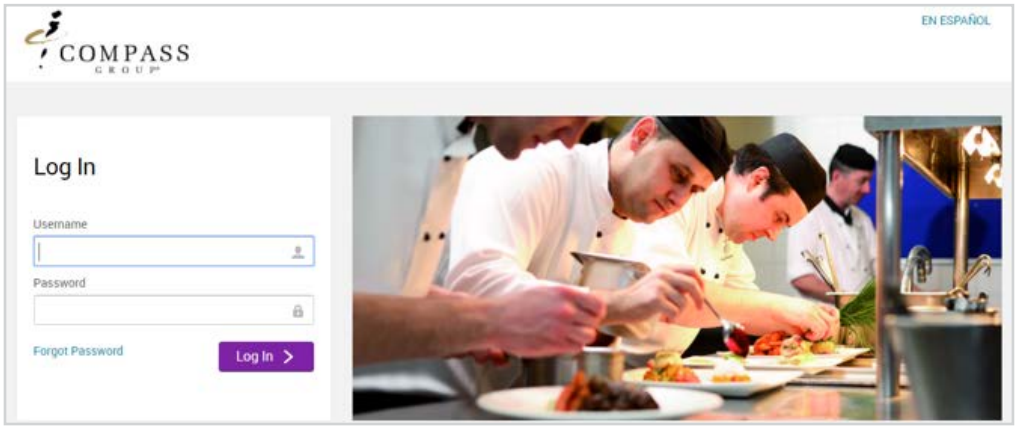
- Look up your benefits information
- Enroll in your benefits
- Make changes when you have qualifying life events
- Upload dependent verification or life event documents
- Update your life insurance beneficiaries
- Connect directly to our benefit carrier websites
- And more!

Follow these simple steps to complete the registration process:

Step 1: Access the website from www.compassgroup.bswift.com

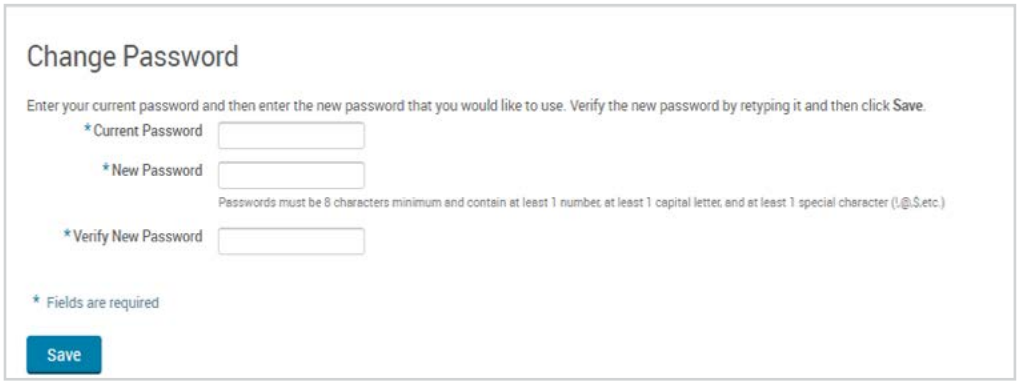
- Your username will be your eight-digit personnel number, including leading zeros. You can find your personnel number on your most recent paystub.
- Your initial password will be:
  - the first initial of your first name, as shown on your paystub (lower case),
  - 2-digit birth month, and
  - the first five digits of you Social Security Number (SSN).

Example: John Smith's (birthdate 12/15 and SSN of 123-45-6789) password will be j1212345.



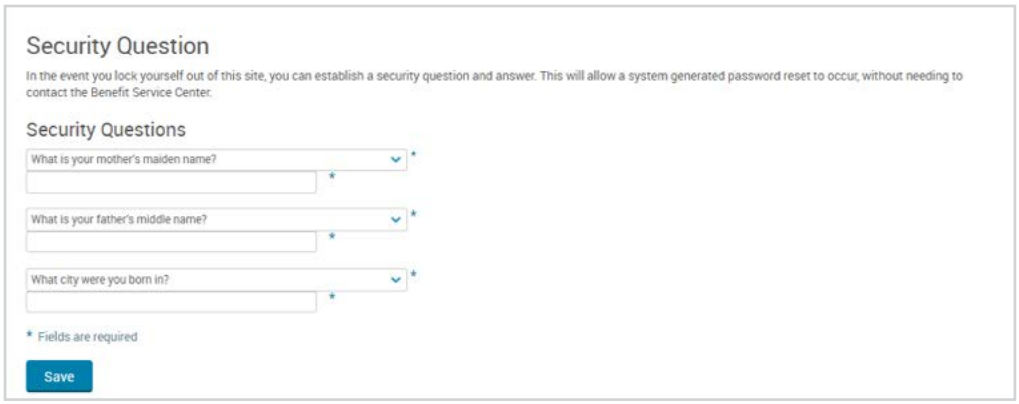
Step 2: Update your password

- You will need to enter the initial password in the Current Password field before creating a new password.
- Your new password must meet the following criteria:
  - At least 8 characters long
  - At least 1 number
  - At least 1 capital letter
  - At least 1 special character (!, @, $, etc.)



Step 3: Set up security questions

- bswift takes the security of your information very seriously. That's why we use security questions to help verify that you're the only person who can access or make changes to your account.
- These security questions allow you to reset your password, without having to call the Benefit Service Center.
  - Select one question from each of the drop down menus and provide your answers.



Compass Group will not have access to your unique username, password or security questions or answers, so be sure to keep this information in a safe place for future reference. You will need it each time you access your benefit information online.

Need Help? If you need assistance with the online registration, call the Benefit Service Center at 877-311-4747 to have a representative assist you. Telephonic support is available Monday – Friday, from 8:00 a.m. – 6:00 p.m. EST.

Eligibility

Generally, you are considered eligible for Compass Group benefits if you are a full-time associate working an average of 30 hours or more per week.

- Full-time Management and Professional* associates are eligible for all benefits, with the exception of Short Term Disability (STD) coverage, on the first day of the month following one month of service. Full-time Management and Professional associates are automatically covered under the STD policy after they have completed six months of service. You must enroll in benefits within 45 days of your date of hire.

- Full-time Team Member* associates are eligible for benefits on the first day of the month following two months of service after the completion of the company's one month orientation period. You must enroll in benefits within 90 days of your date of hire.

- Full-time Union Team Member** associates are generally eligible for benefits on the first day of the month following two months of service. You must enroll in benefits within 60 days of your date of hire.

Once you have been employed with Compass Group for more than one year, your employment status and benefits eligibility will be verified based on the average of your actual hours paid in the previous 12 months. This average will be recalculated each year prior to Annual Enrollment.

** Some exceptions may apply. Any differences to this eligibility should be communicated to you by your manager.*
*** Union associates should refer to the eligibility language in their collective bargaining agreement. Any differences to this eligibility should be communicated to you by your manager.*

Eligible Dependents

Your eligible dependents include your lawful spouse (regardless of gender), children (including stepchildren, to the end of the month in which he or she becomes age 26), and unmarried children age 26 or older who are mentally or physically unable to care for themselves, but only if the disability arose at a time when the child could have been covered as a dependent under Compass Group's benefits.

You must provide a name, Social Security Number, gender, and date of birth for all dependents before you can enroll them in coverage.

Dependent Verification

Compass Group requires associates to submit documentation proving the relationship of all dependent(s) covered under a medical, dental and/or vision plan. Be sure to have this documentation available, when completing your online enrollment.

If you add a dependent to your coverage whose relationship needs to be verified, you must submit all required documentation within thirty (30) days from the date of enrollment. If you fail to provide the required documentation, your dependent(s) will be removed from coverage. Supporting documentation is generally only required upon the initial enrollment of an eligible dependent.

How do I submit my documentation?

Review the Dependent Verification Documentation chart on the next page carefully for a list of required documents. Please ensure that copies or images of your documents are clear and legible. Please be sure to black out Social Security numbers, account numbers, financial information or monetary amounts appearing on any documents before submitting.

Quick and Easy Upload

- Uploading is the safest way to submit your documentation. Login through www.compassgroup.bswift.com and upload during the enrollment process.

Alternative Ways to Submit Your Documents

- If you do not wish to upload your documentation, you can fax to: 866-205-2993 or mail your documents. If submitting by mail, make copies of all of your documents. Do not mail originals, as documents received will not be returned to you. Mail copies to:
  Compass Group Benefit Service Center
  Attn: Dependent Verification
  P.O. Box 617520
  Chicago, IL 60661

Note: Illegible submissions cannot be processed.

If you have questions regarding dependent verification, please call the Benefit Service Center at 877-311-4747.

Dependent Verification Documentation

	DEPENDENT VERIFICATION DOCUMENTATION REQUIRED*
Spouse	Submit a copy of the following: • (Provide one) Marriage certificate, or Notarized Common Law Affidavit, AND • (Provide one) Current Tax Return with dependent's name listed, or Bank or Credit Card Statement with a Common Address, or Mortgage or Lease Statement with a Common Address, or Motor Vehicle Statement with a Common Address, or Utility Bill with a Common Address, or the first page of your current federal tax return confirming your spouse as a dependent. You should mark through your financial information on any documents before submission (such as your income, details on a bank statement, etc.). Common address documentation must be dated within 6 months of the request. If the marriage occurred within the last 90 days, a second item of proof is not required.
Child(ren), to the end of the month in which he or she becomes age 26	Submit a copy of one of the following: • Birth Certificate with Parent's Name Listed, or • Adoption Certificate, or • Documentation of Permanent Legal Guardianship/ Custody, or • Hospital Birth Record (newborn children only), or • Qualified Medical Child Support Order
Stepchild(ren), to the end of the month in which he or she becomes age 26	Submit a copy of the following: • Your Marriage Certificate, AND • (Provide one) the first page of your current federal tax return confirming your spouse and/or stepchild(ren) as a dependent, Bank or Credit Card Statement with a Common Address, or Mortgage or Lease Statement with a Common Address, or Motor Vehicle Statement with a Common Address, or Utility Bill with a Common Address. AND a copy of one of the following: • Birth Certificate with Parent's Name Listed, or • Adoption Certificate, or • Documentation of Permanent Legal Guardianship/ Custody, or • Hospital Birth Record (newborn children only), or • Qualified Medical Child Support Order You should mark through your financial information on any documents before submission (such as your income, details on a bank statement, etc.). If the Benefit Service Center cannot match the children's information with the associate or spouse listed on file, they may request additional documentation.
Unmarried Child(ren) age 26 or older who are mentally or physically unable to care for themselves	Submit a copy of one of the following: • Birth Certificate with Parent's Name Listed, or • Adoption Certificate, or • Documentation of Permanent Legal Guardianship/ Custody, or • Qualified Medical Child Support Order In addition to the documentation above, certification of your dependent's disability is periodically required to maintain eligibility and coverage. The Compass Group Benefit Service Center will mail you a form requesting this certification. The form must be completed by the dependent's physician and returned to Compass Group within the specified timeframe.

**Do not mail original documents; they will not be returned.*

Questions? Call the Benefit Service Center at **877-311-4747**.

Benefit Deductions and Surcharges

Spouse Surcharge

If you would like to cover your spouse under a Compass Group medical plan and he/she works for an employer who offers medical coverage, you will pay an additional surcharge for coverage. If your spouse does not have access to medical coverage through their employer, or they work for Compass Group, the surcharge will not apply.

Tobacco Surcharge

Associates who enroll in a Compass Group medical plan will have to identify annually whether or not they are a tobacco user. If you identify that you are a tobacco user, you will pay an additional surcharge for medical coverage. The tobacco surcharge does not apply to dependents or premiums for dental and vision coverage. In addition, compliance with the INTERVENT Tobacco Cessation Program will remove the tobacco surcharge, regardless of whether you have yet stopped using tobacco products.

Tobacco products are defined as any product made with or derived from tobacco that is intended for human consumption, including any component, part or accessory of a tobacco product. This includes, but is not limited to cigarettes, e-cigarettes, cigars, pipes, chewing tobacco, snuff, hookahs and other tobacco products. You are considered a tobacco user if you use any of these tobacco products regularly (four or more times per week, excluding religious or ceremonial uses) within six months of enrollment into a Compass Group medical plan.

Educational Team Member Benefit Deductions

Educational Team Member associates are not generally scheduled to work 52 weeks in a year and deductions and surcharges will be taken over a shorter period of time. You can review the 2018 educational deduction calendar at www.altogethergreat.com/rewards.

Benefit Deductions

Your benefit deductions and surcharges are based on each payroll cycle. Your benefits are not pro-rated. If your effective date is within the payroll cycle, a full deduction and surcharge is due. If a deduction or surcharge is missed, future deductions and surcharges will be taken up to 1.5 times the regular rate until the balance is paid in full, with the exception of any applicable Healthcare and Dependent Daycare Spending Account election(s).

2018 Costs

You can find your per pay period costs for coverage and surcharge amounts in the benefits enrollment website at www.compassgroup.bswift.com.

Coverage Levels

You have four coverage levels for each of the medical, dental and vision options. You can cover:

- Yourself only
- Yourself and your spouse
- Yourself and child(ren) and stepchild(ren)
- Yourself and your family

You cannot cover your eligible dependents without coverage for yourself.

Employment Termination

Benefit coverage ends on the date you terminate employment with Compass Group. If your medical, dental, vision and/or flexible spending account coverage ends, you may be eligible for COBRA. Refer to the Summary Plan Description at www.altogethergreat.com/rewards for more information.

Qualified Life Events

Dependent verification and supplying proof of your qualified life event are separate processes from enrolling in or changing your benefit plans.

Can I Make Changes During The Plan Year?

When your life changes, chances are your benefits will need to change too. Although you are generally not permitted to make benefit changes during the year, the IRS does allow changes to be made that are consistent with certain life events.

How Do I Make Benefit Changes If I Experienced A Life Event*?

If you experience a life event such as marriage, birth or adoption, or gain/loss of other group coverage, you can make changes to your benefits, consistent with your event. To initiate an event online, visit the benefits enrollment website at www.compassgroup.bswift.com.

For the following HIPAA Special Enrollment events, you may enroll or make changes to coverage **within two months** of your event date:

- Marriage
- Birth, legal adoption of child, placement for adoption, permanent guardianship
- Loss of group insurance coverage
- Gain or loss of Medicaid or Children's Health Insurance Program (CHIP) coverage
- Eligible dependent entering the United States

For the following qualified life events, you may enroll or make changes to coverage **within one month** of your event date:

- Gain of group coverage
- Dependent loses eligibility (divorce/legal separation/guardianship termination)
- Eligible dependent leaving the United States
- Death of a dependent
- Dependent daycare change

You will be required to submit documentation supporting your life event. After enrolling or making changes online, you will receive a letter that will provide details regarding acceptable forms of documentation, deadlines, etc. You must submit all required documentation within one (1) month from the date of the letter. If you fail to provide the required documentation, your requested change(s) will be denied.

Note: Your benefit changes will not be sent to the carriers until you submit the appropriate verification documentation and the Benefit Service Center approves your changes.

Quick and Easy Upload

Uploading is the safest way to submit your documentation. Login through www.compassgroup.bswift.com and upload during the enrollment process.

Alternative Ways to Submit Your Documents

- Fax: You can fax your documentation to: 866-205-2993. Please be sure to include your Compass Group personnel number on ALL documents. You can find your personnel number on your most recent paystub.

- Mail: If submitting by mail, make copies of all of your documents. Do not mail originals, as documents received will not be returned to you. Mail your copies to:
  Compass Group Benefit Service Center
  Attn: Dependent Verification
  P.O. Box 617520
  Chicago, IL 60661

Note: Do not mail original documents; they will not be returned. Illegible submissions cannot be processed.

Questions? Call the Benefit Service Center at **877-311-4747**.

Federal law currently recognizes several other events that may also permit you to make election changes during the plan year. Refer to the Summary Plan Description at www.altogethergreat.com/rewards/enrollment-center for more information.

Medical Plan Options

It is important to know that all of the plans offer the same quality care, but the way the cost is split between you and the plan are different. Here is an overview of the plan options available to you:

- **Bronze Plus Plan**—This plan meets the federal definition of affordability and requires the lowest payroll deduction, but has a higher deductible that must be satisfied before benefits are paid. On average, the plan will pay 60% of covered charges and you will pay 40% when you use in-network healthcare providers.

- **Silver Plus Plan**—This is our mid-level plan and requires a modest payroll deduction. In this plan you must meet your deductible before most benefits are paid, except for in-network office visit services which are covered by paying a copay. On average, the plan will pay 70% of covered charges and you will pay 30% when you use in-network healthcare providers.

- **Gold Plus Plan**—This plan provides the most comprehensive coverage and benefit level, but also has the highest payroll deduction. In-network office visit services are covered by paying a copay. For most other services, you must meet your deductible before benefits are paid. On average, the plan will pay 80% of covered charges and you will pay 20% when you use in-network healthcare providers.

Medical carriers are offered by state. In most areas, at least one carrier is offered as "Best in Market" with preferred pricing. In select areas, Regional HMOs may be offered—coverage under these regional plans may vary.

With mobile technology, your benefits are always at your fingertips.

Our PPO medical carriers, and most of the Regional HMOs, provide you with mobile access to look up the status of a claim, view a virtual ID card right on your phone or locate a nearby provider. Learn more by reviewing your carrier's website. A list of carrier contact information is located on page 28.

Travel outside of the U.S.

Coverage outside the U.S. may vary from domestic benefits. If you plan to travel outside of the continental U.S., call the number on the back of your medical ID card for coverage details before you travel.

What does the "best in market" designation mean?

Best in Market PPO medical carriers provide you with access to the largest provider network in your state and the deepest network discounts—to help save you money. With each PPO plan, you have the option to select in-network or out-of-network providers. Higher benefits are paid when you choose a provider in the carrier's network. If no networks are available in your area, Out-of-Area plans are offered. To view the 2018 Best in Market Map, visit www.altogethergreat.com/rewards.

2018 Medical Plan Comparison Chart

	BRONZE PLUS PLAN		SILVER PLUS PLAN		GOLD PLUS PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible Individual/ Family	$3,000 / $6,000	$6,000 / $12,000	$1,000 / $2,000	$2,000 / $4,000	$500 / $1,000	$1,000 / $2,000
Medical Annual Out-of-Pocket Maximum[1] Individual/ Family	$6,000 / $12,000	$12,000 / $24,000	$5,500 / $11,000	$11,000 / $22,000	$3,500 / $7,000	$7,000 / $14,000
Coinsurance	60%	40%	70%	50%	80%	60%
PREVENTIVE CARE SERVICES[2]						
Annual checkups/physicals, mammograms, etc.	100%	40%, no deductible	100%	50%, no deductible	100%	60%, no deductible
PHYSICIAN SERVICES						
Phone or Online Consultation—provided by Teladoc[1]	100%, after $10 copay	N/A	100%, after $10 copay	N/A	100%, after $10 copay	N/A
Primary Care Physician (PCP) Office Visit	60% coinsurance, after deductible	40% coinsurance, after deductible	100%, after $35 copay	50% coinsurance, after deductible	100%, after $25 copay	60% coinsurance, after deductible
Specialist Office Visit	60% coinsurance, after deductible	40% coinsurance, after deductible	100%, after $65 copay	50% coinsurance, after deductible	100%, after $50 copay	60% coinsurance, after deductible
Surgery (Inpatient or Outpatient Hospital)	60% coinsurance, after deductible	40% coinsurance, after deductible	70% coinsurance, after deductible	50% coinsurance, after deductible	80% coinsurance, after deductible	60% coinsurance, after deductible
HOSPITAL SERVICES						
Inpatient Hospital Care	60% coinsurance, after deductible	40% coinsurance, after deductible	70% coinsurance, after deductible	50% coinsurance, after deductible	80% coinsurance, after deductible	60% coinsurance, after deductible
Outpatient Hospital Care[3]	60% coinsurance, after deductible	40% coinsurance, after deductible	70% coinsurance, after deductible	50% coinsurance, after deductible	80% coinsurance, after deductible	60% coinsurance, after deductible
EMERGENCY CARE						
Emergency Room	60% coinsurance, after deductible	60% coinsurance, after deductible	$150 copay, plus 70% coinsurance, after deductible	$150 copay, plus 70% coinsurance, after deductible	$150 copay, plus 80% coinsurance, after deductible	$150 copay, plus 80% coinsurance, after deductible
Urgent Care Clinic	60% coinsurance, after deductible	40% coinsurance, after deductible	100%, after $65 copay	50% coinsurance, after deductible	100%, after $50 copay	60% coinsurance, after deductible
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES						
Specialist Office Visit	60% coinsurance, after deductible	40% coinsurance, after deductible	100%, after $65 copay	50% coinsurance, after deductible	100%, after $50 copay	60% coinsurance, after deductible
Inpatient Hospital Care	60% coinsurance, after deductible	40% coinsurance, after deductible	70% coinsurance, after deductible	50% coinsurance, after deductible	80% coinsurance, after deductible	60% coinsurance, after deductible
Outpatient Hospital Care	60% coinsurance, after deductible	40% coinsurance, after deductible	70% coinsurance, after deductible	50% coinsurance, after deductible	80% coinsurance, after deductible	60% coinsurance, after deductible

[1] The medical out-of-pocket maximum does not include Teladoc and prescription drugs. Prescription drug out-of-pocket maximum is separate.
[2] To be covered as a preventive care service, the care must meet nationally recognized guidelines—like minimum age and frequency rules. Contact your carrier for more information.
[3] Outpatient diagnostic imaging services, including CT/CTA scans, MRI/MRA scans, PET scans and nuclear cardiology studies require prior authorization. Contact your carrier for more information.

Copays and coinsurance are waived after out-of-pocket maximum is satisfied. Services covered by coinsurance require deductible to be satisfied first. Services covered by a copay do not require the deductible to be satisfied.

Regional HMO benefits may vary. Please review the SBCs for the Regional HMOs before you make your election, at www.altogethergreat.com/rewards.

Details on the Aetna Global (available only in Antarctica), Triple S (available only in Puerto Rico) and HMSA (available only in Hawaii) plans are provided by the carriers through Certificates of Coverage and are not included in this document.

Tips To Help You Save Money

- **Commit to healthy living.** Eat well, exercise and steer clear of unhealthy habits like smoking and excessive drinking.
- **Get preventive screenings.** Annual well-visits give your doctor an opportunity to provide necessary medical advice and identify health concerns before they become major issues. In-network annual checkups are covered by all Compass Group medical plans at 100%.
- **Use a Primary Care Provider (PCP).** Having a PCP is an important part of taking care of your health. They can help you manage your health and lower your overall healthcare costs. If you don't have a PCP, Health Advocate can find one for you and schedule your first appointment. Call Health Advocate at 866-799-2728.
- **Stay in-network.** Seeing in-network providers can help you save money. The rates that in-network providers have agreed to charge are lower and benefits are covered at a higher level. Seeing out-of-network providers typically means higher rates, deductibles, coinsurance and out-of-pocket maximums—sometimes a lot higher.
- **Use generic medications.** Many brand-name prescription drugs have chemically equivalent generic drugs available for a fraction of the cost. Ask your doctor if a generic form of your prescription is available and appropriate for you, and avoid the expense of paying for a brand-name.
- **Consider a Healthcare Spending Account.** This account saves you money because deductions are made before taxes are withheld from your paycheck. Use it to help pay for qualified healthcare expenses, like copays, deductibles and coinsurance.

Quicker, Less Expensive Alternatives To The Emergency Room

Since the emergency room is built to deal with life-or-death situations, it's the most expensive and time-consuming healthcare option you have.

For non-life-threatening illnesses and injuries, consider using an urgent care center, convenience clinic or walk-in doctor's office to save time and money. Their goal is to treat patients quickly and efficiently.

Urgent care centers and convenience clinics can typically treat things like:

- Cold and flu symptoms, bronchitis, or respiratory infection
- Sinus problems, allergies, cough or fever, sore or strep throat
- Skin issues (including rashes, ringworm and chicken pox)
- Minor burns, cuts and scrapes
- Sprains and strains
- And more!

Teladoc also gives you access 24 hours a day, 7 days a week to a U.S. board-certified doctor through the convenience of phone, video or mobile app visits. So don't delay, register for your Teladoc account today at www.teladoc.com or call 800-Teladoc (800-835-2362).

Good Health Begins With Prevention

What Are Preventive Care Services?

If you think you should only visit your doctor when you're feeling sick, think again. A preventive checkup at least once a year can help you avoid getting sick in the first place.

No matter which Compass Group plan you choose, there is no cost for in-network preventive care services. Here are a few examples of preventive care services:

- Annual physical exams
- Well-child visits
- Routine lab tests
- Immunizations
- Well-woman visits
- Routine dental cleanings
- Annual vision exams

Preventive care is covered at 100% in all of our medical, dental and vision plans and is fully compliant with the Health Care Reform laws.

Preventive vs. Diagnostic Care

Whether your doctor's visit is coded as preventive or diagnostic can have a big effect on how much you pay. Certain services can be used for either preventive (free) or diagnostic (copayments, coinsurance or deductibles apply) reasons.

Preventive care is generally defined as a well visit, and may consist of screening labs or tests or annual well exams. If you have a medical problem or concern that you want to discuss with your doctor, insurance generally defines this as a diagnostic service. If you receive services for diagnostic reasons, you may have a cost—so please talk with your doctor to learn more.

Having a PCP is an important part of taking care of your health. If you don't have a PCP, Health Advocate can find one for you and schedule your first appointment - just call 866-799-2728.

Know Your Numbers

Your PCP will work with you to make sure you're taking the right steps to stay healthy—like getting important screenings, tests and immunizations or shots.

Your doctor will also help you understand important numbers related to your health—including your cholesterol and triglyceride levels, blood pressure, blood glucose and body mass index. Knowing these numbers can help you make changes to improve your health and reduce your risk of developing heart disease, stroke, diabetes and other serious illnesses including some cancers.

- **Blood Pressure**—This is one of the strongest markers for heart disease and stroke risk. It is measured as two numbers. Systolic pressure is the first or top number and is the pressure when the heart is contracting. Diastolic is the second or bottom number and is the pressure when the heart is at rest between beats. Normal blood pressure is below 120 / 80.

- **Cholesterol and Triglyceride Levels**—Cholesterol is a fat-like substance that circulates in the blood. When it comes to cholesterol, there are two important numbers you should know: LDL (or "bad" cholesterol) and HDL (or "good" cholesterol). Too much LDL cholesterol can lead to the buildup of plaque in your arteries, which puts you at risk for a heart attack or stroke. LDL cholesterol should be below 130 mg/dL and below 100 mg/dL is optimal. HDL cholesterol helps remove plaque from the coronary arteries. HDL cholesterol should be 40 mg/dL or higher for men and 50 mg/dL or higher for women. Your total cholesterol (TC) level should be below 200 mg/dL. Triglycerides are another type of fat in the blood that contributes to coronary heart disease. Triglyceride levels below 150 mg/dL are generally considered normal.
- **Blood Glucose**—A fasting blood glucose (sugar) test is commonly used to diagnose the presence of diabetes. Fasting means no food or drink other than water for at least eight hours before the test. A fasting blood glucose level of 126 mg/dL or higher confirms a diagnosis of diabetes. A fasting blood glucose below 100 mg/dL is normal. Before people develop diabetes, most have prediabetes—fasting blood glucose levels that are higher than normal but not yet high enough to be diagnosed as diabetes. Prediabetes is a serious medical condition that can be prevented and treated.
- **Body Mass Index (BMI)**—This is calculated from two other numbers that you probably know—your weight and height. Your BMI will be one way to gauge if you are classified as being overweight. However, it is not a perfect measure. For most of us, BMI is a great way to gauge how our weight compares to recommended levels. Normal BMI is 18.5 to 24.9.
- **Waist Circumference**—A high waist circumference indicates a greater level of abdominal fat which is associated with an increased risk for type 2 diabetes, high cholesterol, high blood pressure and heart disease. Women with a waist circumference of more than 35 inches, and men with a waist circumference of more than 40 inches are at increased disease risk. Waist circumference is measured at the top of the hip bone.

You inherit some risk for chronic diseases from your family, but the majority of chronic disease risk is in the lifestyle we lead - specifically linked to smoking, poor eating habits and an inactive lifestyle. These are things you can change! INTERVENT's comprehensive telephonic lifestyle health coaching program can help you reduce your risks and achieve other lifestyle goals that are important to you—and the program is completely confidential. Contact INTERVENT by phone at 866-334 2137, weekdays from 8:00 a.m. to 9:00 p.m. EST.

Pharmacy Benefits

When you enroll in a Compass Group PPO medical plan, you will automatically be enrolled in the prescription drug plan with CVS CAREMARK™.

Be sure to review the prescription plan comparison chart within this Guide carefully to understand all of your options. The Regional HMOs that may be available to you administer their own prescription drug coverage.

2018 Pharmacy Plan Highlights

	BRONZE PLUS PLAN	SILVER PLUS PLAN	GOLD PLUS PLAN
	IN-NETWORK	IN-NETWORK	IN-NETWORK
Annual Out-of-Pocket Maximum[1]	$1,000 individual / $2,000 family	$1,500 individual / $3,000 family	$1,500 individual / $3,000 family
30-day Supply			
Generic	100% after $12.50 copay	100% after $12.50 copay	100% after $12.50 copay
Preferred	50% coinsurance associate pays min $50/max $100	70% coinsurance associate pays min $30/max $50	70% coinsurance associate pays min $30/max $50
Non-Preferred	50% coinsurance associate pays min $75/max $150	70% coinsurance associate pays min $50/max $100	70% coinsurance associate pays min $50/max $100
Specialty	50% coinsurance associate pays min $100/max $200	70% coinsurance associate pays min $75/max $125	70% coinsurance associate pays min $75/max $125
90-day Supply			
Generic	100%, after $25 copay	100%, after $25 copay	100%, after $25 copay
Preferred	50% coinsurance associate pays min $100/max $200	70% coinsurance associate pays min $75/max $125	70% coinsurance associate pays min $75/max $125
Non-Preferred	50% coinsurance associate pays min $150/max $300	70% coinsurance associate pays min $125/max $250	70% coinsurance associate pays min $125/max $250

[1] *The medical out-of-pocket maximum does not include Teladoc and prescription drugs. Prescription drug out-of-pocket maximum is separate.*

Copays and coinsurance are waived after out-of-pocket maximum is satisfied. Services covered by coinsurance require deductible to be satisfied first. Services covered by a copay do not require the deductible to be satisfied.

The Regional HMO benefits may vary. Please review the SBCs for the Regional HMOs before you make your election. They are available at www.altogethergreat.com/rewards.

Coverage Authorization Requirements

Prior authorization helps your doctors comply with dosage guidelines and confirms that medications are used based on generally accepted medical standards. Before certain medications are covered under your plan, CVS CAREMARK™ will check to see if the medication meets our plan's conditions for coverage.

Step Therapy Program

For certain conditions such as ulcers, acid reflux disease, and some types of pain or inflammation, CVS CAREMARK's Step Therapy program requires lower cost options be explored before higher cost options are covered. Step Therapy may not be available in Regional HMO and Triple-S (Puerto Rico) Plans.

The CVS CAREMARK™ app lets you manage your prescription benefits on the go! You can visit www.caremark.com to use the price check tools, find network pharmacies, print ID cards, review the list of covered drugs and more. You can also call CVS CAREMARK™ at 855-656-0360.

Save Money On Prescription Drugs

We want to help you and your family stay as healthy as possible and lower your prescription costs. Here are some tips to consider when managing prescriptions:

✓ **Reduce Your Costs With Generic Drugs**

You will reduce your drug costs if you are able to use a generic drug instead of a brand-name drug. The brand-name is the trade name under which the drug is advertised and sold. By law, the generic and brand-name drugs must meet the same standards for safety, purity, strength and effectiveness.

The choice between brand-name and generic drugs is up to you. However, choosing the generic drug will save you money—so ask your doctor if a generic is right for you.

✓ **Consider Mail-Order**

Retail pharmacies are meant for short-term prescriptions, such as an antibiotic for an infection or pain medication following surgery. Mail-order saves money and is intended for longer term therapies, or treatment of chronic conditions.

If you take long term medications, take advantage of the mail-order prescription program to receive up to a three-month (90-day) supply of your medication, at a lower cost than if purchased on a month-to-month basis. You must use CVS/pharmacy or CVS Caremark Mail Service Pharmacy for your long-term medication needs.

✓ **Take Your Medications As Prescribed**

Whether generic or brand-name, any medications that your doctor has prescribed for you need to be taken as directed. For example, if your doctor says you need to take a medication every day, then you shouldn't skip a day. Changing your dosage may cause medical complications that could lead to additional medical expenses or health problems for you.

Compass Group cares about your health and well-being

"Statins" are a class of drugs used to lower cholesterol and may be used to help treat or prevent heart disease and high cholesterol. Beginning January 1, 2018, our pharmacy plans will cover generic "statin" medications at 100% for you and your covered dependents.

Specialty Medications Through CVS Specialty

CVS Specialty helps patients manage their rare and complex conditions to live healthier lives—providing greater access to your medication and the support you need to take them safely and effectively.

If you take specialty medications, you must fill your prescriptions through CVS Specialty. Through CVS Specialty, you will enjoy 24/7 support from an entire CareTeam of specially-trained pharmacists and nurses to provide you with personalized service and your own individualized care system. CVS Specialty also helps you stay in control and on track with flexible medication pick up or delivery service options.

Visit www.CVSspecialty.com or call 800-237-2767 for more information.

CVS Mobile App

Make everything easier. Staying healthy. Saving time. Spending less. The CVS/caremark™ app lets you refill or request new mail service prescriptions, track order status, view prescription history and more. Download the CVS app now from iTunes or Google Play.

Dental Plan Options

Your teeth and gums are the gateway to good health. You have the option of two CIGNA dental plans that make it easier to care for your teeth and gums—and your budget.

Both the Basic and Comprehensive dental plans pay 100% for checkups, cleanings and bitewing X-rays, when you use a Cigna network dentist. However, the Comprehensive Dental Plan has a higher annual maximum and includes coverage for orthodontia.

CIGNA plans allow you to use any dentist you choose, but also gives you access to a network of preferred provider dentists. If you use a CIGNA preferred provider, you'll receive a higher level of benefits because preferred dentists provide all services at discounted rates.

2018 Dental Plan Highlights

SERVICES COVERED	BASIC DENTAL PLAN BENEFITS	COMPREHENSIVE DENTAL PLAN BENEFITS
Annual benefit Preventive, basic and major treatment	$750 per year, per person for all levels combined	$1,500 per year, per person for all levels combined
Preventive treatment Checkups, cleanings, fluoride treatment, bitewing X-rays	100% when you use a Cigna network dentist or 80% when you use a non-network dentist	100% when you use a Cigna network dentist or 80% when you use a non-network dentist
Basic treatment Fillings, simple extraction	50% of reasonable and customary charges[1] after $50 deductible[2]	80% of reasonable and customary charges[1] after $50 deductible[2]
Major treatment Crowns, bridges, dentures (including over implants)	50% of reasonable and customary charges[1] after $50 deductible[2]	50% of reasonable and customary charges[1] after $50 deductible[2]
Orthodontia Braces and related treatment	Not covered	50% up to lifetime maximum benefit of $2,500 per person, no deductible

[1] Services provided by a Cigna preferred provider dentist are at a discounted rate. Therefore, your out-of-pocket expenses are lower.
[2] $50 deductible per person or $150 per family annually.

The dental coverage in Puerto Rico is provided by Delta Dental. Information about this plan is available at www.deltadentalpr.com.

Avoid costly surprises

If you expect charges for planned dental work to be $200 or more, you should find out in advance how much the plan will pay. This is called a predetermination of benefits. Ask your dentist to complete a dental claim form describing the proposed treatment and related charges and send it to CIGNA. Your dentist will receive an estimate of the benefits that CIGNA will pay.

Oral Health Maternity Program

CIGNA's Dental Oral Health Maternity Program® provides enhanced dental benefits for expectant mothers enrolled in Compass Group dental coverage. Register at www.mycigna.com to view dental providers in your area, print an ID card or check the status of your claim.

Vision Plan Options

Staying healthy starts with your eyes. A routine eye exam can lead to early identification of diabetes, high cholesterol, hypertension, and more.

Both the Basic and Comprehensive Plans are administered by Vision Service Plan (VSP). The plans provide coverage for an annual eye exam, and offer a higher level of benefits when you see an in-network provider. Also, when you see a network provider, the claims are filed for you. If you choose an out-of-network provider, you will need to file a claim yourself.

2018 Vision Plan Highlights

		BASIC VISION PLAN	COMPREHENSIVE VISION PLAN
SERVICE	FREQUENCY	PREFERRED PROVIDER (In-Network)	PREFERRED PROVIDER (In-Network)
Exam	Once every calendar year	Covered in full	Covered in full
Lenses	Once every calendar year	20% discount	
Single			Covered in full, after $20 copay
Bifocal			Covered in full, after $20 copay
Trifocal			Covered in full, after $20 copay
Lenticular			Covered in full, after $20 copay
Scratch coating			Covered in full
Frames	Once every other calendar year	20% discount	Up to $160 allowance (20% discount on amounts over $160)
Contact lenses*	Once every calendar year		
Exam		15% discount off contact lens exam (fitting and evaluation)	15% discount (fitting and evaluation), $60 maximum copay
Lenses		No allowance for contact lenses	Up to $160

** If you purchase contacts with this benefit, it counts as a complete set of glasses/frames.*

VSP Diabetic Eyecare Plus Program

The VSP Diabetic Eyecare Plus Program helps members with type 1 or type 2 diabetes by covering additional eye care services. These services play an important role in the prevention, early detection, and treatment of diabetic eye disease—plus, you never need a referral.

In addition to great coverage, the vision plans allow you to enjoy discounts on additional services at VSP Signature providers, such as PRK, LASIK surgery and more. To learn more, find a network provider or print an ID card, visit the VSP website at www.vsp.com, or call Member Services at 800-877-7195.

Flexible Spending Accounts (FSAs)

You must actively enroll each year.
Remember to carefully calculate your expenses when making your FSA elections. IRS regulations require that you forfeit any money left in your account after the claims submission deadline.

You have access to tax-advantaged accounts to pay for qualified healthcare expenses—and keep more money in your pocket. You do not have to enroll in a Compass Group medical, dental or vision plan to enroll in the Healthcare Spending Account or Dependent Daycare Spending Account.

Healthcare Spending Account

A Healthcare Spending Account is designed to help you pay for eligible healthcare expenses incurred in the current calendar year. You can use these funds to pay copays, deductibles, or dental and vision expenses not reimbursed under any healthcare plans.

You can contribute up to $2,600 pre-tax (minimum of $100) to the Healthcare Spending Account. The full annual amount of your 2018 Healthcare Spending Account contribution will be available as soon as your account is activated. You have until March 31, 2019 to submit claims for eligible expenses incurred from January 1, 2018 through December 31, 2018.

You are allowed to roll over up to $500 of unused Healthcare Spending Account funds at the end of a plan year to use the following plan year. If you do not submit claims against your 2018 Healthcare Spending Account balance by March 31, 2019, you will forfeit the remaining funds over $500.

If you terminate employment or your coverage under this plan ends, you can submit claims incurred up to your plan termination date. However, these claims must be submitted within 90 days of the termination date.

Eligible expenses are subject to change based on IRS guidelines. Over-the-counter medications (except insulin) are NOT eligible for reimbursement from a Healthcare Spending Account, unless the medication is prescribed.

Dependent Daycare Spending Account

A Dependent Daycare Spending Account is designed to help you pay dependent care expenses while you work. Common examples of eligible expenses include fees for daycare or after-school programs (for children under age 13) or adult care programs. This plan is not to be used for dependent healthcare expenses.

You can contribute up to $5,000 pre-tax to the 2018 Dependent Daycare Spending Account (minimum of $100, and up to $2,500 if you're married and file separate tax returns). Contributions to this account work differently than a Healthcare Spending Account. In your Dependent Daycare Spending Account, funds are only available after they have been deducted from your pay. The account works like a checking account you pay into each pay period, so you can only spend as much as you've actually contributed to date.

You have until March 31, 2019 to submit claims for eligible expenses incurred from January 1, 2018 through December 31, 2018. If you do not submit claims against your 2018 balance by March 31, 2019, you will forfeit the remaining funds in your account. If you terminate employment or your coverage under this plan ends, you can send claims incurred up to your plan termination date. However, these claims must be submitted within 90 days of the termination date.

How Much Can I Contribute To The 2018 Flexible Spending Accounts?

	HEALTHCARE SPENDING ACCOUNT	DEPENDENT DAYCARE SPENDING ACCOUNT
Annual Maximum Contribution	$2,600 (minimum of $100)	$5,000 (minimum of $100; $2,500 maximum if married and filing separate tax returns)
Examples of Covered Expenses*	Copays, deductibles, orthodontia, vision, etc.	Day care, nursery school, elder care expenses, etc.
Reimbursement	When you enroll, you will automatically receive an WageWorks debit card. The card is used to pay for eligible healthcare expenses directly from your FSA account and gives you immediate access to funds.	Pay for an eligible expense out of your pocket, then mail or submit online a reimbursement request (along with receipt) to WageWorks. WageWorks then processes your request and reimburses you through direct deposit or by check.

** See IRS Publications 502 and 503 for a complete list of expenses.*

How does a Healthcare Spending Account work?

1. Each calendar year, you decide how much to set aside for eligible healthcare expenses.
2. Your contributions are deducted from your paycheck on a pre-tax basis in installments throughout the calendar year.
3. Use your WageWorks debit card at the point of service and you will not have to pay out-of-pocket; however, you should keep your receipts to submit upon request, or to file claims for reimbursement.

FSAs are subject to IRS testing requirements and therefore, adjustments may be made to your FSA election during the year. If at any time changes to your FSA election are required, you will be notified in writing as soon as administratively possible. Please note that the FSA rules are subject to change based on IRS regulations, revenue rulings and case law.

Accessing Your FSA Account

You may access your FSA details online at myspendingaccount.wageworks.com. You may also contact WageWorks by calling 866-363-7150.

Flexible Spending Accounts have a "Use It or Lose It" provision. This means that if you do not use your full election by the end of the plan year, or rollover period, you will forfeit the remaining balance.

Life Insurance and Accidental Death and Dismemberment

Basic Life Insurance*

As a Compass Group associate, you receive Basic Life Insurance, at no cost to you. Basic Life Insurance is designed to provide coverage while you are working and terminates when you retire or leave Compass Group. Federal law requires the company to report the "value" of any pre-tax life insurance over $50,000.

Supplemental Life Insurance*

You may choose to purchase Supplemental Life Insurance coverage for yourself in addition to the company-paid benefit. You pay the total cost of this benefit through convenient after-tax payroll deductions. You may "move-up" only one level of coverage during Annual Enrollment each year.

Coverage is subject to a plan maximum of $4,000,000 Basic and Supplemental Life Insurance combined. You may be subject to evidence of insurability rules if coverage exceeds the guaranteed issue maximum of $700,000.

** When you reach age 65, the amount of your life insurance coverage will be reduced to 65% of the original benefit as of January 1 on or following your birthday. When you reach age 70, the amount of your life insurance coverage will be reduced to 50% of the original benefit as of January 1 on or following your birthday.*

Dependent Life Insurance

You may also choose to purchase life insurance for your eligible spouse and/or dependent children. You may "move-up" only one level of coverage during Annual Enrollment each year. In the event of a dependent's death, the benefit amount is paid to you.

If you select Child Life Insurance, you pay the same price whether you have one child or several children. The maximum benefit for a child from live birth to the age of 6 months is $2,500.

Accidental Death and Dismemberment Insurance (AD&D)

Accidental Death and Dismemberment Insurance pays a benefit in the event of your death, or if you suffer dismemberment as a result of an accident. Death benefits from this plan are paid in addition to benefits from your Life Insurance Plan.

If you choose to cover your family, benefits payable for the death or physical loss of a dependent will be a portion of the amount of your coverage. You can reference the benefit schedule listed in the Summary Plan Description (SPD), available on www.altogethergreat.com/rewards.

Note: You may "move-up" only one level of coverage during Annual Enrollment each year.

2018 Life and AD&D Plan Highlights

	MANAGEMENT AND PROFESSIONAL ASSOCIATES	TEAM MEMBER ASSOCIATES
Basic Life[1]	1x your Annual Benefit Base Salary, rounded to the nearest $1,000	$10,000
Supplemental Life[2]	Up to 5x your Annual Benefit Base Salary	$10,000, $25,000, $50,000, $100,000, $150,000, $200,000 or $250,000
Spouse Life	$10,000, $20,000, $30,000, $40,000 or $50,000	
Children or stepchildren up to age 26	$5,000 or $10,000	
Accidental Death & Dismemberment	$25,000, $50,000, $100,000, $150,000, $250,000 or $500,000 Also offered to dependents at a percentage of associate's elected amount.	

[1] Coverage is portable and may be converted. For details, please see your Summary Plan Description (SPD) available at www.altogethergreat.com/rewards.

[2] Associate may be subject to evidence of insurability rules if coverage exceeds the guaranteed issue maximum of $700,000.

For all associates on an approved Leave of Absence (LOA), the effective date of enrollment into or an increase to Basic Life, Supplemental Life, Spouse Life, Child(ren) Life and/or Accidental Death and Dismemberment (AD&D) will be delayed until the day you return to work.

Income Protection Insurance

Short Term Disability (STD)

STD insurance replaces a portion of your income, for up to 26 weeks, if an injury or illness forces you out of work for an extended period of time. STD does not cover work related disabilities—workers compensation covers these disabilities. You may "move-up" only one level of coverage during Annual Enrollment each year.

Short Term Disability is not offered to full-time Team Member associates who work in CA, HI, NJ, NY, RI and PR due to state provided disability benefits.

Long Term Disability (LTD)

LTD insurance begins paying benefits after you have been disabled through your elimination period of 180 days. The plan pays a monthly benefit for up to five years, depending on your age at the time of disability. Generally, benefits are payable as long as you remain totally disabled, up to age 65. However, if you become totally disabled on or after age 65, your benefit is paid according to the schedule listed in the Summary Plan Description (SPD). You may "move-up" only one level of coverage during Annual Enrollment each year.

Monthly LTD benefits are reduced by any other disability benefits received, such as Social Security or Workers' Compensation, etc. If you become disabled due to a pre-existing condition, the plan may have restrictions.

2018 Income Protection Plan Highlight

	MANAGEMENT AND PROFESSIONAL ASSOCIATES	TEAM MEMBER ASSOCIATES
Short Term Disability[1] Weekly Benefit	The first 13 weeks at 75% of base pay, additional 13 weeks at 50% of base pay	$150, $200, $250 or $300
Long Term Disability Monthly Benefit	Basic LTD[2]: 50% of your Annual Benefit Base Salary up to $10,000 per month Supplemental LTD[2]: 10% of additional coverage up to $15,000 per month	$500, $750, $1,000, $1,250 or $1,500 Coverage cannot exceed 60% of your monthly earnings

[1] Hourly Short Term Disability is not offered to Team Members who work in CA, HI, NJ, NY, RI and PR due to state provided disability benefits.

[2] The plan provides a benefit of 50% or 60% of the Annual Benefit Base Salary you were receiving on September 1 prior to your date of disability, depending on the level of coverage you elect, and is subject to the plan maximum.

To file for a Leave of Absence (LOA) or initiate a disability claim, please call 877-311-4747 and select the prompt for LOA.

For all associates on an approved LOA, the effective date of enrollment into or an increase to STD and/or LTD will be delayed until the day you return to work.

Award Winning Wellness Programs

Be Healthy. Feel Great. Get Rewarded.

Compass Group has designed wellness programs that can help you improve your overall health and well-being. The programs are available to associates and dependents enrolled in a Compass Group medical plan. Plus, when you complete an INTERVENT Health Risk Assessment (HRA) each year, you will earn wellness rewards. And soon you'll be on the road to better health!

Use our voluntary wellness programs as motivation to make 2018 your healthiest year yet! Start making small changes like improving your eating habits or exercising more. Take the opportunity to utilize all of the tools and resources available to you, including partnering with an INTERVENT health coach, to set and meet your health goals.

Paid Time Off For Annual Preventive Exams And Screenings

After one year of service, full-time non-exempt Professional associates or full-time non-union Team Member associates are eligible to receive up to three (3) hours paid time off from work for their annual preventive exam. This paid time off cannot be used for preventive care for dependents.

100% Coverage For Preventive Care

You and your covered dependents receive 100% coverage for in-network preventive care in the medical, dental and vision plans for annual checkups, physicals and other health screenings.

INTERVENT

Whether your goal is to lose weight, quit tobacco or lower your stress levels, you have the power to make it happen. And INTERVENT's programs can help—at no cost to you. INTERVENT resources are available on your mobile device as well as your PC, plus you can now link your electronic tracking devices (like FitBit, Garmin and more). For more information or to enroll in an INTERVENT program, visit www.myIntervent.com/compassgroup or call 855-494-1093, weekdays from 8:00 a.m. to 9:00 p.m. EST. All INTERVENT programs and services are completely confidential and are offered in English and Spanish.

- **Health Risk Assessment (HRA)**—In order to know where you are going, it helps to know where you are. That's the idea behind the online HRA—a quick self-test that will give you an overview of your health, identify potential health risks and set you on a course to either maintaining or improving your overall health and well-being. It's quick, personal and completely confidential.
- **Lifestyle Health Coaching**—If you want to be more physically active, better cope with stress, lose weight, sleep better, or prevent chronic disease, INTERVENT can help! Your personal health coach will work with you to give support, encouragement and expert guidance to create a personal healthy-living plan that will help build your confidence, be more active and eat healthier.
- **Maternity and Prenatal Support**—Expectant mothers covered under a Compass Group medical plan can talk with a maternity health coach at no cost. Through the program, you have access to one-on-one consultations, educational literature and online resources, available 24/7.

Oral Health Maternity Program

Preventive dental checkups are important - and even more essential during pregnancy. Because of hormonal changes that occur during pregnancy, the risk for periodontal disease can increase, and existing dental problems can worsen if left unchecked.

Expectant mothers that are enrolled in a Compass Group dental plan with Cigna, can receive additional dental services like extra cleanings, periodontal procedures and cavity prevention procedures at no additional cost through the Cigna Oral Health Maternity Program℠. Learn more today at www.mycigna.com.

INTERVENT Maternity Management Coaching Rewards*

INTERVENT offers an enhanced version of its lifestyle management program that is specifically designed for women who are pregnant. If you are an expectant mother, call INTERVENT to enroll and receive education on healthy behaviors during pregnancy. Upon completion of this program, Compass Group rewards your participation with a gift card incentive as follows:

- $500 gift card if enrolled in the first trimester (pregnancy weeks 1 to 12)
- $250 gift card if enrolled in the second trimester (pregnancy weeks 13 to 26)
- $100 gift card if enrolled in the third trimester (pregnancy weeks 27+)

Call 866-344-2137 and a representative will help you get started today.

INTERVENT Tobacco Cessation Coaching Program*

Are you a smoker that is interested in kicking the habit? When you partner with INTERVENT, you'll learn more about how strongly addicted you are and can use this information to help you create your own quit plan. A quit plan gives you ways to stay focused, confident, and motivated to quit.

Join the INTERVENT tobacco cessation program at no cost. You also receive non-prescription nicotine replacement therapy (and certain prescription tobacco cessation medications) covered at 100%. If you enroll and participate in the program for at least 12 weeks, Compass Group will remove the tobacco medical surcharge - regardless of whether you have yet stopped using tobacco products. Call 866-344-2137 and an INTERVENT representative will help you get started.

The surcharge will be removed beginning the first of the following month that Compass Group receives notification that you have been compliant with the INTERVENT tobacco cessation program or as soon as administratively possible.

**The wellness programs and services offered to associates enrolled in a Regional HMO plan will vary.*

Wellness Rewards

Begin earning your 2018 rewards in 2 easy steps:

Step 1: Take Your Health Risk Assessment (HRA)

You can earn a $2 per week credit toward your 2018 medical deductions by completing the INTERVENT HRA at www.myintervent.com/compassgroup. You can also take the HRA over the phone by calling 866-344-2137.

If you have enrolled your spouse in a Compass Group medical plan, he or she can also take the HRA - plus you will earn another $2 per week credit toward your medical deductions.

Step 2: Make a Call to INTERVENT

After you and your spouse have completed the HRA, you can each earn an additional $2 per week credit by completing a brief telephonic 'Next Step' navigation call with INTERVENT.

During your 'Next Step' navigation call, you will review your HRA results and learn about the wellness programs available through Compass Group. Plus, you can learn more about whether you could benefit from having a personal lifestyle coach. If you are actively participating in an INTERVENT coaching program, your 'Next Step' navigation call will be conducted as a part of your next telephone session with your coach.

Wellness rewards will be applied to your benefits within four weeks after they are earned.

Livongo For Diabetes Program

In partnership with INTERVENT, the Livongo for Diabetes program combines the latest technology with coaching from a Certified Diabetes Educator—empowering people with diabetes to make better decisions. All associates, and their covered dependents, who are enrolled in a Compass Group PPO medical plan and diagnosed with type 1 or type 2 diabetes are eligible.

The Livongo connected meter uses cellular technology to automatically upload blood glucose readings to a private account, making them accessible at any time. Plus, members will also receive unlimited test strips and lancets shipped directly to their door. To learn more, call Livongo Member Support at 800-945-4355.

Teladoc

Associates and their eligible dependents can speak with a U.S. board-certified doctor through the convenience of phone, video or mobile app visits.* Teladoc is available 24/7/365 to diagnose, treat and prescribe medication, if necessary, for many medical issues. At $10 per consultation, Teladoc costs you much less than an urgent care center or emergency room visit.

Don't delay—register for Teladoc today! Once registered, you can speak with a licensed doctor within minutes ... anytime ... anywhere. Visit www.Teladoc.com/mobile to download the app, or go to www.Teladoc.com. You may also call 1-800-Teladoc (1-800-835-2362).

** Your medical history must be completed prior to requesting a consult and must be updated each year.*

Employee Assistance Program (EAP)

From time to time, you and your family members might need help. Know that it's only a call or click away. Health Advocate is our EAP provider and their programs are available to Team Member associates enrolled in a Compass Group medical plan and all Management and Professional associates.

The EAP is a 24/7 resource that can help you deal with personal issues confidentially that affect your health, family life, work life and/or job performance. You can receive assistance with:

- Stress, depression, anxiety
- Work conflicts
- Drug and alcohol abuse
- Marital and family issues
- Anger, grief and loss
- Financial issues and more

For more information about the EAP, contact Health Advocate at 866-799-2728 or www.healthadvocate.com/compass-group.

Condition Management Programs

Each medical carrier offers a Condition Management Program that includes support for a variety of conditions— including asthma, diabetes, high blood pressure and more. You can work one-on-one with a nurse, other clinical professionals and your doctors to set goals to help improve your overall health and quality of life.

Join the program, and you'll work with a nurse health coach who can help you:

- Learn more about your health condition
- Help control your out-of-pocket cost
- Work more effectively with your doctors
- Improve your health

Call the telephone number on the back of your medical ID card to learn more.

VSP Diabetic Eyecare Plus Program

If you are enrolled in the VSP vision plan with Compass Group, their Diabetic Eyecare Plus Program helps members with type 1 or type 2 diabetes by covering additional eye care services. These services play an important role in the prevention, early detection, and treatment of diabetic eye disease - plus, you never need a referral.

Team up with a health coach

The INTERVENT Lifestyle Health Coaching is a voluntary and confidential service that teams you up one-on-one with a health coach so you can turn your health goals into your new reality. So when your phone rings and it is an INTERVENT coach, be sure to take the call!

Discounts And Special Programs

As a Compass Group associate, you can enjoy great deals that save you money throughout the year.

- **Purchasing Power**
  Purchasing Power gives you the convenience to shop thousands of brand-name products and pay right from your paycheck, with no credit checks, hidden fees, or interest.

- **Discount Marketplace**
  Enjoy unique discounts of up to 40% off retail prices on all your purchases by shopping online. From discounted amusement park tickets, to incredible deals exclusively for Compass Group associates, this program is a great way to stretch your hard-earned paycheck.

- **Auto and Home Insurance***
  The Choice Auto and Home Program allows you to easily, conveniently and quickly comparison shop your policies. On one phone call, you can compare your auto and home policies with quotes from some of America's top-rated companies. Best of all, you can switch on the same call—even if your policy hasn't expired. As an added convenience, you can comparison shop your auto policies online. Through this program, you also can compare policies and switch for a variety of other insurance, including boat, personal excess liability, renters, and many others.

- **Identity Protection**
  Identity theft is the fastest growing crime in America that negatively impacts both your financial and personal well-being. Only ID Watchdog delivers fully managed resolution services plus $1 million expense reimbursement in addition to ID monitoring.

For more information, visit www.CompassGroupVoluntaryPlans.com or call 866-486-1947.

** Home insurance is not available in FL through the carriers offered in this program and may not be part of MetLife Auto & Home's benefit offering in MA.*

Other Benefits

Retirement Savings Account–401(K)

The 401(k) retirement program is administered by Wells Fargo. The plan allows you to save from 1 to 50 percent of your pay (before income-tax withholding) and invest it in a variety of assets — stocks, bonds and mutual funds. As an incentive when you join the program, Compass Group may make a basic matching contribution of $0.35 on each dollar you contribute, up to the plan's maximum percentage of gross compensation.

To enroll, visit https://www.wellsfargo.com

- First-time users must create a unique user name and password. Then you will be asked a series of security questions for future identification.
- You can enroll at any time during the year.

You can also learn more by calling Wells Fargo Institutional Retirement & Trust at 800-728-3123.

Wells Fargo Financial Solutions

As a Compass Group associate, you have access to select packages of financial options from Wells Fargo that teach you how you can manage your finances more effectively. Visit https://www.employeefinancialsolutions.com/loans/cg0667 to learn more.

Commuter Spending Account

Most people don't realize just how much they spend each year on parking at work or commuting expenses like subways, trains, or buses—but these types of expenses really do add up ... and that's money straight out of your pocket.

The Commuter Spending Account's (CSA) are administered by WageWorks and allow you to pay for eligible parking and transportation expenses with pre-tax money. This is a month-to-month benefit, so you can enroll, change or cancel it at any time. Enroll prior to the 10th of the month and payroll deductions will begin the following month.

There are two types of CSAs available:

- Transportation Spending Account—used to pay for eligible mass transit or vanpool expenses associated with travel to and from work, including bus, train or subway.
- Parking Spending Account—used to pay for eligible parking expenses either at your place of employment or at a location where you use mass transit.

To learn more, visit myspendingaccount.wageworks.com or call WageWorks at 866-363-7150.

Business Travel Accident

When a Management or Professional associate travels 100+ miles from home on business, the Business Travel Accident program provides emergency assistance services and additional life insurance coverage at no cost to you. Services are available 24 hours a day, 365 days a year, anywhere in the world.

Available services include: Lost-baggage service, lost-document replacement, emergency ticket replacement, translation and interpretation assistance, and more! The life insurance coverage provided through Business Travel Accident insurance is four times your Annual Benefit Base Salary, up to $1,500,000. (This is in addition to your basic life and supplemental life insurance.)

Access to Assist America is as close as your smart phone. Visit the App Store or Google Play and search "Assist America Mobile." Simply install the App on your phone and complete the setup process by entering your Assist America reference number: 01-AA-ACN-06048 to unlock all of the features. Plus this will create an electronic membership ID card that will be stored right to your phone. You can also visit www.assistamerica.com or call 800-304-4585 for more information.

Carrier Contact Information

You may wish to contact our carriers directly with questions about specific plan benefits or provider network participation. There is also a lot of valuable information available to you on these provider websites. Please keep these numbers and website addresses handy, because they will be useful to you throughout the year.

BENEFIT	PROVIDER	TELEPHONE	WEBSITE OR EMAIL ADDRESS
Medical	Aetna	866-238-1128	www.aetna.com/docfind/custom/compassgroup
	BCBS of North Carolina	800-755-0790	www.bcbsnc.com/members/compassgroup
	UnitedHealthcare	877-571-9862	http://welcometouhc.com/compassgroup
	Kaiser	See contact information on your ID card	
	Aetna Global (Antarctica)	800-231-7729	www.aetnainternational.com
	Triple-S (Puerto Rico)	800-810-2583	www.ssspr.com
	HMSA (Hawaii)	Oahu - 808-048-6111 Any other island - 800-966-5955	www.hmsa.com
	CommunityCare (Oklahoma)	Tulsa - 800-278-7563 Oklahoma City - 800-843-1887	www.ccok.com
Prescription Drugs	CVS CAREMARK™ • Bronze Plus • Silver Plus • Gold Plus • Out-of-Area Plans	855-656-0360	www.caremark.com
Telemedicine	Teladoc	800-835-2362	www.teladoc.com
Dental	Cigna Dental Delta Dental (Puerto Rico)	800-244-6224 866-622-6120	www.cigna.com www.deltadentalpr.com
Vision	Vision Service Plan (VSP)	800-877-7195	www.vsp.com
Dependent Verification Services	Benefit Service Center	877-311-4747 **Mail:** Compass Group Benefit Service Center, Attn: Dependent Verification P.O. Box 617520 Chicago, IL 60661 **Fax:** 866-205-2993	www.compassgroup.bswift.com
Flexible Spending Accounts Commuter Benefits	WageWorks	866-363-7150	myspendingaccount.wageworks.com
Wellness Partners	INTERVENT Livongo	866-334-2137 800-945-4355	www.myintervent.com/compassgroup welcome.livongo.com/compass
Disability	Leave of Absence Department	877-311-4747	Email: leaveofabsence@compass-usa.com
Life Insurance and Accidental Death & Dismemberment	Benefit Service Center	877-311-4747	
Employee Assistance Program	HealthAdvocate	866-799-2728	www.healthadvocate.com/compass-group
Business Travel Accident	Benefit Service Center	877-311-4747	
Retirement Plan	Wells Fargo Retirement Services	800-728-3123	Email: retirementdepartment@compass-usa.com
Discount Marketplace	PerkSpot	866-606-6057	http://www.compassgroupvoluntaryplans.com/
Associate Shopping Program	Purchasing Power	866-486-1947	http://www.compassgroupvoluntaryplans.com/

It's important that your benefit information is accessible to you, whenever and however you need it. That's why Compass Group partners with carriers that provide mobile responsive websites and free apps, so that you can access your benefit information from your device, anytime, anywhere.