

**Ready when you are,
but don't take too long!**



2012 Open Enrollment October 24 – November 4, 2011

Take action

- Read this newsletter to learn about important changes to your medical plan options for 2012
- Visit www.publicisbenefitsconnection.com for full benefit details and to enroll
- Print and review your confirmation statement

IMPORTANT

We are introducing a new medical plan for 2012, the Standard PPO, which will replace the EPO. If you are currently enrolled in the EPO, you will default to the new Standard PPO if you do not actively enroll by November 4, 2011. See page 7 for more information.

benefits

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Introducing your 2012 medical plan options

Publicis Benefits Connection's philosophy is to offer a comprehensive program of progressive, competitive, cost-effective and affordable benefits. We regularly evaluate our benefit offerings to ensure that they continue to align with our philosophy, and that they appeal to employees at all life and career stages.

This year, our review prompted us to change the medical plans we offer. For 2012, we are introducing an additional PPO medical plan option, the Standard PPO, which provides a competitive level of coverage at a lower cost. This responds to feedback we have received from employees, especially those who use less medical care, who want a comprehensive medical plan with a lower per paycheck cost.

The current PPO medical plan option will be renamed the Premier PPO; we are discontinuing the EPO effective January 1, 2012. See the following page for more information about why the EPO will be discontinued.

When the reduced contribution rates are taken into account, an independent analysis shows that **under the Standard PPO:**

- **95% of employees with employee-only coverage will pay less in total out-of-pocket costs for health care** than under the current EPO or Premier PPO.
- **85% of employees who cover themselves plus two or more dependents will pay less in total out-of-pocket costs for health care** than under the current EPO or Premier PPO.

One reason we are able to offer the lower cost Standard PPO is because of your efforts: in part because of your healthy behaviors and efficient use of health care, we have been able to control our health care costs better than many other employers. Over the last five years, our health care costs have increased an average of 3.6%, compared to 6%-10% for other employers.

How the PPO plans differ

During Open Enrollment, you will be able to choose from two medical plan options:

- **Standard PPO:** This option provides competitive coverage with higher deductibles and copays than under the Premier PPO, but you will pay significantly less for coverage per paycheck than under the current PPO or EPO or the Premier PPO.
- **Premier PPO:** This option features lower deductibles and copays than under the Standard PPO, but you will pay more for coverage per paycheck than under the Standard PPO.

What's not changing

- **Providers:** Both PPO options will use the broad Blue Cross Blue Shield of Illinois network, so you won't have to select new doctors.
- **Prescription drug benefits:** You continue to pay less when you use preferred and generic drugs.
- **Services covered:** Both options cover the same comprehensive range of services as before.

What you need to do

If you are currently enrolled in the EPO, your coverage will default to the new Standard PPO if you do not actively enroll for medical benefits during 2012 Open Enrollment. See page 7 for more information.

HOW THE NEW STANDARD PPO COMPARES TO THE PREMIER PPO

Contributions	Lower 
Deductibles & Out-of-Pocket Maximums	Higher 
Copays	Higher 
Coinsurance	Higher 

For more detail, see the Medical Plan Details Chart on page 6 and use the Medical Plan Comparison Tool on www.publicisbenefitsconnection.com.

I'm enrolled in the EPO right now – how does a PPO work?

Many features of a PPO plan are similar to the current EPO. A PPO covers the same services, and you will continue to pay copays for in-network primary care physicians and specialists.

The primary difference is that you will pay a deductible and coinsurance – a percentage of the actual cost – for hospital stays and certain other services.


An important advantage of a PPO plan is that it pays benefits for out-of-network services, while the current EPO covers only in-network services.

Why we are changing the medical plans

Publicis Benefits Connection is making this change for several reasons:

<p>Adding a lower cost medical plan option</p>	<ul style="list-style-type: none"> Recent employee feedback and our analysis of plan use showed that our population would find value in a medical plan that offers competitive benefit levels at a lower per-paycheck cost. Contribution rates for the new Standard PPO are significantly lower than for the PPO or EPO currently offered.
<p>Aligning our plans with our competitors' plans</p>	<ul style="list-style-type: none"> With help from an independent human resources consulting firm, we benchmarked our medical plans against those offered by our competitors. <ul style="list-style-type: none"> Most employers in our industry and of our size have discontinued EPO and HMO plans. These types of plans make it difficult for employees to understand the true cost of health care services and limit access to out-of-network providers. The new Standard PPO and the Premier PPO continue to be highly competitive offerings in our industry and among companies our size.
<p>Containing unsustainable EPO costs</p>	<ul style="list-style-type: none"> The cost of the EPO to employees and to Publicis was projected to increase at a rate that would have decreased its value to employees. Employees would have had to either pay significantly more to keep the same benefit levels or pay slightly more for lower benefit levels.
<p>Restructuring due to health care reform</p>	<ul style="list-style-type: none"> As you may have seen in the media, it's expected that health care reform will impose a "Cadillac tax" in the future on more expensive medical plans, like the EPO. The new Standard PPO and the Premier PPO help us ensure that our benefits continue to be cost-effective for you and for Publicis, now and in the future.
<p>Balancing the value of our benefit plans</p>	<ul style="list-style-type: none"> Publicis is a company of unique Brands and individuals who have many different life needs. Directing our investment into many different benefit programs – rather than concentrating it in one or two key benefits – allows us to offer value in a greater number of areas, and gives you more flexibility to select benefits that fit your personal situation.

Learn more about the new medical plan:

<p>Medical Plan Comparison Tool</p>  <p>Go to www.publicisbenefitsconnection.com to use this interactive tool and see how the plans compare so you can make a more informed decision.</p>	<p>Medical Plan Details Chart</p> <table border="1"> <thead> <tr> <th rowspan="2">Plan Feature</th> <th rowspan="2"></th> <th colspan="2">Standard PPO</th> <th colspan="2">Premier PPO</th> </tr> <tr> <th>In-Network Coverage</th> <th>Out-of-Network Coverage</th> <th>In-Network Coverage</th> <th>Out-of-Network Coverage</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Calendar Year Deductible</td> <td>Single</td> <td>\$500</td> <td>\$1,000</td> <td>\$250</td> <td>\$500</td> </tr> <tr> <td>Family</td> <td>\$1,000</td> <td>\$2,000</td> <td>\$500</td> <td>\$1,000</td> </tr> <tr> <td rowspan="2">Out-of-Pocket Maximum, Excluding Deductible</td> <td>Single</td> <td>\$4,000</td> <td>\$8,000</td> <td>\$2,000</td> <td>\$4,000</td> </tr> <tr> <td>Family</td> <td>\$8,000</td> <td>\$16,000</td> <td>\$4,000</td> <td>\$8,000</td> </tr> <tr> <td>Wellness Care*</td> <td></td> <td colspan="2">Covered at 100% with no copay</td> <td colspan="2">Covered at 100% with no copay</td> </tr> <tr> <td>Physician Visit</td> <td></td> <td>\$20 copay</td> <td>60%; subject to deductible</td> <td>\$15 copay</td> <td>70%; subject to deductible</td> </tr> <tr> <td>Specialist Visit</td> <td></td> <td>\$30 copay</td> <td></td> <td>\$20 copay</td> <td></td> </tr> </tbody> </table> <p>See page 6 for a detailed overview of the plans, or download it from www.publicisbenefitsconnection.com.</p>	Plan Feature		Standard PPO		Premier PPO		In-Network Coverage	Out-of-Network Coverage	In-Network Coverage	Out-of-Network Coverage	Calendar Year Deductible	Single	\$500	\$1,000	\$250	\$500	Family	\$1,000	\$2,000	\$500	\$1,000	Out-of-Pocket Maximum, Excluding Deductible	Single	\$4,000	\$8,000	\$2,000	\$4,000	Family	\$8,000	\$16,000	\$4,000	\$8,000	Wellness Care*		Covered at 100% with no copay		Covered at 100% with no copay		Physician Visit		\$20 copay	60%; subject to deductible	\$15 copay	70%; subject to deductible	Specialist Visit		\$30 copay		\$20 copay	
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Pay less per paycheck with the new Standard PPO

The amount you contribute per paycheck for medical coverage varies based on your base salary and coverage election, but you will always pay significantly less for coverage under the Standard PPO than under the Premier PPO.

Your contribution rates can be obtained from your local Human Resources representative. Use your rate sheet to fill in the equation below to determine how much you can save on medical coverage annually by enrolling in the Standard PPO:

	-		=		x 24 =	
Per paycheck cost for Premier PPO		Per paycheck cost for Standard PPO		Per paycheck savings in Standard PPO		Annual paycheck savings in Standard PPO

The examples below and on the following page show that the significantly lower per-paycheck costs of the Standard PPO can offset the plan's higher out-of-pocket costs.

Example 1: Steve



	Standard PPO	Premier PPO
What Steve pays for care		
Annual physical	\$0	\$0
2 specialist visits	\$60	\$40
2 physician visits	\$40	\$30
3 generic prescriptions	\$110	\$110
2 brand formulary prescriptions	\$140	\$140
Steve's total cost of care	\$350	\$320

Steve pays **\$30 more out of pocket** for his medical care under the Standard PPO, but because the Standard PPO's paycheck contributions are so much lower, **by enrolling in the Standard PPO Steve still spends less for coverage and care combined** than he would have spent under the Premier PPO.

What if Steve had a significant additional medical need?

The Standard PPO isn't always the lowest total cost medical plan. Let's say that, in addition to the medical care listed above, Steve needed a minor surgery that cost \$5,500. The Standard PPO deductible is \$500, and Steve is responsible for paying 20% coinsurance above that amount. Note that the specialist and physician copays Steve paid do not count toward his deductible.

As shown in the table at right, Steve would pay \$725 more for his surgery under the Standard PPO than he would have paid under the Premier PPO.

	Standard PPO	Premier PPO
What Steve pays for surgery		
Deductible	\$500	\$250
Coinsurance	\$1,000	\$525
Steve's total cost	\$1,500	\$775

Example 2: Michelle and her family

The Standard PPO can also be a great value for families.

Michelle covers her husband Juan and her two children, Sophie and Daniel.

- Juan has a hospital stay in August that costs \$3,000. He needs to pay the individual deductible plus coinsurance.
- In September, Sophie needs her tonsils taken out – the outpatient procedure costs \$2,700. Michelle is responsible for the individual deductible plus coinsurance.
- Then, in December, Michelle’s doctor thinks she might have a thyroid problem, so Michelle gets some diagnostic tests that cost \$600. Because two members of Michelle’s family have met the individual deductible, Michelle does not have to pay the individual deductible again for her diagnostic tests – she is just responsible for coinsurance.

		Standard PPO	Premier PPO
What Michelle’s family pays for care			
4 annual physicals		\$0	\$0
Well woman exam		\$0	\$0
4 specialist visits		\$120	\$80
7 physician visits		\$140	\$105
9 generic prescriptions		\$325	\$325
Hospital stay for Juan	Deductible	\$500	\$250
	Coinsurance	\$500	\$275
Outpatient procedure for Sophie	Deductible	\$500	\$250
	Coinsurance	\$440	\$245
Diagnostic tests for Michelle	Coinsurance	\$120	\$60
4 brand formulary prescriptions		\$320	\$320
Michelle’s total cost of care		\$2,965	\$1,910



Michelle’s family pays **\$1,055 more out of pocket** for medical care under the Standard PPO, but because the Standard PPO’s paycheck contributions are so much lower, **by enrolling in the Standard PPO Michelle’s family still spends less for coverage and care combined** than they would have spent under the Premier PPO.

Medical plan details chart

Choosing which medical plan option is best for you is a personal decision. You should take many factors into consideration when choosing your coverage, such as:

- Potential health care needs for you and your family in 2012
- Whether you anticipate a need to seek care outside the Blue Cross Blue Shield of Illinois network
- How much you prefer to spend when you receive care (your cost of care)

The chart below provides details about coverage levels under the Standard PPO and Premier PPO. How much you prefer to contribute each pay period (your cost of coverage) is another important factor in your decision; you can obtain the 2012 contribution rates from your local Human Resources representative.

Plan Feature		Standard PPO		Premier PPO	
		In-Network Coverage	Out-of-Network Coverage	In-Network Coverage	Out-of-Network Coverage
Calendar Year Deductible	Single	\$500	\$1,000	\$250	\$500
	Family	\$1,000	\$2,000	\$500	\$1,000
Out-of-Pocket Maximum, Excluding Deductible	Single	\$4,000	\$8,000	\$2,000	\$4,000
	Family	\$8,000	\$16,000	\$4,000	\$8,000
Wellness Care*		Covered at 100% with no copay		Covered at 100% with no copay	
Physician Visit		\$20 copay	60%; subject to deductible	\$15 copay	70%; subject to deductible
Specialist Visit		\$30 copay		\$20 copay	
Emergency Room Visit		80%; not subject to deductible		90%; not subject to deductible	
Hospital Stay		80%; subject to deductible	60%; subject to deductible	90%; subject to deductible	70%; subject to deductible
Mental Health/Substance Abuse (Outpatient)		\$30 copay		\$20 copay	
Mental Health/Substance Abuse (Inpatient)		80%; subject to deductible		90%; subject to deductible	
Infertility Office Visit		\$30 copay		\$20 copay	
Infertility Hospital or Outpatient Facility Services**		80%; subject to deductible		90%; subject to deductible	
Most Other Services		80%; subject to deductible		90%; subject to deductible	
Prescription Drugs		80%; subject to minimum and maximum copays			

*Annual physicals for adults; well child exams covered as defined by standards of the American Academy of Pediatrics.

**\$15,000 lifetime maximum benefit will apply to artificial reproduction technology. Artificial reproduction technology includes artificial insemination, IVF, ZIFT and GIFT.

Take action during 2012 Open Enrollment

What you need to do by November 4, 2011

Understand the new medical plan offerings

Publicis is offering two medical plans for 2012: the Standard PPO and the Premier PPO. "Premier PPO" is the new name for the PPO offered currently. The EPO offered currently will be discontinued. (See pages 2 through 6 for more information.) Use the Medical Plan Comparison Tool at www.publicisbenefitsconnection.com to understand how the plans compare, and assess which plan best meets your needs and your family's needs for 2012.

Actively enroll for medical benefits

If you do not actively enroll for medical benefits during 2012 Open Enrollment, here's what will happen:

If you were enrolled in the PPO for 2011

You will remain in the PPO (renamed the Premier PPO) for 2012 at the same coverage level (employee, employee plus one dependent, or employee plus two or more dependents) and paying the 2012 contribution rate.

If you were enrolled in the EPO for 2011

You will be defaulted to the Standard PPO for 2012 at the same coverage level.

Consider your other benefit needs

Your other 2011 benefit elections will carry over to 2012, except for any contributions you made to:

- A Health Care Flexible Spending Account (FSA),
- A Dependent Care FSA and/or
- The Transportation Reimbursement Incentive Program (TRIP).

Even if you elected to make contributions to an FSA or TRIP for 2011, your pre-tax paycheck deductions will default to \$0 for 2012 unless you re-enroll.

You may elect or make changes to TRIP at any time throughout the year. However, if you wish to receive a deduction on your first paycheck of 2012 or if you wish to roll over TRIP funds from 2011 to 2012, you must make an election during Open Enrollment.

If you take no action, you cannot change your elections (except for TRIP) until 2013 Open Enrollment or unless you experience a qualified family status change. (To learn more, visit the Publicis Benefits Connection website at www.publicisbenefitsconnection.com and view the Life Events/Benefits Matrix.)

Resources

For more information about your benefits, visit www.publicisbenefitsconnection.com or contact the Benefits Service Center.

www.publicisbenefitsconnection.com

Visit anytime to learn more about your benefits and to enroll. You can access resources such as:

- Life Events/Benefits Matrix
- Summary Plan Descriptions
- Forms Library

Benefits Service Center

More information is available from the Benefits Service Center at 1-800-933-3622 on weekdays:

- Option 1 – New York (9 am to 5 pm ET)
- Option 2 – Chicago (9 am to 5 pm CT)

Other valuable benefits

Special Beginnings® Maternity Program

If you participate in a medical plan offered by Blue Cross Blue Shield of Illinois and you or one of your covered dependents become pregnant, the pregnant participant **must** enroll in Special Beginnings® during the first trimester of pregnancy.

Failure to enroll during the first trimester of pregnancy will result in a \$500 insurer penalty.

The program provides personalized support, including care management and education, from obstetrical nurses. Participants who complete the program and fill out a questionnaire within seven weeks after delivery can receive a \$50 gift card for Toys 'R' Us or Babies 'R' Us and other resources to help them welcome the new baby.

Participation is confidential – Publicis is not informed when the participant enrolls and is not told about the pregnancy or what the participant discusses with the nurses.

It's easier to find what you need on *Benefits Connection*

The newly designed *Benefits Connection* is your anytime, anywhere website that puts important benefits information at your fingertips. Thank you to the employees and local Human Resources representatives who provided feedback on the old version of the website – your comments helped us make the new website more user-friendly and visually appealing.

The new *Benefits Connection* website is timely, current, and loaded with information to make managing benefits easier for you and your family.

Easier to take action

Need to enroll? Manage your 401(k)? You can access key tools, such as the enrollment website or Fidelity NetBenefits® using the Tools list. Have a question about your benefits? Chances are the answer will be in one of the FAQs under the FAQs tab. Need an FSA Claim Form? Find it quickly by clicking the Guides/Forms tab. And there's more. Use the interactive tools like Swap & Save to cut calories from your diet and make smart choices about what to eat.

Triessent Specialty Pharmacy Program

If you participate in a medical plan offered by Blue Cross Blue Shield of Illinois, you must use the Triessent Specialty Pharmacy Program to fill prescriptions for specialty medications. Claims for specialty medications filled through a retail pharmacy will be denied. Specialty medications are those used in the treatment of complex or ongoing medical conditions, such as cancer, hepatitis, hemophilia, multiple sclerosis and rheumatoid arthritis. Triessent will:

- Deliver your medications directly to you or your doctor's office
- Provide free educational materials about your particular condition and information about managing potential medication side effects
- Include syringes, sharps containers and other supplies with every shipment for self-injectables
- Give you 24/7/365 phone access to a pharmacist for urgent medication issues

All of these services are available at no additional charge.

Easier to navigate



- On every page, you'll see tabs for your health benefits, income security benefits (like retirement and insurance) and work/life benefits.
- "Quick Links" menus help you get to the most frequently accessed pages on the portal.
- Visual menus of tools, guides and FAQs help you take action without clicking through multiple pages.

This newsletter contains highlights of benefit plans and programs offered by Publicis Benefits Connection and is not intended to be a comprehensive summary. All plans are governed by the official plan documents, including any related summary plan descriptions. To the extent there is a discrepancy between the information contained in this newsletter and the official plan documents, the official plan documents will prevail. Publicis offers these benefits at will and while it has no immediate plans to do so, has the right to amend, modify or terminate any plan or program without prior notice and for any reason. Receipt of this newsletter should not be construed as a contract of employment.