



COMPASS GROUP 2019 ANNUAL ENROLLMENT GUIDE

This Annual Enrollment Guide provides 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.compassgroup.bswift.com for an explanation of covered services, exclusions and limitations.



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You are an important part of Compass Group’s success. You work hard every day to create legendary experiences for our customers, making us the leading food service and support services company. In return, we invest in you by providing a range of benefit plans and programs to care for **the whole you**.

Compass Group supports you with tools, resources and information to learn about your benefits and make thoughtful choices. It is up to you to take control and make informed decisions that prioritize your health. **It is your personal journey** — your health, well-being, security and future.

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2019 ANNUAL ENROLLMENT IS NOVEMBER 1 – NOVEMBER 21, 2018

During Annual Enrollment, we encourage you to take stock of what you need and select the best care for the coming year. The benefit elections you make during this period will take effect on January 1, 2019.

Before Annual Enrollment

There are a couple of important benefit changes for 2019. Please read this guide carefully to understand all of your options.



Some of the features of your medical plan options – such as deductibles and out-of-pocket maximums — are changing. There are also changes to the medical carriers offered in select states.



Aetna is the new dental carrier. Before enrolling, review Aetna's network of providers by visiting aetna.com/individuals-families/find-a-doctor.html. Dental coverage in Puerto Rico will still be provided by Delta Dental.



PayFlex will be our new administrator for the Healthcare, Dependent Daycare and Commuter Spending Accounts. If you wish to contribute to a spending account in 2019, you must actively enroll during Annual Enrollment.



You can enroll in convenient and affordable voluntary benefits during Annual Enrollment at www.compassgroup.bswift.com. The voluntary benefit plans provide you and your family with valuable choices, at affordable discounted rates.

During Annual Enrollment

Login to www.compassgroup.bswift.com to select your benefit plans by November 21, 2018. Remember that you must click the “Complete Enrollment” button to submit your 2019 elections.

If you need assistance, contact the Benefit Service Center at 877-311-4747. Representatives are available Monday through Friday from 8:00 a.m. to 6:00 p.m. EST.

What if I do not enroll during Annual Enrollment?

If you do not make elections during Annual Enrollment, here is what you can expect for 2019:

	Your 2019 Elections Will Default To
Medical	No Coverage
Dental	No Coverage
Vision	No Coverage
Healthcare Spending Account	No Coverage. You must re-enroll each calendar year to participate.
Dependent Daycare Spending Account	No Coverage. You must re-enroll each calendar year to participate.
Supplemental Benefits (Life, AD&D and Disability)	Current elections will carry over
Voluntary Benefits (Critical Illness, Hospital Indemnity, Accident or Legal Insurance)	Current elections will carry over

If you do not make your 2019 benefit elections or changes during the Annual Enrollment period, you will not be able to enroll or 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 (HIPAA) special enrollment.

Don't delay -

login to www.compassgroup.bswift.com
by November 21, 2018 to make your 2019
benefit elections.

After Annual Enrollment

- After enrolling, complete three simple steps to earn your wellness incentive for 2019. See page 13 for more details.
- If you have added dependents to coverage, be sure to submit your dependent verification information timely.
- Now is a great time to consider how much you are saving in the 401(k) plan. The plan allows you to change your contribution rate and your investment election at any time during the year.

STARTING YOUR JOURNEY

No matter where you are on your journey with Compass Group, this guide can help you evaluate your benefit options and navigate all that Compass Group has to offer.

You can only enroll one time during the year, unless you experience a qualified life event, employment status change or you qualify for a Health Insurance Portability and Accountability Act (HIPAA) special enrollment (see page 5 – Qualified Life Events).

When you enroll, you need to make some important decisions to help you get the greatest value from your benefits.

- **Get Connected.** Use the available online resources to choose each benefit wisely. Selecting the right benefits for your unique needs can really add up in the long run.
- **Stay Connected.** Make the most of your benefits throughout the year. For example, take advantage of preventive care checkups, wellness programs and resources to help you manage your health and expenses.

Getting Started

1. Read this entire guide carefully, as it outlines important information you will need to know.
2. Login to www.compassgroup.bswift.com to select your benefit plans. The enrollment website is available 24 hours a day. *Be sure to complete your benefits enrollment timely.*
 - a. To access the site, you will need to know your eight-digit personnel number.
 - b. For step-by-step instructions on how to complete your online enrollment, download the enrollment user guide from www.altogethergreat.com/rewards/enrollment-center/annualenrollmentguides.
 - c. IMPORTANT: Remember that you must click the “Complete Enrollment” button to submit your elections.
3. After enrolling, complete three simple steps to earn your wellness incentive for 2019. See page 13 for more details.

If you need assistance enrolling, contact the Benefit Service Center at 877-311-4747. Representatives are available Monday through Friday from 8:00 a.m. to 6:00 p.m. EST.

Don't
delay



Make your benefit elections within the first 30 days of hire or within the first 30 days of your employment status change.



askEMMA

Ask Emma, your virtual benefits advisor, will guide you through the enrollment process by asking a few simple questions, then suggesting plans that fit your specific needs. She takes the guesswork out of the benefits enrollment process. Plus, she's easy to understand and fun to use!



Benefit 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.
- 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.
- Full-time Union Team Member** associates are generally eligible for benefits on the first day of the month following two months of service.

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 apply — differences in eligibility should be communicated by your manager.*

*** Union associates should refer to the eligibility language in their collective bargaining agreement.*

Eligible dependents

Your eligible dependents include:

- Your lawful spouse (regardless of gender) who is not living separate and apart from you.
- 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.

The Affordable Care Act (ACA) requires Compass Group to provide a Form 1095-C to all benefit eligible associates. This form confirms that Compass Group offered you and your eligible dependents affordable medical coverage. One requirement of this document is to include Social Security Numbers (SSNs) so that the IRS can tie the information back to tax records. Please ensure that the SSNs for yourself and your dependents are accurate.

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. Review all of the requirements for verification at www.compassgroup.bswift.com and be sure to have the documentation available, when completing your enrollment.

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.

Compass Group reserves the right to periodically re-audit the status of your dependents to determine if they are eligible for benefits under the plan.

Dependent verification is a separate process from enrolling in or changing your benefit plans.

How do I submit my documentation?

Please ensure that copies or images of your documents are clear and legible. 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, please make copies of all of your documents. *Do not mail originals, as documents 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.

Benefit Deductions and Surcharges

Spouse surcharge¹

If you cover your working spouse under a Compass Group medical plan and his/her employer offers medical coverage, you will pay an additional medical surcharge. 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 surcharge¹

Associates that enroll in a Compass Group medical plan will have to identify 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.

Ready to quit tobacco? Call INTERVENT at 866-334-2137. Learn more about the Tobacco Cessation Program on page 14.

Benefit deductions

Your benefit deductions and surcharges may be pro-rated. 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).

Educational Team Member benefit deductions

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

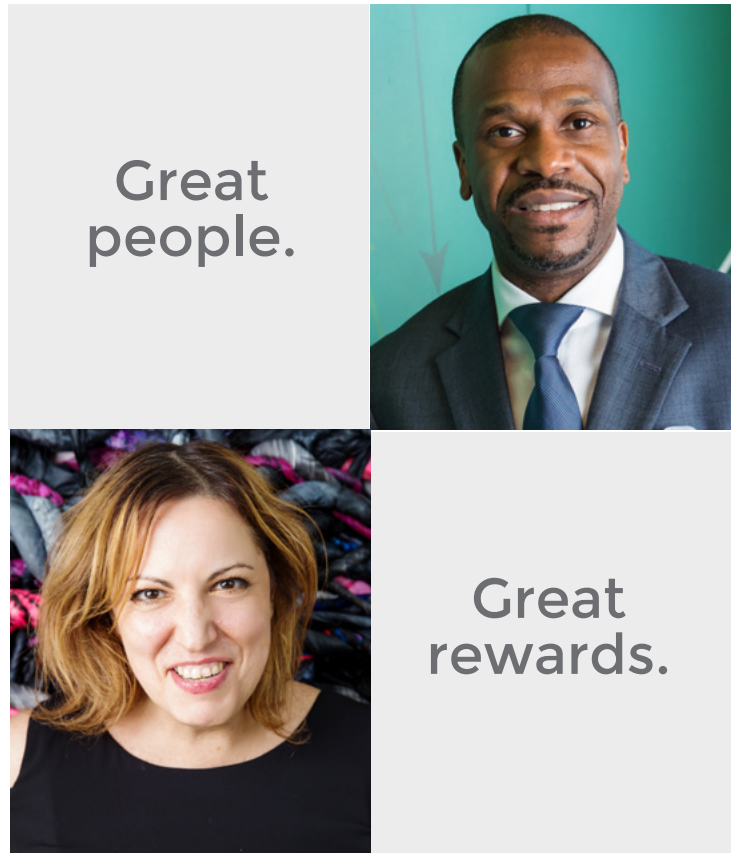
Coverage Levels

Generally, 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.

¹Any misrepresentation, false statement or omission of material facts may result in disciplinary action up to and including the termination of employment from Compass Group.



Qualified Life Events

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.

^{*}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.compassgroup.bswift.com for more information.



For the following HIPAA Special Enrollment events, you may enroll or make changes to coverage **within 60 days 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 30 days 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, you must submit all required documentation **within thirty (30) days** of your event. Visit www.compassgroup.bswift.com to learn more. If you fail to provide the required documentation, your requested change(s) will be denied.

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

Summary Plan Descriptions (SPDs) and Summaries of Benefits Coverage (SBCs) Available Online

We have posted the SPDs and SBCs online to help ensure you have easy access to your benefits information. Login to www.compassgroup.bswift.com and click on the Library tab for more information. If you prefer to receive a printed copy, we will provide one to you at no charge. Contact the Benefits Service Center at 877-311-4747 to request a printed copy.

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. For more information, call the Benefit Service Center at 877-311-4747.

YOUR HEALTHY JOURNEY

Your health helps make it possible to live a good life, whatever that may look like to you. We help you make your health a priority by offering comprehensive medical, dental and vision coverage. Our benefits offer 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.



Medical

We are pleased to offer a choice of medical plan options. All plans offer the same quality care, but the way cost is split between you and the plan are different.

- **Bronze Plus Plan:** Our Bronze Plus 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.
- **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.





- **Gold Plus Plan:** Our Gold Plus plan provides the most comprehensive coverage and benefit level, but also has the highest payroll deduction.

Generally, 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 regional plans may vary.

Review the 2019 Best in Market Map at www.altogethergreat.com/rewards/enrollment-center/annualenrollmentguides.

Alternatives to the Emergency Room

When you or a family member needs medical care, the decisions you make can have a big effect on how much you pay. Before you head to the Emergency Room, consider Teladoc or an urgent care center, which may offer faster, more cost-effective care. Look at all of your options now, so when you need care, you'll know where to go.

 <p>Teledoc</p> <hr/> <p>Cost: \$</p> <p>Typical wait time: ⌚ Quickest - 1 minute!</p> <p>When to use:</p> <ul style="list-style-type: none"> • Available 24/7 at home or traveling • Diagnose symptoms like colds, flu, allergies and more • Get a prescription 	 <p>Primary Care Physician or Walk-In Clinic</p> <hr/> <p>Cost: \$\$</p> <p>Typical wait time: ⌚⌚ Under 30 minutes</p> <p>When to use:</p> <ul style="list-style-type: none"> • If you experience symptoms such as: <ul style="list-style-type: none"> – sore throat – minor cuts • Get a prescription • Flu shots <hr/> <p>If it's not urgent, your PCP should be your first stop when you need care. Your PCP has your medical history, manages your overall care and can refer you to specialist.</p>	 <p>Urgent Care</p> <hr/> <p>Cost: \$\$\$</p> <p>Typical wait time: ⌚⌚⌚ 1-2 hours</p> <p>When to use:</p> <p>For non-life-threatening illness or injuries such as:</p> <ul style="list-style-type: none"> – burns – wounds – sprains – broken bones 	 <p>Emergency Room</p> <hr/> <p>Cost: \$\$\$\$</p> <p>Typical wait time: ⌚⌚⌚⌚ 4 hours</p> <p>When to use:</p> <p>For serious, life-threatening illness or injury such as:</p> <ul style="list-style-type: none"> – trouble breathing – serious head injury – electric shock – severe chest pain
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Medical Plan Compare 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	\$1,500 / \$3,000	\$3,000 / \$6,000	\$1,000 / \$2,000	\$2,000 / \$4,000
Medical Annual Out-of-Pocket Maximum¹ Individual/Family	\$6,000 / \$12,000	\$12,000 / \$24,000	\$6,000 / \$12,000	\$12,000 / \$24,000	\$4,500 / \$9,000	\$9,000 / \$18,000
Coinsurance	60%	40%	70%	50%	80%	60%
PREVENTIVE CARE SERVICES²						
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 Teladoc¹	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						
Hospital Care³	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
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

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.

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.

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.



When you enroll in a Compass Group medical plan, you are automatically enrolled in prescription drug coverage with CVS CAREMARK™. The Regional HMOs that may be available to you administer their own prescription drug coverage.

	BRONZE PLUS PLAN	SILVER PLUS PLAN	GOLD PLUS PLAN
	IN-NETWORK	IN-NETWORK	IN-NETWORK
Annual Out-of-Pocket Maximum¹	\$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.

Coverage Authorization Requirements

Before certain medications are covered under your plan, CVS CAREMARK™ will check to see if the medication meets our plan’s conditions for coverage. Call 855-656-0360 for more information.

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.

Specialty Medications through CVS Specialty

CVS Specialty helps patients manage their rare and complex conditions to live healthier lives. If you take specialty medications, you must fill your prescriptions 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. Visit www.CVSSpecialty.com or call 800-237-2767 for more information.

Great people.
Great rewards.



“Statins” are a class of drugs used to lower cholesterol and may be used to help treat or prevent heart disease and high cholesterol. Our pharmacy plans cover generic “statin” medications at 100% for you and your covered dependents.



Dental



Good oral care enhances overall physical health, appearance and mental well-being. Regular dental care often catches minor problems before they become major and expensive to treat. Practice prevention and take advantage of the free in-network preventive dental services available through Aetna’s dental plans.

Services	Basic Dental Plan	Comprehensive Dental Plan
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 network dentist or 80% when you use a non-network dentist	100% when you use a 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 an Aetna 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.

Aetna allows you to use any dentist you choose, but also gives you access to a network of preferred provider dentists. If you use a preferred provider, you’ll receive a higher level of benefits.

Plan Ahead for Dental Work

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 Aetna. Your dentist will receive an estimate of the benefits that the plan will pay.



Vision



You may be surprised to learn that annual eye exams are an easy and important way to protect your overall health. The eye is one of the few places in the body where blood vessels are clearly visible, so doctors can check for common diseases that often appear in the eye first — such as diabetes and high blood pressure.

Services	Frequency	Basic Vision Plan	Comprehensive Vision Plan
		Preferred Provider (In-Network)	Preferred Provider (In-Network)
Exams	Once every calendar year	Covered in full	Covered in full
Lenses Single, Bifocal, Trifocal, Lenticular Scratch coating	Once every calendar year	20% discount	Covered in full, after \$20 copay Covered in full
Frames	Once every other calendar year	20% discount	Up to \$160 allowance (20% discount on amounts over \$160)
Contact Lenses ¹ Exam	Once every calendar year	15% discount off contact lens exam (fitting and evaluation)	15% discount (fitting and evaluation)
Lenses		No allowance for contact lenses	\$60 maximum copay Up to \$160

¹ If you purchase contacts with this benefit, it counts as a complete set of glasses/frames.

You receive a higher level of benefits when you visit an in-network provider. If you choose an out-of-network provider, you will need to file a claim with VSP directly.

YOUR WELLNESS JOURNEY

Focusing on wellness is an investment in your health, which can save you money in the long run. Compass Group's wellness programs help you improve your overall well-being. Take advantage of the resources available to help you live your best life!

Be Healthy.

100% coverage for preventive care

You and your covered dependents receive 100% coverage for in-network preventive care in the Compass Group medical, dental and vision plans for annual checkups, physicals and other health screenings. Having a Primary Care Physician (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.

Paid Time Off For Annual Preventive Exams and Screenings

After one year of service, most 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.

Preventive vs. diagnostic care

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.



INTERVENT is the key to accessing all of Compass Group's wellness offerings and rewards. Their programs and services can help you improve your overall well-being — at no cost. These programs are available to associates and dependents enrolled in a Compass Group medical plan*. For more information, 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.

Feel Great.



The Livongo for Diabetes program combines the latest technology with coaching from a Certified Diabetes Educator — empowering people with diabetes to make better decisions. Associates, and their covered dependents, enrolled in a Compass Group medical plan and diagnosed with diabetes are eligible. To learn more, call 800-945-4355 or visit welcome.livongo.com/compass# and use the registration code: COMPASS.

VSP Diabetic Eyecare Plus Program

If you are enrolled in the Compass Group VSP Vision Plan, their Diabetic Eyecare Plus Program helps members with 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.



Associates and dependents enrolled in a Compass Group medical plan can speak with a U.S. board-certified doctor through the convenience of phone, video or mobile app visits.¹ Teladoc is available 24/7/365 to diagnose, treat and prescribe medication, if necessary, for many medical issues.

Don't delay visit www.Teladoc.com/mobile to download the app, or go to www.Teladoc.com. You may also call 800-Teladoc (800-835-2362).

¹Your medical history must be completed prior to requesting a Teladoc consult and must be updated each year. Teladoc is available to associates and dependents enrolled in a Compass Group medical plan. Some restrictions apply.

NEW Substance Use Treatment Helpline

Associates can call the free, anonymous 24/7 Substance Use Treatment Helpline at 855-780-5955 to get personalized assistance with alcohol and drug addiction.



Getting Rewarded is as Easy as 1, 2, 3!

Take three simple steps in order to earn your wellness incentive for 2019. Remember, additional credits can be earned if your spouse follows these steps, too!



\$1 per week

Take the Health Risk Assessment

In order to know where you are going, it helps to know where you are. That is the idea behind INTERVENT's Health Risk Assessment (HRA). It's 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 is quick, personal and completely confidential.

Complete the HRA at www.myintervent.com/compassgroup. You can also take the HRA over the phone by calling 866-334-2137.



\$2 per week

Get a Health Screening

Visit your primary care physician for your annual check-up, or visit a LabCorp facility, through INTERVENT. If you have your results from July 1 - December 31, 2018, you can submit them to INTERVENT at www.myintervent.com/compassgroup.



\$3 per week

Call a Coach

Complete a Coaching Results call with INTERVENT and get help reaching your wellness goals. During your call, you will review your HRA and screening 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. Call 855-494-1093 to begin. All INTERVENT programs and services are completely confidential.

You can earn a total of \$6 per week toward your medical deductions.

To begin receiving wellness rewards as early as possible in 2019, complete the HRA by November 30, 2018.

You can complete the wellness incentive requirements anytime during the year — rewards earned after November 30, 2018 will be applied to your benefits within four to six weeks after they are earned.

*Lifestyle Health Coaching**

A personal health coach works with you to give support, encouragement and expert guidance to create a personal healthy-living plan that will help you build confidence, be more active and eat healthier. You also earn points that make you eligible for monthly, quarterly, semi-annual and annual drawings for gift cards. The more points you earn the more chances you have to win! Get started today — call 866-334-2137.

*Maternity Management Program**

If you are an expectant mother, call INTERVENT for education and support on healthy behaviors during pregnancy. Call 866-334-2137 to enroll. Upon completion of the program, Compass Group rewards your participation 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+)

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



Tobacco Cessation Program*

There are numerous health reasons for not using tobacco and avoiding secondhand smoke. Tobacco can increase the risk of heart disease and stroke, blood clots, cancer and many other conditions. Even if you use smokeless tobacco, you have many of these very same risks.

For purposes of the tobacco surcharge, you are considered a tobacco user if you use any 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.

Get the help you need to quit! Call INTERVENT at 866-334-2137 to get started.

Tobacco products are defined as any product made with or derived from tobacco and 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 can eliminate the medical tobacco surcharge regardless of whether you have stopped using tobacco products when you comply with the INTERVENT Tobacco Cessation Program. You may also receive non-prescription nicotine replacement therapy (and certain prescription tobacco cessation medications) covered at 100%. Compliance is defined as enrolling in the INTERVENT health coaching program for at least 12 weeks, completing a minimum of four telephone coaching sessions and having a subsequent appointment scheduled.

Surcharges 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.

Member Rewards*

Remember to take advantage of additional discounts offered by your medical, dental and vision carriers. From vitamins and natural supplements to fitness gear and gym memberships, your ID card is your ticket to healthy discounts. Visit the provider's website or login to their mobile app for more information. (Contact information can also be found in the Resources section of this guide, beginning on page 20.)

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

YOUR FINANCIAL JOURNEY

You work hard to earn the money you need to live and care for the people you love. That's why we offer many benefits to give you peace of mind and help protect you, plus options to prepare financially and save for the future.

Spending Accounts

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 medical, dental or vision plan to enroll in a spending account.

“Use It or Lose It” Remember to carefully calculate your expenses when making your elections. IRS regulations require that you forfeit any money left in your account after the claims submission deadline.

	Healthcare Spending Account	Dependent Daycare Account	Commuter Spending Account
What is it?	An account designed to help you pay for eligible healthcare expenses	An account designed to help you pay dependent care expenses while you work. <i>This plan cannot be used for dependent healthcare expenses.</i>	These accounts allow you to pay for eligible parking and transportation expenses with pre-tax money.
Annual maximum contribution	You can contribute up to \$2,650 pre-tax (minimum of \$100). The full annual amount of your account contribution is available as soon as your account is activated.	You can contribute up to \$5,000 pre-tax (minimum of \$100, and up to \$2,500 if you're married and file separate tax returns). Contributions to this account are only available after they have been deducted from your pay.	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. For benefits beginning January 1, 2019, you must enroll by December 10, 2018. Contact PayFlex to enroll or make changes.
Examples of covered expenses*	Copays, deductibles, orthodontia, vision, etc. Keep all receipts to submit or file claims for reimbursement.	Day care or nursery school expenses (for children under age 13), elder care expenses, etc. Keep all receipts to submit or file claims for reimbursement.	<ul style="list-style-type: none"> • Transportation Spending Account: mass transit or vanpool expenses associated with travel to and from work, including bus, train or subway. • Parking Spending Account: parking expenses either at your place of employment or at a location where you use mass transit.
Reimbursement	When you enroll, you will automatically receive a PayFlex debit card. The card is used to pay for eligible expenses directly from your 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 PayFlex. Your request will then be processed and reimbursed through direct deposit or by check.	Enroll in the “Cash Reimbursement” option online and then submit your claims to pay yourself back.
Can I rollover unused funds?	You may roll over up to \$500 of unused Healthcare Spending Account funds at the end of a plan year to use the following year — if you enroll in the Healthcare Spending Account the following year. You must have a minimum of \$50 in your account to roll over funds.	No. If you do not submit claims against your 2019 balance by March 31, 2020, you will forfeit the remaining funds in your account.	Unused funds will roll over into the next month. However, you can only use your transportation and/or parking account to pay for eligible expenses up to the IRS monthly limit.
When do I need to use the money?	You have until March 31, 2020 to submit claims for eligible expenses incurred from January 1, 2019 through December 31, 2019.		
What happens if I terminate employment?	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.		Any used funds in your account upon termination of employment are forfeited.

* See IRS Publications 502 and 503 for a complete list of expenses. Eligible expenses are subject to change based on IRS guidelines.

Access your account online at www.payflex.com or contact PayFlex at 855-516-8593. Once you set up your account online, download the PayFlex Mobile® app. This way, you can easily access and manage your account while on the go!

FSA's 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.



Financial Security

It is always a good idea to plan ahead — especially when it comes to protecting you and your family. These benefits offer you and your family financial support in the face of unforeseen events. You may “move-up” only one level of coverage during Annual Enrollment each year.

Basic Life Insurance*

As a Compass Group associate, you receive Basic Life Insurance, at no cost to you.

Supplemental Life Insurance*

You may choose to purchase Supplemental Life Insurance coverage for yourself in addition to the company-paid benefit.

**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.*

Supplemental Dependent Life Insurance

You may also choose to purchase life insurance for your eligible spouse and/or dependent children. In the event of a dependent’s death, the benefit amount is paid to you.

Supplemental Accidental Death and Dismemberment Insurance (AD&D)

AD&D benefits are paid in addition to benefits from your Life Insurance Plan. Review the AD&D benefit schedule in the Summary Plan Description (SPD) for additional information.

Protect your family’s financial security through life insurance. Be sure to designate your beneficiary(ies) during enrollment and keep your designations up-to-date.

	Management & 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 Coverage is subject to a plan maximum of \$4,000,000 Basic and Supplemental Life Insurance combined.	\$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 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 & Dismemberment	\$25,000, \$50,000, \$100,000, \$150,000, \$250,000 or \$500,000 Also offered to eligible dependents at a percentage of associate’s elected amount.	

Legacy Planning Resources

Full-time associates have access to Legacy Planning resources at no cost. Visit www.LegacyPlanningResources.com to become familiar with the services, and use them if and when you need them.

¹ Coverage is portable and may be converted. For details, please see your Summary Plan Description (SPD) available at www.compassgroup.bswift.com.

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 Plans

Sometimes health gets complicated — and it is good to know you have a financial backup plan when you need to take time away. Compass Group’s disability plans can help you if you need to be away from work for an extended time because you are sick or injured. You may “move-up” only one level of coverage during Annual Enrollment each year.

Short Term Disability (STD)

STD insurance replaces a portion of your income, for up to 26 weeks. STD does not cover work related disabilities — workers compensation covers these disabilities.

Long Term Disability (LTD)

LTD insurance begins paying benefits after you have been disabled for more than six months. The plan pays a monthly benefit, depending on your age at the time of disability. Generally, benefits are payable if you are totally disabled.

	Management & Professional Associates	Team Member Associates
Short-Term Disability¹ 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 Benefit³	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 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.

³ Monthly 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. Review the benefit schedule listed in the Summary Plan Description (SPD).

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

Reporting a Leave of Absence or Disability

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



Voluntary Benefits

During Annual Enrollment, associates will be able to enroll in Voluntary Benefits on www.compassgroup.bswift.com.

Accident Insurance^{1*}

Accident insurance can help cover your out-of-pocket costs you may experience after an accident. The plan pays benefits for covered injuries or events such as torn ligaments, concussions, cuts that require stitches and broken bones which occur on or after your coverage effective date. The benefit is paid directly to you, so you can use it for copays, deductibles or other expenses that you choose. No medical questions or tests are required for coverage. Accident Insurance is a limited benefit policy.

Cancer and Specified Disease Insurance^{1*}

Cancer and Specified Disease Insurance provides you a benefit if you are diagnosed with a covered medical condition such as a heart attack or stroke on or after your coverage effective date. When you sign up for coverage, you can choose a lump-sum benefit amount. Benefits are paid directly to you and you can use them however you choose. No medical questions or tests are required for coverage. This is a limited benefit policy.

Hospital Confinement Indemnity Insurance^{1*}

If you are covered stay in a hospital that begins on or after your coverage effective date, you can receive a benefit. The benefit amount is determined by the type of facility, the number of days you stay, and your daily benefit amount. The benefit is paid directly to you so it can be used to pay for out-of-pocket costs such as copays, deductibles or living expenses that you choose. Plus, if you leave or retire from Compass Group, you can take your coverage with you. Hospital Confinement Indemnity Insurance is a limited benefit policy.

Legal Insurance

The Hyatt legal plan provides access to a nationwide network of attorneys. You can get legal advice or services any time you have a personal legal concern, including help with the preparation of wills and powers of attorney, immigration assistance, property tax assessments and more. When you sign up for the Hyatt legal plan, you, your spouse and your dependents are fully covered for legal services from experienced attorneys.

**Accident, Cancer and Specified Disease and Hospital Confinement Indemnity Insurance are limited benefit policies. They are not health insurance and do not satisfy the requirement for minimum essential coverage under the Affordable Care Act.*

¹You can only enroll during Annual Enrollment.

Associate Shopping Program (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. Visit compass.purchasingpower.com or call 866-486-1947.

**You must be an active associate, employed for at least 12 months and making at least \$16,000 a year to be eligible for the Associate Shopping Program.*

This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination. Cancer and Specified Disease, Accident and Hospital Confinement Indemnity Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Form numbers, provisions and availability may vary by state.

YOUR REWARDING JOURNEY

Being a part of Compass Group means great rewards for you and your family. We value your commitment and dedication to help make us an employer of choice, and we want you to have that same dedication and focus away from work. You have a range of additional benefits available that can help you save money, protect you from significant expenses not covered by a primary plan, and provide important assistance with everyday needs.

Employee Assistance Program (EAP)

Sometimes balancing work and family activities creates stress that is hard to handle. Health Advocate offers free professional counseling services to help you and your family members in difficult times. Whether it is for personal, lifestyle or work-related challenges, this 24/7 program is completely confidential.

Visit www.healthadvocate.com/compass-group or call 866-799-2728 for assistance.

Discount Marketplace

PerkSpot is a one-stop online shop where you can save money with exclusive Compass Group discounts at many of your favorite national and local merchants. Through this program, you and your family can get fantastic travel deals, entertainment tickets, great gifts, fitness items and practical everyday necessities — all online at specially negotiated discounted prices.

Visit compassgroup.perkspot.com or call 866-606-6057 and start saving.

Retirement Savings Account—401(K)



The Compass Group 401(k) retirement program 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.

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

- First-time users must create a unique user name and password.
- You can enroll at any time during the year.

Learn more by calling Wells Fargo Institutional Retirement & Trust at 800-728-3123.

Mercer Financial Wellness

Getting and keeping your finances on track will go a long way to help you protect yourself and your loved ones, no matter what you encounter along the way. Take advantage of the Mercer Financial Wellness programs to see your financial life in one place, track your spending, set a budget, speak to a “Money Coach” and build healthy money habits. Visit www.compassgroup.bswift.com today.

Pet Insurance Program

Shouldn't every member of your family have health insurance? If you enroll in Pet Insurance, you'll have peace of mind knowing you can care for your pet by getting help with some of your pet's medical bills, including treatments, surgeries, lab fees, X-rays, prescriptions and more.

Identity Theft Protection

Every online transaction leaves a trace behind, taking on a life of its own, which can put your credit and identity at risk. ID Watchdog is everywhere you can't be — monitoring your credit and helping you better protect your identity. Enroll in these benefits for credit and identity monitoring, plus coverage up to \$1 million to help pay certain out-of-pocket expenses in the event you are a victim of identity theft. Login to www.compassgroupvoluntaryplans.com or call 866-486-1947.

Auto and Home Insurance

The only way to be sure you're getting the best deal on your home and auto insurance is to comparison shop. The Choice Home and Auto Program can provide you with price quotes from multiple carriers so you can compare them and be sure your coverage is the best value.¹ To learn more, visit www.compassgroupvoluntaryplans.com or call 866-486-1947.

¹Home 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.

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. Visit www.assistamerica.com or call 800-304-4585 for more information.

Immerse yourself in the Compass Group culture. Visit www.altogethergreat.com, our associate dedicated website, to learn more about benefits, careers, community and more!

altogethergreat

RESOURCES

Carrier Contact Information

It is important that your benefit information is accessible to you, whenever and however you need it. Our carriers provide mobile responsive websites and free apps, so that you can access your benefit information from your device, anytime, anywhere.

Benefit	Provider	Telephone	Website or Email Address
Medical	Aetna	866-238-1128	www.aetna.com
	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
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	Aetna Dental	866-238-1128	www.aetna.com
	Delta Dental (Puerto Rico)	866-622-6120	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	PayFlex	855-516-8593	www.payflex.com
Wellness Partners	INTERVENT	866-334-2137	www.myintervent.com/compassgroup
	Livongo	800-945-4355	welcome.livongo.com/compass#
Disability	Leave of Absence Department	877-311-4747	Email: leaveofabsence@compass-usa.com
Life Insurance and Accidental Death and Dismemberment	Benefit Service Center	877-311-4747	
Employee Assistance Program	HealthAdvocate	866-799-2728	www.healthadvocate.com/compass-group
Retirement Plan	Wells Fargo Retirement Services	800-728-3123	Email: retirementdepartment@compass-usa.com
Discount Marketplace	PerkSpot	866-606-6057	compassgroup.perkspot.com
Associate Shopping Program	Purchasing Power	866-486-1947	http://www.compassgroupvoluntaryplans.com/

