

Benefits at a Glance



These charts highlight the provisions of the benefit plans available to eligible employees of companies that participate in the Publicis Benefits Connection program, effective January 1, 2012.

For more information about your benefits, visit www.publicisbenefitsconnection.com or contact the Benefits Service Center at 1-800-933-3622. For more detailed information about a particular benefit plan, contact the plan administrator directly.

This document describes the Publicis Benefits Connection health and group benefits program as the company currently intends to offer it. The company reserves the right, however, at any time and for any reason, to amend the terms of the program or to terminate any of the benefits offered under it. The complete provisions of the plans are in the official plan documents. If there is any difference between this document and the official plan documents, the plan documents will govern.

Benefits at a Glance

Medical (BCBS-IL)
 Standard PPO Group Number -095837, Prefix: PGI
 Premier PPO Group Number - 015695, Prefix: PGI

1-866-876-1989
 www.bcbsil.com

Premier PPO

Standard PPO

| BENEFITS | In-Network Coverage | Out-of-Network Coverage | In-Network Coverage | Out-of-Network Coverage |
|--|--|----------------------------|--|----------------------------|
| Lifetime Comprehensive Major Medical Coverage Maximum: | Unlimited | | Unlimited | |
| Deductible: (per individual, per calendar year) | \$250 | \$500 | \$500 | \$1,000 |
| Family Deductible: (Aggregate) | \$500 | \$1,000 | \$1,000 | \$2,000 |
| Individual Out-of-Pocket (OPX): (per individual, per calendar year) | \$2,000 | \$4,000 | \$4,000 | \$8,000 |
| Family Out-of-Pocket (OPX): (Aggregate) | \$4,000 | \$8,000 | \$8,000 | \$16,000 |
| Out-Of-Pocket Expense Limitation: The amount of money an individual pays toward covered hospital and medical services during any one calendar year. This excludes the deductible, co-payments, private duty nursing, prescription drugs, non pre-certification penalty, and charges in excess of the usual and customary. | | | | |
| Inpatient Hospital Services: (Pre-certification is required. For maternity, a penalty of \$500 applies to the inpatient maternity claim if you do not enroll in the Special Beginnings program within the first trimester of pregnancy.) | 90%; subject to deductible | 70%; subject to deductible | 80%; subject to deductible | 60%; subject to deductible |
| Outpatient Surgery & Diagnostic Tests: | 90%; subject to deductible | 70%; subject to deductible | 80%; subject to deductible | 60%; subject to deductible |
| Outpatient Emergency Medical / Accident Care: | 90% | 90% | 80% | 80% |
| Inpatient Mental Health and Chemical Dependency: (Pre-certification is required.) | 90%; subject to deductible | 70%; subject to deductible | 80%; subject to deductible | 60%; subject to deductible |
| Outpatient Mental Health and Chemical Dependency: | \$20 copay | 70%; subject to deductible | \$30 copay | 60%; subject to deductible |
| Medical/Surgical Care: | 90%; subject to deductible | 70%; subject to deductible | 80%; subject to deductible | 60%; subject to deductible |
| Office Visits: | \$15 copay PCP; \$20 copay Specialist | 70%; subject to deductible | \$20 copay PCP \$30 copay Specialist | 60%; subject to deductible |
| Wellness Care: Annual physicals for adults; Well child exams covered as defined by standards of American Academy of Pediatrics. | 100% deductible does not apply | 70%;subject to deductible | 100% deductible does not apply | 60%; subject to deductible |
| Infertility: \$15,000 lifetime maximum for artificial reproduction technology | 90%; subject to deductible | 70%; subject to deductible | 80%; subject to deductible | 60%; subject to deductible |
| Outpatient Therapies: Physical, Occupational and Speech, limited to 30 visits per therapy per year. | \$20 copay; 100% | 70%;subject to deductible | \$30 copay; 100% | 60%; subject to deductible |
| Chiropractic Care/Naprapathic Services: \$2,000 maximum per calendar year for muscle manipulation. | \$20 copay; 100% | 70%; subject to deductible | \$30 copay; 100% | 60%; subject to deductible |
| Other Covered Services: Blood and blood components; ambulance services; oxygen and its administration; surgical dressings, casts and splints; prosthetic devices; and leg, arm, and neck braces. | 90%; subject to deductible | 70%; subject to deductible | 80%; subject to deductible | 60%; subject to deductible |
| Prescription Drug: Retail is a 34 day supply; Mail Order is a 90 day supply. Mandatory participation in Triessent specialty pharmacy program for Specialty medications. Call (888) 216-6710 to enroll. | Retail Generic: 20% (Min:\$10, Max:\$50) Formulary: 20% (Min:\$20, Max:\$100) Non-Formulary: 20% (Min:\$40, Max:\$200) | | Mail Order Generic: 20% (Min:\$25, Max:\$125) Formulary: 20% (Min:\$50, Max:\$250) Non-Formulary: 20% (Min:\$100, Max:\$500) | |

Benefits at a Glance

Dental (Delta Dental)
Group Number - 04811

1-800-932-0783
www.deltadentalins.com

| | Comprehensive Option | Basic Option |
|---|--|---|
| General Information | | |
| Choice of Dentists | Choose between in-network and out-of-network dentists | Choose between in-network and out-of-network dentists |
| Calendar-Year Deductible | \$50 individual \$150 family (does not apply to preventive care) | \$100 individual \$300 family (does not apply to preventive care) |
| Calendar-Year Maximum | \$2,000 per covered member; preventive and orthodontic are exempt from maximum | \$1,000 per covered member; diagnostic and preventive are exempt from maximum |
| Orthodontia Lifetime Maximum | \$2,000 | Not covered |
| Your Level of Coverage | | |
| Preventive Care | 100%, no deductible | 100%, no deductible |
| Basic Care | 80% after deductible | 50% after deductible |
| Major Care | 50% after deductible | Not covered |
| Orthodontic Care | 50% after deductible | Not covered |
| TMJ | Not covered | Not covered |
| Note: The replacement of, addition to, or modification of existing dentures, crowns, casts, or bridgework is subject to certain conditions and limitations | | |

Benefits at a Glance

Vision Plan (Vision Service Plan)
Group Number - 12227971

1-800-877-7195
www.vsp.com

| | High In-Network | High Out-of-Network | Low In-Network | Low Out-of-Network |
|--|--|--|--|--|
| General Information | | | | |
| Choice of Doctors | You must choose a VSP network provider | You may choose any licensed non-participating provider | You must choose a VSP network provider | You may choose any licensed non-participating provider |
| Annual Deductible | None | | | |
| Frequency of Examinations | Once every 12 months | | | |
| Benefit Schedule | | | | |
| Eye Examination | \$10 copayment | \$50 allowance toward cost of exam | \$15 copayment | \$50 allowance toward cost of exam |
| Frames | \$10 copayment | \$70 allowance | \$25 copayment | \$70 allowance |
| Frame Allowance | \$200 | \$70 | \$120 | \$70 |
| Basic Lenses | | | | |
| Single | \$10 copayment* | \$50 allowance | \$25 copayment* | \$50 allowance |
| Bifocal (lined) | \$10 copayment* | \$75 allowance | \$25 copayment* | \$75 allowance |
| Trifocal (lined) | \$10 copayment* | \$100 allowance | \$25 copayment* | \$100 allowance |
| Lens Options | | | | |
| UV Coating | 100% | Not covered | 100% | Not covered |
| Tint (solid and gradient) | 100% | Not covered | 100% | Not covered |
| Scratch Resistant | 100% | Not covered | 100% | Not covered |
| Basic Polycarbonate | 100% | Not covered | 100% | Not covered |
| Standard Anti-Reflective | 100% | Not covered | 100% | Not covered |
| Contact Lenses (In Lieu of Lenses and Frames) | | | | |
| Medically Necessary | \$10 copay | \$210 allowance | \$25 copay | \$210 allowance |
| Elective | \$200 allowance | \$125 allowance | \$125 allowance | \$125 allowance |
| Other Services | In-network discounts available | N/A | In-network discounts available | N/A |

*Copayment applies to lenses and frames. There are not two separate \$25 copayments.

Benefits at a Glance

Vision Plan (Vision Service Plan)

| | High In-Network | High Out-of-Network | Low In-Network | Low Out-of-Network |
|----------------------|--|---------------------|--|--------------------|
| Services Not Covered | Eye exams as a condition of employment, medical or surgical treatment (may be covered under Medical Plan), non-prescription lenses, prescription goggles, safety eyewear, replacement and repair of lost or broken lenses, vision training, services covered by Workers' Compensation, or two pairs of glasses instead of bifocals | Same as In-Network | Eye exams as a condition of employment, medical or surgical treatment (may be covered under Medical Plan), non-prescription lenses, prescription goggles, safety eyewear, replacement and repair of lost or broken lenses, vision training, services covered by Workers' Compensation, or two pairs of glasses instead of bifocals | Same as In-Network |

Benefits at a Glance

Basic Short-Term Disability Plan (The Hartford)
Group Number - 342283

1-800-303-9744
www.thehartford.com

| Basic Short-Term Disability Benefit (Company-Paid) | Including a 7-calendar day elimination period, service-based benefits are paid as: | | | | | | | | | | | | | | |
|--|---|--|------------------------------|------------------|---------|--------------|---------|--------------|----------|--------------|----------|--------------|----------|-----------------|----------|
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Years of Service as of the day you become disabled</th> <th style="text-align: center;">Weeks of Salary Continuation</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Less than 1 year</td> <td style="text-align: center;">4 weeks</td> </tr> <tr> <td style="text-align: center;">1 to 2 years</td> <td style="text-align: center;">8 weeks</td> </tr> <tr> <td style="text-align: center;">2 to 3 years</td> <td style="text-align: center;">12 weeks</td> </tr> <tr> <td style="text-align: center;">3 to 4 years</td> <td style="text-align: center;">16 weeks</td> </tr> <tr> <td style="text-align: center;">4 to 5 years</td> <td style="text-align: center;">20 weeks</td> </tr> <tr> <td style="text-align: center;">5 or more years</td> <td style="text-align: center;">26 weeks</td> </tr> </tbody> </table> | Years of Service as of the day you become disabled | Weeks of Salary Continuation | Less than 1 year | 4 weeks | 1 to 2 years | 8 weeks | 2 to 3 years | 12 weeks | 3 to 4 years | 16 weeks | 4 to 5 years | 20 weeks | 5 or more years | 26 weeks |
| | Years of Service as of the day you become disabled | Weeks of Salary Continuation | | | | | | | | | | | | | |
| | Less than 1 year | 4 weeks | | | | | | | | | | | | | |
| | 1 to 2 years | 8 weeks | | | | | | | | | | | | | |
| | 2 to 3 years | 12 weeks | | | | | | | | | | | | | |
| | 3 to 4 years | 16 weeks | | | | | | | | | | | | | |
| 4 to 5 years | 20 weeks | | | | | | | | | | | | | | |
| 5 or more years | 26 weeks | | | | | | | | | | | | | | |
| Definition of "Disability" | <p>You are: (1) continuously unable to perform the material and substantial duties of your regular occupation; and (2) not gainfully employed.</p> <p>In addition, if you require a professional license or certification for your occupation and you lose that license or certification, in and of itself, the loss doesn't constitute a disability under this program.</p> | | | | | | | | | | | | | | |
| Definition of "Pay" | "Base pay," including annualized base wages, and excluding commissions, bonuses, shift differentials, overtime, or any other additional compensation. | | | | | | | | | | | | | | |
| Duration of Benefits | Salary continuation benefits based on years of service as noted above. | | | | | | | | | | | | | | |
| <p>Note: Under the Short-Term Disability Plan, "disability" is defined as the inability to perform one's own occupation. Short-Term Disability benefits are coordinated with statutory benefits. Short-Term Disability absences will run concurrently with leaves taken under the Family and Medical Leave Act.</p> | | | | | | | | | | | | | | | |

* Contact your local benefits representative to verify your company's schedule and its use.

Benefits at a Glance

Long-Term Disability Plan (The Hartford)
Group Number - 377715

1-800-303-9744
www.thehartford.com

| | |
|--|---|
| | |
| | |
| Basic Long-Term Disability Benefit (Company-Paid) | After a 180-day elimination period, you receive 40% of base pay (up to \$300,000 of base pay) to a maximum of \$10,000 per month |
| Supplemental Long-Term Disability Benefit (Employee-Paid) | <p>Option 1: Benefit equal to 20% of your base pay amount up to \$300,000 (for total coverage of 60% of your base pay) with maximum combined monthly benefit of \$15,000</p> <p>Option 2: Benefit equal to 60% of your base pay amount above \$300,000 with a maximum combined monthly benefit of \$25,000 (an additional 20% benefit on the first \$300,000 of base pay and 60% on base pay over \$300,000 to a maximum of \$500,000 in base pay)</p> |
| Definition of "Pay" | "Base pay," including annualized base wages, and excluding commissions, bonuses, shift differentials, overtime, or any other additional compensation |
| Duration of Benefits | <p>Benefits are payable until the earlier of:</p> <ul style="list-style-type: none"> ▪ The date your disability ends, or ▪ One of the following dates: <ul style="list-style-type: none"> ○ If disability begins on or before age 60 - benefits payable to age 65 ○ If disability begins at age 61-64 - payable for 5 years ○ If disability begins at age 65-69 - payable to age 70 ○ If disability begins on or after age 70 - payable for 12 months <p>If the disability is medically determined to be related to mental health or substance abuse, or if it is a self-reported condition, benefits will be payable for 3 years.</p> |
| <p>Note: Under the Long-Term Disability Plan, "disability" is defined as the inability to perform one's own occupation for three years, and any occupation thereafter.</p> <p>Long-Term Disability benefits are not payable for any condition caused by, contributed to, or resulting from a pre-existing condition. A pre-existing condition is a condition for which medical treatment or advice was rendered, prescribed, or recommended within three months prior to your effective date of insurance. A condition shall no longer be considered pre-existing if it causes disability which begins after you have been insured under the policy for a period of 12 months.</p> <p>Benefit payments will be offset by other payments you receive or are eligible to receive, such as Social Security benefits, including amounts for which your dependents may qualify because of your disability.</p> | |

Benefits at a Glance

Employee Assistance Program (EAP) (Workplace Solutions)
Group Number - NONE

1-800-327-5071
www.wseap.com

| Benefit Description | <p>The EAP is a confidential resource for employees, their families, and/or household members.</p> <p>The EAP provides access and guidance to appropriate clinical and non-clinical resources and services for a variety of personal concerns, including, but not limited to: relationship issues, emotional concerns, substance abuse, behavioral problems, stress, grief, trauma, financial difficulties, legal issues, and elder care/child care needs.</p> |
|---------------------|--|
| Cost | <p>Paid by the company; short-term counseling sessions with an EAP professional are covered in full. Should further counseling be necessary, you are responsible for the cost, although Medical Plan benefits may be payable.</p> |

Benefits at a Glance

Life and AD&D Insurance Plan (Securian Life)
Group Number - NONE

1-800-815-7636
www.securianlife.com

| Basic Life Insurance (Company-Paid) | <p>Option 1: 1.5 times annual base pay up to \$750,000 Option 2: \$50,000 ("no imputed income" option, available only to employees with base pay equal to or greater than \$33,000)</p> |
|--|--|
| Supplemental Life Insurance (Employee-Paid) | Employee: 1 to 5 times base pay, rounded to the next higher \$1,000 to a maximum benefit of \$1.5 million |
| Dependent Life Insurance (Employee-Paid) | <p>Spouse: 1 to 5 times employee base pay, to a maximum of the lesser of \$300,000 or the employee's combined basic and supplemental coverages</p> <p>Children: \$5,000 or \$10,000</p> |
| Optional AD&D Insurance (Employee-Paid) | <p>Employee: 1 to 5 times base pay, rounded to the next higher \$1,000, to a maximum benefit of \$1.5 million</p> <p>Family Coverage:</p> <ul style="list-style-type: none"> ▪ If your family includes both a spouse and children, coverage is 50% of employee coverage for spouse and 10% of employee coverage for each child. ▪ If your family includes a spouse only, coverage is 60% of employee coverage ▪ If your family includes children only, coverage is 15% of employee coverage for each child. |
| Evidence of Insurability | <p>Basic Life Insurance: No evidence of insurability is required Supplemental Life Insurance: Coverage that exceeds the lesser of 3 times base pay or \$750,000 may require evidence of insurability. If you do not enroll in Supplemental Life Insurance during your new hire enrollment period, you will be required to provide evidence of insurability for any coverage level above 1 times base pay that you choose in the future. Dependent Life Insurance: Only spouse coverage of \$50,000 or more requires evidence of insurability.</p> |
| Accelerated Death Benefit | 100% of Basic, Supplemental, or Dependent Life Insurance benefit (up to \$1,000,000) is available immediately if the covered individual is medically confirmed to have less than 12 months to live. |
| Portability/Conversion of Coverage | <p>Coverage continues for as long as you are actively at work, subject to reductions at age 65 and 70.</p> <p>Your coverage is portable up to \$500,000 (to a maximum of \$325,000 if age 65 or older). Your spouse's coverage is portable up to \$150,000 (to a maximum amount of \$97,500 if age 65 or older). All your child life coverage in force is portable to age 21 or 25 if a full time student.</p> <p>Coverage exceeding portability limits can be converted to an individual group policy.</p> |

Benefits at a Glance

Life and AD&D Insurance Plan (Securian Life)

| | |
|---------------------------|--|
| Waiver of Premium | Your coverage may be continued without premium payments if you become totally and permanently disabled (unable to work for pay because of disease or injury) before age 60 and the disability lasts for at least 9 months. You must apply for waiver of premium between the 9 th and 12 th month of disability to continue life insurance. |
| Maximum Employee Coverage | Basic and Supplemental Life Insurance coverage combined cannot exceed \$2,250,000, or an additional \$1,500,000 with optional AD&D coverage. |

Benefits at a Glance

Flexible Spending Accounts (FSAs) (HealthHub powered by PayFlex)
 Group Number - NONE

1-800-284-4885
www.healthhub.com

| Annual Contribution Limits | | |
|----------------------------|-----------------|--|
| | Health Care FSA | Dependent Care FSA |
| Annual Minimum | \$120 | \$120 |
| Annual Maximum | \$5,000 | \$5,000 (\$2,500 maximum if you and your spouse file taxes separately) |

| | | |
|---------------------|---|--|
| Benefit Description | <p>FSAs let you set aside a predetermined dollar amount to cover allowable unreimbursed expenses. You contribute to the accounts through payroll deduction on a before-tax basis (before federal income taxes and Social Security are deducted). When you incur an eligible health care or dependent care expense, you are reimbursed from your account with tax-free dollars. Thus, the cost of these services may be “discounted” by your applicable income tax rate. Eligible expenses are defined by the Internal Revenue Service. Because the IRS grants tax privileges to FSAs, restrictions apply.</p> <p>Two different types of FSAs are available: the Health Care FSA and the Dependent Care FSA. You may participate in one or both of these accounts according to your individual needs.</p> <p>Unused amounts in an FSA after March 31 following the plan year are forfeited.</p> | |
|---------------------|---|--|

Benefits at a Glance

Transportation Reimbursement Incentive Program (TRIP) (HealthHub powered by PayFlex)

1-800-284-4885

Group Number - NONE

www.healthhub.com

| Benefit Description | <p>The TRIP lets you set aside a predetermined dollar amount to cover allowable expenses you incur to commute to and from work. You contribute to the accounts through payroll deduction on a before-tax basis (before federal income taxes and Social Security are deducted). When you incur an eligible expense, you are reimbursed from your account with tax-free dollars. Thus, the cost of these services may be "discounted" by your applicable income tax rate. Eligible expenses are defined by the Internal Revenue Service. Because the IRS grants tax privileges to TRIPs, restrictions apply.</p> <p>Two different types of TRIP accounts are available: the Parking Account and the Mass Transit Account. You may participate in one or both of these accounts according to your individual needs.</p> | | |
|--|--|-----------------|----------------------|
| | | Parking Account | Mass Transit Account |
| Monthly Contribution Limits (2011 maximum contributions listed, 2012 TBD; reviewed annually) | \$240 per month | \$125 per month | |

Benefits at a Glance

Group Legal Assistance Plan (MetLaw Plan)
Group Number - 1012150

1-800-821-6400
www.legalplans.com

| Plan Description | <p>The Group Legal Assistance Plan helps defray the cost of common legal services. You purchase plan coverage through per-paycheck contributions made on an after-tax basis.</p> <p>Your cost for services depends on the attorney you use. Most services are provided at no cost when you use an attorney from the MetLaw Plan network.</p> |
|-------------------|---|
| Services Covered | <p>Services include the drafting of wills and power of attorney, uncontested adoptions, the purchase or sale of a primary residence, contested divorces or marital separations, debt collections and administrative hearings.</p> |
| Level of Benefits | <p>Your level of benefits depends on the attorney used to provide the legal service:</p> <ul style="list-style-type: none">▪ If you use an attorney from the MetLaw Plan network, most services are provided at little or no cost.▪ If you use an attorney from outside the network, the plan will pay for covered services according to a benefit schedule, and you pay for the remaining cost. |

Benefits at a Glance

Voluntary Benefits Program (Marsh Voluntary Benefits)
Group Number - NONE

1-800-621-2356
www.personal-plans.com/publicis

| Program Description | <p>The Voluntary Benefits Program gives you access to various financial protection products at group rates, through Marsh Voluntary Benefits. You can purchase homeowner's insurance, renter's insurance, auto insurance, Aflac® accident insurance, and pet insurance. This benefit is available year-round; you can explore and enroll in any of the programs throughout the year.</p> <p>Your cost for services depends on the product you purchase. You contribute on an after-tax basis through automatic payroll deductions.</p> |
|---------------------|--|

Benefits at a Glance

Health Advocate
Group Number - NONE

1-866-695-8622
www.healthadvocate.com

| Program Description | The Health Advocate Program is a free, easy-to-use service for employees and their families (including parents and parents-in-laws) to take control of their health care issues. Medical professionals and health-related specialists are available to help employees resolve insurance claim issues, locate the right doctor or specialist for your needs and help you arrange appointments, obtain information to understand a medical condition, interact with community and government programs, and arrange for special service needs that may not be covered by your health plan for yourself or a loved one. All information that is shared with a personal health advocate is confidential. |
|---------------------|---|