



COMPASS GROUP 2022 ENROLLMENT GUIDE

As a Compass Group associate, you have a wide range of benefit programs available to you. Benefits give you important financial protection when you need it most. Use this Enrollment Guide to review the benefit programs offered so that you can make the choices that are right for you and your family.

The information provided in this Guide is only intended to summarize the Compass Group benefits that are available to you. Please refer to the applicable Summary Plan Description (SPD) and Summary of Benefits and Coverage (SBC) on www.compassgroup.bswift.com for an explanation of covered services, exclusions, and limitations.

For plans governed by ERISA, this communication is a Summary of Material Modifications (SMM) to the Salaried Management & Professional Associates Summary Plan Description and Hourly Team Member Summary Plan Description. Compass Group, at its sole discretion, reserves the right to amend, suspend, or discontinue, in whole or in part, any or all the benefit plans at any time. Although this summary is intended to be accurate, if there is a conflict between this summary and the terms of the official plan documents, the official plan documents will govern.

All plans listed in this document do not apply to union associates. Union associates should also refer to their Collective Bargaining Agreement for eligibility information and the plans offered.



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At Compass Group, we offer benefits that reach beyond the workplace, and support the unique needs of our diverse associates, both inside and outside of work. Now's your time to take charge of your health, well-being, security, and future.

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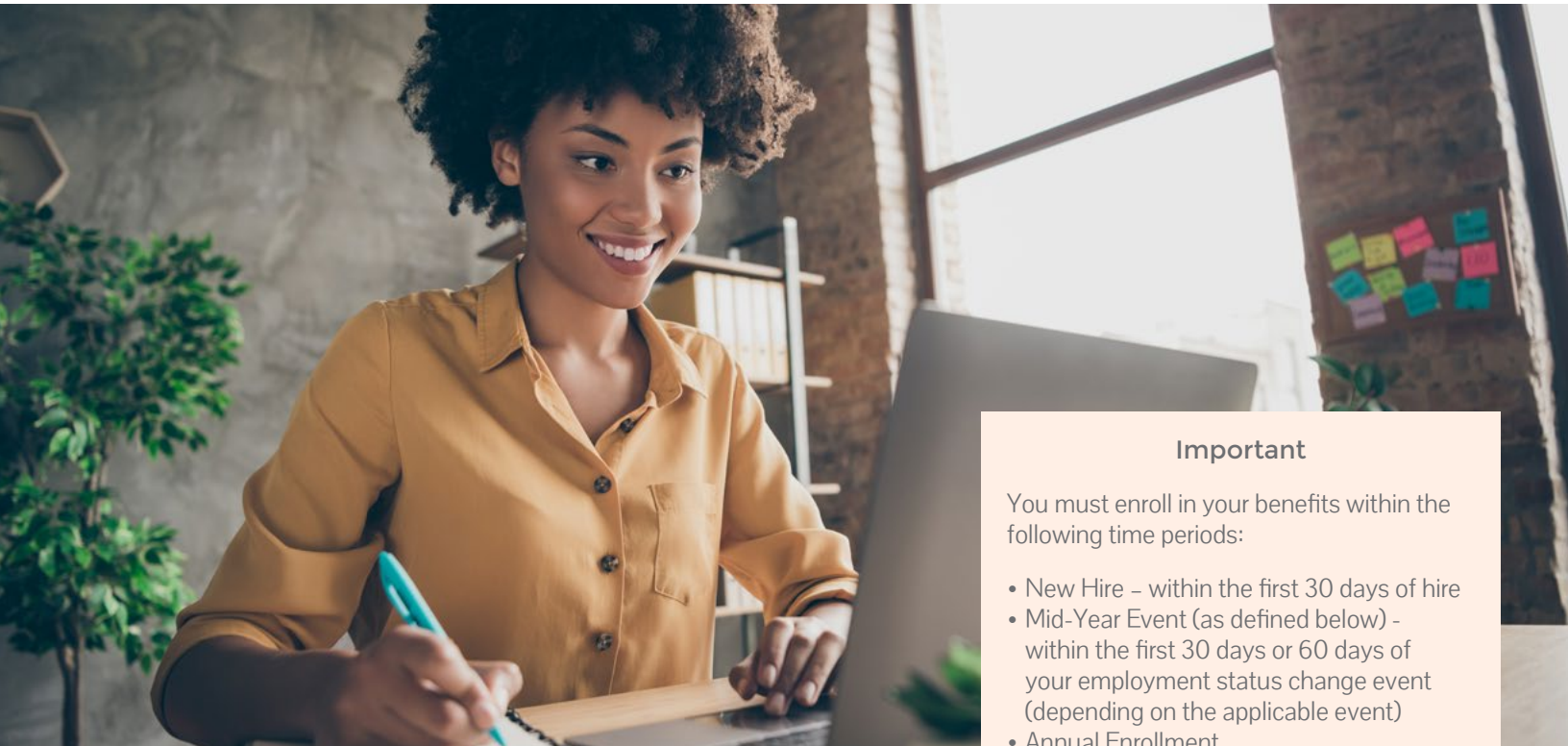
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Important

You must enroll in your benefits within the following time periods:

- New Hire – within the first 30 days of hire
- Mid-Year Event (as defined below) – within the first 30 days or 60 days of your employment status change event (depending on the applicable event)
- Annual Enrollment



Starting Your Journey

The first step on your benefits journey is enrolling in the options that best fit your life. Let's get started.

After your enrollment period, you will not be able to enroll or make changes to your benefit elections unless you have a qualifying life event (QLE), employment status change that permits mid-year changes, or qualify for a Health Insurance Portability and Accountability Act (HIPAA) special enrollment ("mid-year events"). Examples include marriage, divorce, birth or adoption of a child, or a spouse who loses or gains other health coverage. For more information, review the Qualifying Life Events section of the Summary Plan Description available at www.compassgroup.bswift.com.

Get Ready

First, prepare to enroll by following the three steps below:

- Review the enrollment letter that you received by mail at your home address. The letter includes information about your plan options and costs and provides you with the timeline for your enrollment.
- Read this Guide carefully, as it provides you with the necessary information to help you make your benefit choices.
- Be sure to check out the online Virtual Benefit Fair at www.virtualfairhub.com/compassgroup.

Get Set

Next, enroll in benefits. Log into www.compassgroup.bswift.com to begin your enrollment. You can enroll on your smartphone, tablet, or computer.

- To access the site, you need to know your eight-digit personnel number.
- **IMPORTANT:** You must click the "Complete Enrollment" button to finalize and submit your elections.

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.

Go!

Once your benefits take effect, you have plenty of resources to use throughout the year on www.compassgroup.bswift.com.



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 benefits on the first day of the month following one month of service. You are automatically enrolled in Short-Term Disability (STD) (payroll practice) after completing 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 Compass Group's one-month orientation period.
- Full-time Union Team Member** associates are 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 also 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 occurred at a time when the child could have been covered as a dependent under Compass Group's benefits.

Dependents must reside in the United States for coverage to apply for voluntary benefits.

Dependent verification

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

You must submit all required documentation within thirty (30) days of enrollment. If you fail to provide the required documentation, your dependent(s) will be removed from coverage. Dependents removed from group health coverage (medical, dental, or vision) due to a failed audit are not eligible for COBRA.

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.



IMPORTANT NOTICE

Misrepresentation of dependent eligibility constitutes a violation that could result in consequences ranging from a reprimand to dismissal. Misrepresentation may also require that you reimburse benefits paid on behalf of an ineligible individual. Deliberate misrepresentation may constitute criminal fraud and could result in a referral to law enforcement.

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 Requirements

<p>Spouse</p>	<p>Submit a copy of the following:</p> <ul style="list-style-type: none"> • (Provide one) Marriage certificate or Notarized Common Law Affidavit, <p>AND</p> <ul style="list-style-type: none"> • (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. <p>You should mark through your financial information on any documents before submission (such as your income, details on a bank statement, etc.).</p> <p>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.</p>
<p>Child(ren), to the end of the month in which he or she becomes age 26</p>	<p>Submit a copy of one of the following:</p> <ul style="list-style-type: none"> • Birth Certificate with Parent's Name Listed, or • Adoption Certificate, or • Hospital Birth Record (newborn children only), or • Qualified Medical Child Support Order
<p>Stepchild(ren), to the end of the month in which he or she becomes age 26</p>	<p>Submit a copy of the following:</p> <ul style="list-style-type: none"> • 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. <p>AND a copy of one of the following:</p> <ul style="list-style-type: none"> • Birth Certificate with Parent's Name Listed, or • Adoption Certificate, or • Hospital Birth Record (newborn children only), or • Qualified Medical Child Support Order <p>You should mark through your financial information on any documents before submission (such as your income, details on a bank statement, etc.).</p> <p>If the Benefit Service Center cannot match the children's information with the associate or spouse listed on file, they may request additional documentation.</p>
<p>Unmarried Child(ren) age 26 or older who are mentally or physically unable to care for themselves</p>	<p>Submit a copy of one of the following:</p> <ul style="list-style-type: none"> • Birth Certificate with Parent's Name Listed, or • Adoption Certificate, or • Qualified Medical Child Support Order <p>In addition to the documentation above, certification of your dependent's disability is periodically required to maintain eligibility and coverage. The 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.</p>

Note: 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. 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. You can upload your information during the enrollment process.

Alternative ways to submit your documents

If submitting by mail, please make copies of all your documents. Do not mail originals; documents will not be returned.

Mail copies to:

Compass Group Benefit Service Center

Attn: Dependent Verification

P.O. Box 617520

Chicago, IL 60661

Note: Illegible submissions will not be processed.

Benefit Deductions and Surcharges

Spouse surcharge

If you would like to cover your spouse under a Compass Group medical plan and your spouse is eligible for medical coverage with their employer, you will pay an additional spousal surcharge for medical coverage. If your spouse does not have access to medical coverage through their employer, or your spouse works for Compass Group, the surcharge will not apply.

Tobacco surcharge

All associates eligible for Compass Group benefits will have to identify, at enrollment, whether they (and their spouse, if applicable) are a tobacco user. Associates who identify that they are a tobacco user will pay an additional tobacco surcharge for medical coverage. Tobacco users may also pay a higher premium rate for select voluntary benefits (Aetna Critical Illness Plan).

What do you mean by “tobacco”?

Tobacco is 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, vaping devices, MODs and pens, 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.

COVID-19 Vaccine Surcharge

Unvaccinated associates enrolling in a Compass Group medical plan will be subject to an additional surcharge. If you are unable to comply with the COVID-19 vaccination requirements due to a medical condition or because it is medically inadvisable for you to obtain a COVID-19 vaccination, the surcharge will be waived. Religious exemptions will be considered where required by law. Refer to page 22 of this enrollment guide for additional information.

Benefit deductions

Benefit deductions and surcharges may be pro-rated. If a deduction and/or surcharge is missed, future deductions and surcharges will be taken at 1.5 times the regular rate until the balance is paid in full, with the exception of the healthcare spending account and dependent daycare spending account election(s), commuter spending accounts, Non-Qualified Deferred Compensation Plan deferrals and Compass Group Retirement Plan deferrals and loan repayments. For voluntary benefits, your missed deduction will be spread out over your remaining deductions for the plan year.

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. Review the educational deduction calendar at www.compassgroup.bswift.com for more information.

Coverage Levels

Generally, you have four coverage levels for each of the medical, dental, and vision options. You cannot cover your eligible dependents without coverage for yourself.

Qualified Life Events

After your enrollment period closes, you will not be able to enroll or make changes to your benefit elections unless you have a qualifying life event (QLE), employment status change that permits mid-year changes, or qualify for a Health Insurance Portability and Accountability Act (HIPAA) special enrollment (“mid-year events”). Examples include but are not limited to marriage, divorce, birth or adoption of a child, or a spouse who loses or gains other health coverage.

Changes for mid-year events are not permitted for disability insurance (unless it is a permissible employment status change), or Critical Illness, Hospital Indemnity, Accident Insurance, Legal Services, and Identity Theft Protection.

For more information, review the Qualifying Life Events section of the Summary Plan Description available at www.compassgroup.bswift.com.

How do I make mid-year benefit changes?

If you experience a mid-year event and wish to make changes to your benefit elections, you must declare your life event online at www.compassgroup.bswift.com or contact the Benefit Service Center, within the required timeframe.

- For HIPAA Special Enrollment events, you may enroll or make changes to coverage **within 60 days** of your event date.
- For qualified life events, you may enroll or make changes to coverage **within 30 days** of your event date.

All benefit changes must be consistent with the type of event you are experiencing.

You are also required to submit documentation supporting your life event **within 30 days** of filing the event. If you fail to provide the required documentation, your requested benefit 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), Summary of Material Modifications (SMMs), and Summaries of Benefits and Coverage (SBCs)

To ensure you have convenient access to your benefit information, our SPDs, SMMs, and SBCs are available online at www.compassgroup.bswift.com. If you prefer to receive a printed copy, call 877-311-4747 and select option 1 to speak with a representative. We will provide a copy to you at no charge. Representatives are available M-F, 8 a.m. to 6 p.m. EST.

COBRA Coverage Options

Benefit coverage ends on the date you terminate employment with Compass Group. If your medical, dental, vision, and/or healthcare spending account coverage ends due to a COBRA qualifying event, you are eligible for COBRA continuation coverage. For more information, call 877-311-4747. **You should consider all options you may have to get other health coverage before making your decision to enroll in COBRA.**

You're Invited to the Virtual Benefits Fair

From the comfort of your own home, you can virtually visit vendor booths that contain information about benefits available to you in 2022. Use the Virtual Benefits Fair to learn more about your benefits, make informed choices, and take full advantage of your coverage. You can also connect via email with carrier representatives who can help answer coverage questions you may have.

The fair is open 24/7 at www.virtualfairhub.com/compassgroup.

“My family has a number of different health issues. How can I get everyone the help they need – and how can I keep track of it all?”



Your Healthy Journey



- Your health is personal, so your care should be too. Connect with a doctor through Teladoc when it's convenient for you.

Visit www.compassgroup.bswift.com for more information.

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.

- **Bronze Limited Network Plan:** The Bronze Limited Network Plan is an affordable, in-network only medical plan option, with the lowest payroll deductions. The Bronze Limited Network Plan has the same deductible as the Bronze Plus Plan. It is a narrow network plan, which means a limited number of high-quality doctors and hospitals are covered. You must use in-network doctors and facilities for your non-emergency healthcare, but you benefit by receiving even deeper discounts. The only time you can receive out-of-network coverage for care is for an emergency. You can easily search online to see if your provider is in this network by visiting the Virtual Benefits Fair.

Note: This plan is not offered nationwide and is only available in select areas.

- **Bronze Plus Plan:** Our Bronze Plus plan meets the federal definition of affordability and has low payroll deductions but has a high deductible that must be satisfied before benefits are paid. This plan differs from the Bronze Limited Network Plan in that it offers both in-network and out-of-network benefits.

- **Silver Plus Plan:** This is our mid-level plan and requires a modest payroll deduction. In this plan, you must meet a lower deductible before most benefits are paid, except for in-network office visit services, which are covered by paying a copay. This plan offers in-network and out-of-network benefits.
- **Gold Plus Plan:** Our Gold Plus plan provides the most comprehensive coverage and benefit level, but also has the highest payroll deduction. It has the lowest deductible of any of our plans and offers in-network and out-of-network benefits.

Generally, we offer a choice of medical carriers by state. In most areas, at least one carrier is “Best in Market” with preferred pricing (excluding the Bronze Limited Network Plan which is in-network only). Regional HMOs are offered in select areas and coverage under these plans may vary.

Review the medical carriers offered in your state at www.compassgroup.bswift.com. If you live in an area where no networks are available, you will have the option of Out-of-Area plans.

	Bronze Limited Network Plan	Bronze Plus Plan		Silver Plus Plan		Gold Plus Plan	
	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible Individual/Family	\$3,500/\$7,000	\$3,500/\$7,000	\$7,000/\$14,000	\$2,000/\$4,000	\$4,000/\$8,000	\$1,500/\$3,000	\$3,000/\$6,000
Medical Annual Out-of-Pocket Maximum¹ Individual/Family	\$7,500/\$15,000	\$7,500/\$15,000	\$15,000/\$30,000	\$7,000/\$14,000	\$14,000/\$28,000	\$5,500/\$11,000	\$11,000/\$22,000
Coinsurance	60%	60%	40%	70%	50%	80%	60%
PREVENTIVE CARE SERVICES²							
Annual checkups/physicals, mammograms, etc.	100%	100%	40%, no deductible	100%	50%, no deductible	100%	60%, no deductible
PHYSICIAN SERVICES							
Phone or Online Consultation — provided by Teladoc¹	100%	100%	N/A	100%	N/A	100%	N/A
Primary Care Physician (PCP) Office Visit	60% coinsurance, after deductible	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	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	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	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	40% 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	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	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	60% coinsurance, after deductible	40% coinsurance, after deductible	70% coinsurance, after deductible	50% coinsurance, after deductible	80% coinsurance, after deductible	60% coinsurance, after deductible
Phone or Online Behavioral Health Consultation — provided by Teladoc¹	100%, after \$50 copay	100%, after \$50 copay	N/A	100%, after \$50 copay	N/A	100%, after \$50 copay	N/A

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 Kaiser plans are provided by the carriers through Certificates of Coverage and are not included in this document. Contact the Benefit Service Center and/or your carrier for a copy of your certificate of coverage.



Care No Matter Where You Are

If your doctor's office is closed, non-emergency care is closer than you think. Teladoc can get you the advice and care you need — even prescription medication to help you feel better. From cold and flu to allergies, pink eye, bronchitis, and mental health needs, Teladoc can walk you through it, 24/7, wherever you are. Just download the Teladoc app or call 800-835-2362 to get started.

Note: Copays may apply for Teladoc Behavioral Health Services. These services are available to associates and dependents enrolled in an eligible Compass Group medical plan. The wellness programs and services offered to associates enrolled in a Regional HMO plan will vary. You must complete your medical history prior to requesting a Teladoc consult. Some restrictions apply.

Teladoc does not replace the primary care physician. Teladoc does not guarantee that a prescription will be written. Teladoc operates subject to state regulation and may not be available in certain states. Teladoc does not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. Teladoc physicians reserve the right to deny care for potential misuse of services.

altogethergreat

Pharmacy



CVS CAREMARK™ provides prescription drug coverage, when you enroll in a Compass Group medical plan. Regional HMO plans administer their own prescription drug coverage.

	Bronze Limited Network Plan	Bronze Plus Plan	Silver Plus Plan	Gold Plus Plan
	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK
Annual Out-of-Pocket Maximum¹	\$1,000 individual/\$2,000 family	\$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	100% after \$12.50 copay
Preferred	50% coinsurance associate pays min \$50/max \$100	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	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	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	100%, after \$25 copay
Preferred	50% coinsurance associate pays min \$100/max \$200	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	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 prescription coverages may vary. Please review the SBCs for the Regional HMOs before you make your election.

Pay Less for Specialty Drugs with PrudentRx

As part of your prescription plan, the PrudentRx Copay Program allows you to get specialty medications at a low cost. This can be used for medications on the Specialty Drug List when you fill them at CVS Specialty®. The best news is, PrudentRx will auto-enroll you in the program! Call PrudentRx at 800-578-4403 if you have any questions.

Regional HMO plans administer their own prescription drug coverage.

Coverage Authorization Requirements

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

Step Therapy Program

For select conditions, CVS CAREMARK's Step Therapy program requires lower cost options be explored before higher cost options are covered.

Free flu shots

If you are enrolled in a Compass Group medical plan, you can get a free flu shot at CVS Pharmacy locations. No appointment required. Just present your prescription card and valid photo ID to the pharmacist or visit www.CVS.com to find a participating pharmacy in your area.

Available to associates and dependents enrolled in an eligible Compass Group medical plan. The wellness programs and services offered to associates enrolled in a Regional HMO plan will vary. Union associates should also refer to the language in their collective bargaining agreement for more information.





Dental



Tips for healthy oral care

1. Schedule yearly comprehensive exams and cleanings.
2. Remember to brush and floss your teeth regularly.
3. Avoid foods and drinks high in sugar.

Good oral care enhances overall physical health, appearance, and 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 our 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 will receive a higher level of benefits.

These plans offer enhanced benefits for pregnancy, diabetes, coronary artery disease, and cerebrovascular disease. Visit your Aetna member website for additional information.

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. 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.



Tips for healthy vision

1. Schedule yearly comprehensive exams.
2. Protect yourself against UV rays.
3. Give your eyes a break from your digital device.
4. Eat your greens.



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.

Did you know? You can use your VSP benefits at www.eyeconic.com when you purchase glasses, contacts, sunglasses, and more!

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	Once every calendar year	20% discount	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 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.

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 Dependent Daycare Spending Account after the claim 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 for dependent care expenses while you work. This plan cannot be used for dependent healthcare expenses.	These accounts allow you to pay for eligible parking and transportation expenses with pre-tax money.
Annual maximum contribution for 2022	You can contribute up to \$2,750 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.
Examples of covered expenses*	Copays, deductibles, orthodontia, vision, etc. You can even get reimbursed for certain over-the-counter medical products without a prescription. 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 roll over unused funds?	You may roll over up to \$550 of 2022 unused Healthcare Spending Account funds at the end of the plan year to use the following plan year.	No. If you do not submit claims against your 2022 balance by March 31, 2023, 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, 2023 to submit claims for eligible expenses incurred from January 1, 2022 through December 31, 2022.		
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 unused 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!

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

How can I reach my wellness goals?



Your Wellness Journey



- The Employee Assistance Program (EAP) helps you and your family handle life's challenges, build resilience, and bring calm. These free services are available 24/7 and your information is completely confidential.



- Make serious strides with your health. From managing a chronic condition, to fitness and weight management, a Virgin Pulse coach can create a plan that's customized for you.



- Save money on pre-planned, non-emergency surgical services with Surgery Plus.

Visit www.compassgroup.bswift.com for more information.

Compass Group provides you with a variety of tools that make it easy for you to incorporate healthy habits into your daily life.

Be Healthy. Feel Great. Get Rewarded.

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.

Paid Time Off for Preventive Care

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.

Remember — preventive care is 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, and you may incur a cost.



Eat. Live. Do. Well.

Eat. Live. Do. Well is your source for up-to-date and reliable wellness and sustainability information. The website offers many resources from cooking to living a greener life, including:

- Recipes and meal planning ideas (with nutrition information)
- Quick how-to kitchen videos
- Expert tips on personal wellness
- And more!

Connect with us at www.WeEatLiveDoWell.com and follow us on social media so you'll always be in the know on the latest from our experts!



Instagram: @We.Eat.Live.Do.Well



Twitter: @WeEatLiveDoWell

Diabetes Program for Insulin Users*

For insulin-dependent members with diabetes, the Livongo program can help you simplify diabetes management with access to smart devices, like blood glucose meters, as well as one-on-one support with a health coach when you need it.

Discover SurgeryPlus*

Preparing for surgery can be complicated and stressful. With SurgeryPlus, dedicated Care Advocates provide a personalized experience, guiding you through the entire process when you have a planned, non-emergency surgery. You are automatically enrolled in this benefit at no additional cost, as part of your enrollment in an eligible Compass Group medical plan.

Note: SurgeryPlus is not available for associates enrolled in a Regional HMO plan.

Your Wellness Programs



Virgin Pulse*

No matter what your wellness goals are, Virgin Pulse can help you achieve them.

With Virgin Pulse, you'll be able to discover your health strengths and risks, get personalized support from health coaches, and earn rewards. You'll also have access to programs to stay well, including Maternity Management, Tobacco Cessation, Diabetes Prevention, and more.

Plus, when you make steps to live a healthier life, you can earn points to lower the price you pay for your medical benefits.

Don't miss out on all the fun! Get the mobile app or go to join.virginpulse.com/compassgroup.

Reasonable Alternative: Not sure if you can fully participate in this program because of a disability or medical condition? You may be eligible for alternative ways to participate. For more information, visit join.virginpulse.com/compassgroup or email support@virginpulse.com.

**Available to associates and spouses enrolled in an eligible Compass Group medical plan. The wellness programs and services offered to associates enrolled in a Regional HMO will vary.*

Compliance with the Virgin Pulse Tobacco Cessation Program will remove the tobacco surcharge, regardless of whether you have yet stopped using tobacco products.



Employee Assistance Program

Balancing the needs of work, family, and personal responsibilities isn't always easy. The Employee Assistance Program (EAP) through Health Advocate can help you prioritize your well-being and get you information, resources, and referrals for the things that are on your mind. You have direct access to qualified professionals who can provide guidance or direct you to specialized resources for:

- Work and personal challenges
- Legal advice, such as divorce proceedings and writing wills
- Financial services, including managing debt and credit
- Arranging child, elder, and pet care

The EAP is available 24/7, 365 days/year, and you can connect to both virtual and telephonic assistance at no cost. Services are always confidential, and information you provide is never shared with Compass Group. Call 877-240-6863 or visit healthadvocate.com/compass-group to get started. Once you're logged in, you can also text a licensed counselor anywhere, anytime online, or through the Health Advocate MyHelp mobile app.



24/7/365

The EAP is available around-the-clock



\$0

No cost for associates and family members

Substance Use Treatment Helpline

Optum's helpline is available 24/7 to connect you and your family to a local network provider who can recommend the appropriate substance use treatment. Call 855-780-5955 to get personalized assistance. The program is confidential and staffed by licensed clinical experts in substance use and alcohol issues. (Your personal information will be kept confidential in accordance with state and federal laws.)

Use the "Find Help" Program for Assistance with Basic Needs

Your daily life and world around you can have a large impact on your spiritual, emotional, and physical health. If you or your family is in need of basic necessities, such as access to food and transportation, or even the ability to pay bills, Find Help can connect you to aid through free or reduced-cost community programs. Visit findhelp.premisehealth.com to learn more.

Manage Your Emotional Health with Your Compass Group Medical Plan

Compass Group medical plans provide comprehensive coverage for behavioral health concerns and support for dealing with certain conditions. If you are enrolled in a medical plan, you have access to support to help you manage your emotional health questions and concerns — from information on a new diagnosis to understanding medical bills. To get started, call the phone number on the back of your insurance card.

My wife and I just started a family— turns out, kids are expensive! I'm trying to get a handle on our financial future.



Your Financial Journey

Learn about the tools and resources to help you keep your finances in order and your future looking bright.



• As a Compass Group associate, you receive Basic Term Life Insurance at no cost. You can also choose to purchase Supplemental Term Life, and Accidental Death & Dismemberment coverage for yourself and eligible dependents.



• Short-Term and Long-Term Disability programs may provide a benefit if you need to be away from work for an extended time because you are sick or injured.



• The Compass Group Retirement Plan (“Retirement Plan”) is a convenient and easy way to save. The Retirement Plan allows you to set aside money from your paycheck and build your long-term financial security.

Visit www.compassgroup.bswift.com for more information.

Union associate should also refer to their collective bargaining agreement for more information.

Financial Security

It is always a good idea to plan ahead — especially when it comes to protecting you and your family. Financial benefits offer you and your family support in the face of unforeseen events. Learn about the tools and resources to help you keep your finances in order.

NOTE: You may “move-up” only one level of Term Life or AD&D coverage during Annual Enrollment each year.

Basic Term Life Insurance*

As a Compass Group associate, you receive Basic Term Life Insurance at no cost to you. Term life insurance pays a benefit in the event of your death but has no cash value.

Supplemental Term Life Insurance*

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

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

Supplemental Dependent Term Life Insurance

You may also choose to purchase term 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)

If you enroll in an AD&D plan, covered benefits are paid in addition to benefits from your Term Life Insurance Plan. Review the AD&D benefit schedule in the Summary Plan Description (SPD) for additional information.

Be sure to designate your beneficiary(ies) during enrollment and keep your designations up-to-date at www.compassgroup.bswift.com.

altogethergreat

	Management & Professional Associates ³	Team Member Associates
Basic Term Life ¹	1x your Annual Benefit Base Salary, rounded to the nearest \$1,000	\$10,000
Supplemental Term Life ²	Up to 5x your Annual Benefit Base Salary. Coverage is subject to a plan maximum of \$4,000,000 Basic and Supplemental Term Life Insurance combined.	\$10,000, \$25,000, \$50,000, \$100,000, \$150,000, \$200,000 or \$250,000
Spouse Term Life	\$10,000, \$20,000, \$30,000, \$40,000 or \$50,000	
Child(ren) Term Life	\$5,000 or \$10,000 If you select Child(ren) Term 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.	
AD&D	\$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.	

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

² Associates may be subject to evidence of insurability rules if coverage exceeds the guaranteed issue maximum of \$700,000. Union associates should refer to their collective bargaining agreement for more information.

³ Management and Professional Term Life Insurance is based on your Annual Benefit Base Salary, or the base salary you receive as of September 1 before the calendar year your coverage goes into effect. Refer to the Summary Plan Description (SPD) available at www.compassgroup.bswift.com for more information.

For all associates on an approved Leave of Absence (LOA), the effective date of enrollment into or an increase to Basic Term Life, Supplemental Term Life, Spouse Term Life, Child(ren) Term Life and/or 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. Disability insurance 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 disability coverage during Annual Enrollment each year.

Short Term Disability (STD)

STD insurance replaces a portion of your income if you suffer a disability and can't work due to a covered illness or injury. STD benefits may be payable for up to 26 weeks. (STD does not cover work-related disabilities).

Long Term Disability (LTD)

LTD insurance can pay benefits if you suffer a covered disability lasting more than six months — so you can have one less thing to worry about and can focus on getting healthy. 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 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 ³	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 Member associates who work in a state with 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).

Management & Professional Associates: The STD payroll practice is not subject to or governed by ERISA.

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.

Disability benefits are reduced by any other disability benefits received, such as Social Security, etc. If you become disabled due to a pre-existing condition, the plan may have restrictions. Review the Summary Plan Description (SPD) at www.compassgroup.bswift.com for additional information.

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.

Retirement Plans

Start investing in your future with help from Fidelity. You are eligible to participate in the Retirement Plan* immediately and may contribute up to 100% of compensation (as defined by the Retirement Plan), subject to the annual IRS dollar limits. Compass Group may make a discretionary contribution of \$0.35 cents for each dollar that you contribute (up to the plan maximum percentage of your eligible compensation).

Get started at netbenefits.com, on the mobile app, or call Fidelity at 800-835-5095.

** Highly compensated employees may be eligible to participate in the Compass Group USA, Inc. Nonqualified Deferred Compensation Plan (the "NQDC Plan"). Please note, if you are eligible for the NQDC Plan during a calendar year, you are not eligible to participate in the Compass Group Retirement Plan in the same calendar year.*

Business Travel Accident

When a Management or Professional associate travels 100+ miles from home on business, this 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.

Voluntary Benefits

Accident Insurance¹

The Aetna Accident Plan pays benefits when you get treatment for an accidental injury. The plan pays for a long list of covered minor and serious injuries. You can use the benefits however you choose to help pay out-of-pocket medical costs or personal expenses like mortgage, rent, groceries, or utility bills. Review the benefit summary for details of coverage, including limitations and exclusions at www.compassgroup.bswift.com.

Critical Illness Insurance¹

The Aetna Critical Illness Plan pays benefits when a doctor diagnoses you with a covered serious illness or condition, like heart attack, stroke, and cancer. You can use the benefits however you choose to help pay out-of-pocket medical costs or personal expenses like mortgage, rent, groceries, or utility bills. The plan also includes a health screening benefit for a covered preventive test. Review the benefit summary for details of coverage, including limitations and exclusions at www.compassgroup.bswift.com.

Hospital Indemnity Insurance¹

The Aetna Hospital Indemnity Plan pays benefits when you have a planned, or unplanned, hospital stay for an illness, injury, surgery, or having a baby. The plan pays a lump-sum benefit for admission and a daily benefit for a covered hospital stay. You can use the benefits however you choose to help pay out-of-pocket medical costs or personal expenses like mortgage, rent, groceries, or utility bills. Review the benefit summary for details of coverage, including limitations and exclusions at www.compassgroup.bswift.com.

Note: Accident, Critical Illness and Hospital 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.

You may enroll in Voluntary Benefits during your initial enrollment period or Annual Enrollment each year.

Legal Services¹

The MetLife 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 MetLife Legal Plan, you, your spouse, and your eligible dependents are fully covered for legal services from experienced attorneys.

Identity Theft Protection¹




This program monitors your credit and helps you better protect you and your family's identities. Enroll in credit and identity monitoring, plus receive coverage up to \$1 million to help pay certain out-of-pocket expenses in the event you are a victim of identity theft. Identity Theft Protection also includes child credit monitoring, child credit lock, safe browsing, and change of address monitoring. With a family plan, your eligible family members are protected in the event they become a victim of identity theft. This program is not subject to or governed by ERISA.

¹ You can only enroll during Annual Enrollment. Changes for mid-year events are not permitted for Critical Illness, Hospital Indemnity, Accident Insurance, Legal Services, and Identity Theft Protection.

I am interested
in discount programs
that I can use
year-round.



Your Rewarding Journey*

-  • Receive discounts on cell phone plans, cars, travel, gifts, and your everyday needs.
-  • Buy today and pay over time when you shop thousands of brand-name products through the Associate Shopping Program.
-  • Save money on your home and auto insurance and pay with deductions straight from your paycheck from most carriers. Auto and Home Insurance provides price quotes from multiple carriers so you can select coverage that is the best value.

Visit www.compassgroup.bswift.com for more information.

Enjoy exclusive discounts that help you save money every day!

Associate Shopping Program²

Sign up for free and conveniently shop thousands of brand-name products. Your order ships right away, but you get to pay for it from your paycheck over time, with no credit checks, hidden fees, or interest.

Available to associates who have been actively employed for nine months and whose annual salary is at least \$16,000.

Discount Marketplace²

Through the Discount Marketplace, Compass Group associates have access to thousands of discounts on items such as cars, cell phone plans, vacations, spa days, and even safety shoes and uniforms. Search for categories and brands you love and receive the best offers in your inbox weekly.

Pet Insurance²

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.

Some exclusions may apply. Certain coverages may be subject to pre-existing exclusion. See policy documents for a complete list of exclusions.

Choice Auto and Home Program^{2,3}

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. To learn more, visit www.compassgroupvoluntaryplans.com or call 866-486-1947.

² Associates residing in Puerto Rico and the Virgin Islands are not eligible to participate in the Choice Auto and Home Program, or the Pet Insurance. Eligibility in the Discount Marketplace is determined based on the individual offer. Associates residing in Puerto Rico are not eligible to participate in the Associate Shopping Program. For Virgin Island Associates, participation in the Associate Shopping Program may be limited, depending on the method of shipment.

³ 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.

*These plans and programs are not subject to or governed by ERISA.

Carrier Contact Information

It is important that your benefit information is accessible to you, whenever and however you need it. Most of our carriers can be accessed directly from www.compassgroup.bswift.com. Mobile responsive websites and free apps are also available, so 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
Prescription Drugs	CVS CAREMARK™ • Bronze Limited Network • 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, option 1 Mail: Compass Group Benefit Service Center, Attn: Dependent Verification, P.O. Box 617520, Chicago, IL 60661	www.compassgroup.bswift.com
Spending Accounts	PayFlex	855-516-8593	www.payflex.com
Wellness Partners	Virgin Pulse	888-671-9395	virginpulse.com
	SurgeryPlus	833-227-7576	compass.surgeryplus.com
To Report a Leave of Absence	Leave of Absence Department	877-311-4747, option 2	N/A
Disability	New York Life	800-238-2125	www.myNYLGBS.com
To Report a Life/AD&D Claim	Benefit Service Center	877-311-4747	N/A
Life Insurance and AD&D (claims administrator)	MetLife	877-311-4747	www.compassgroup.bswift.com
Employee Assistance Program	HealthAdvocate	877-240-6863	www.healthadvocate.com/compass-group
Retirement Plan	Fidelity	800-835-5095	www.netbenefits.com
Accident, Critical Illness, Hospital Indemnity Insurance	Aetna	800-607-3366	www.myaetnasupplemental.com App: My Aetna Supplemental
Legal Plan	MetLife	877-311-4747	www.compassgroup.bswift.com
Identity Theft Protection	ID Watchdog	877-311-4747	www.compassgroup.bswift.com
Pet Insurance	Nationwide	866-486-1947	www.compassgroupvoluntaryplans.com
Choice Auto and Home Program	Farmers GroupSelect™ Travelers Liberty Mutual Insurance Electric Insurance Company® Progressive	866-486-1947	www.compassgroupvoluntaryplans.com
Discount Marketplace	PerkSpot	866-486-1947	www.compassgroupvoluntaryplans.com
Associate Shopping Program	Purchasing Power	866-486-1947	www.compassgroupvoluntaryplans.com

COVID-19 Vaccine Surcharge

Unvaccinated associates enrolling in a Compass Group medical plan will be subject to an additional surcharge of up to \$100 monthly effective as of January 1, 2022, unless you qualify for the Reasonable Alternative Standard below. The amount of the surcharge will vary based on the plan and coverage level elected. The surcharge amount applicable is reflected on the medical plan enrollment page at www.compassgroup.bswift.com.

Proof of Vaccination

If during the enrollment process you attest that you are fully vaccinated, you must submit proof of vaccination by uploading your vaccination card/document within **30 days** of enrollment. Login to www.compassgroup.bswift.com for further instructions.

You can also mail the Benefits Department a copy of your vaccination card/document. Documentation must be postmarked within **30 days** of enrollment. To ensure timely processing, include your eight-digit Personnel Number on all documentation submitted. Mail to: Compass Group, Attn: Benefits Department, 2400 Yorkmont Road, Charlotte, NC 28217.

You may update your vaccination status and submit proof of your COVID-19 vaccination anytime during the plan year at www.compassgroup.bswift.com. The surcharge will be waived effective the first of the month following receipt of your vaccination card/document, or as soon as administratively possible.

Reasonable Alternative Standard

Compass Group is committed to helping you achieve your best health. If it is unreasonably difficult for you to meet the COVID-19 vaccination requirements under the program due to a medical condition, or if it is medically inadvisable for you to obtain a COVID-19 vaccination, upon receipt of a properly completed Surcharge Physician Affidavit Form, the vaccine surcharge will be waived.

The surcharge will be waived effective the first of the month following receipt of your completed form, or as soon as administratively possible. Login to www.compassgroup.bswift.com or call the Benefit Service Center to request information about obtaining the alternative.

Surcharge Physician Affidavit Form

From the library at www.compassgroup.bswift.com, print and ask your physician to complete the Surcharge Physician Affidavit Form according to the instructions. You may also request a copy of the form at no charge, by calling the Benefit Service Center.

Once completed in full, submit the Surcharge Physician Affidavit Form to the Benefit Service Center. You may submit your form by upload. Login to www.compassgroup.bswift.com for further instructions. You can also mail the Benefits Department a copy of your completed form.

Upon receipt and approval of the Surcharge Physician Affidavit Form, an exception will be applied to your account and a new benefits confirmation statement will be sent to you.

COVID-19 Vaccine Resources

There are many resources available to associates seeking more information about how to get vaccinated:

- The federal government's online vaccines.gov site can identify vaccination sites anywhere in the country (or <https://www.vacunas.gov> for Spanish). Individuals also can text their zip code to "GETVAX" (438829) – or "VACUNA" (822862) for Spanish – to find three vaccination locations near them. Message & data rates may apply.
- Employees with disabilities may need extra support to obtain a vaccination, such as transportation or in-home vaccinations. The U.S. Dept. of Health and Human Services/Administration for Community Living has launched a hotline to assist individuals with disabilities in obtaining such help. The Disability Information and Assistance Center (DIAL) can be reached at: 888-677-1199 from 9 am to 8 pm EST, Mondays through Fridays or by emailing DIAL@n4a.org.
- CDC's website offers a link to a listing of local health departments, which can provide more information about local vaccination efforts.
- Some associates may not have reliable access to the internet to identify nearby vaccination locations or may speak no or limited English and find it difficult to make an appointment for a vaccine over the phone. The CDC operates a toll-free telephone line that may offer assistance: 800-232-4636; TTY 888-232-6348.

great rewards



BON APPÉTIT
MANAGEMENT COMPANY

canteen

chartwells
where hungry, people gather

chartwells
service of food & hotels

crathall
HARDWARE

CULINART GROUP
INSPIRING BOUNDARIES

ESS
Smart Service Worldwide

Eurest

eurest
SERVICES

Flik

Flik
DINING

Foodbuy

Levy

morrison
HOSPITALITY

Morrison
LIVING

Restaurant Associates
HOSPITALITY | CHALLENGE |
PROBLEM SOLVING

SSC
SERVICES FOR EDUCATION

T

touchpoint
TECHNOLOGY

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WOLFGANG PUCK
CATERING

COMPASS | altogethergreat
GROUP