

Total Rewards  
U.S. Benefits



# 2024 U.S. benefit guide

Smart choices begin here

# Table of Contents

<b>Eligibility and enrollment</b> .....	<b>6</b>	<b>Physical wellbeing</b> .....	<b>29</b>	<b>Savings and spending accounts</b> .....	<b>34</b>	<b>Financial wellbeing</b> .....	<b>48</b>
Eligibility.....	6-7	Wellbeing platform.....	29	Health Savings Account (HSA).....	34-36	401(k) retirement savings plan.....	48
How and when to enroll.....	8	Health Plan Incentive Program.....	29	Flexible Spending Account (FSA).....	37-42	Cognizant supplemental retirement plan (CSRP).....	48
When benefits are effective.....	9	Nicotine Cessation Program.....	29	Healthcare Flexible Spending Account (FSA).....	39	Student loan counseling.....	48
<b>Health benefits</b> .....	<b>10</b>	<b>Mental wellbeing</b> .....	<b>30</b>	Dependent Care Flexible Spending Account (FSA).....	39	529 college savings plan support.....	49
Medical and prescription plan.....	10-21	Mental health support.....	30	Transportation and Parking Flexible Spending Account (FSA).....	41-42	ID theft protection.....	49
Your Health Concierge Team.....	22	Mindfulness.....	30	<b>Family care benefits</b> .....	<b>43</b>	Loan program and financial wellness.....	49
Telemedicine.....	23	Employee Assistance Program.....	30-31	Pregnancy, adoption, surrogacy and parenting support program.....	43-44	Legal Plan.....	49
Diabetes support program.....	23	<b>Income Protection</b> .....	<b>32</b>	Fertility support.....	45	Group auto, home, and renters insurance.....	50
Back/spinal surgery.....	24	Basic Life and AD&D.....	32	Breast milk shipping program.....	45	Discount programs.....	50
Expert Medical Opinion.....	24	Voluntary Life and AD&D.....	32	Back-up care.....	46	Banking solutions.....	50
Medical Tourism.....	24	Leave of Absence Policy and Disability Insurance.....	33	College coach.....	46	<b>Tax treatment and contributions</b> .....	<b>52-53</b>
Accordant Care Rare.....	24	Short Term Disability.....	33			<b>Glossary of terms</b> .....	<b>54-55</b>
Business Travel Accident Insurance.....	25	Long Term Disability.....	33			<b>Benefit plan contacts</b> .....	<b>56-57</b>
Dental benefits.....	26	Voluntary Long Term Disability.....	33			<b>Questions</b> .....	<b>58</b>
Vision benefits.....	27						
Voluntary health benefits.....	28						
Group hospital plan.....	28						
Group critical illness insurance.....	28						
Group accident insurance.....	28						

DISCLAIMER: This Benefit Guide is a summary of your benefits only. These benefits contain limitations and exclusions that are not outlined in the Guide. For a full listing of covered benefits, exclusions, and limitations, please review the booklets available in the Reference Center located at [cognizantbenefits.com](http://cognizantbenefits.com). If there is a discrepancy between the information shown in the Guide and your Summary Plan Description (SPD), Certificate, or booklet, those documents, not the Guide, will govern.

## Welcome to your 2024 benefits overview

At Cognizant, we are committed to providing benefit offerings to help everyone thrive, be at their best, and be well. In this guide, you and your loved ones can review the robust Total Rewards benefits and programs we offer. For 2024, we have made several changes to our programs, including:

- Introducing a **new medical plan called Aetna Premier Care Network Plus, that features a smaller network of doctors chosen for quality of care.** The Platinum Plan will not be offered. See page 10 for details.
- Updating **coverage for prescription drugs and diabetes support** by introducing two new programs to support those with diabetes and hypertension and implementing a new long-term prescription mail order service.
- Expanding the **Health Plan Incentive** program to include covered spouses and domestic partners, and increasing the monthly contribution discount to \$50 per activity.

We're proud to offer a comprehensive total rewards package with dozens of plans and programs to support you:

<b>Health Benefits</b>	<ul style="list-style-type: none"> <li>• Aetna Premier Care Plus Medical Plan</li> <li>• Gold Medical Plan</li> <li>• Silver Medical Plan</li> <li>• Bronze Medical Plan</li> <li>• Prescription drug coverage*</li> <li>• Dental coverage</li> <li>• Vision coverage</li> <li>• Diabetes support*</li> </ul>	<ul style="list-style-type: none"> <li>• Telemedicine*</li> <li>• Included Health*</li> <li>• Medical tourism*</li> <li>• Voluntary health benefits</li> <li>• Accordant Care Rare*</li> <li>• Global Business Travel Accident</li> <li>• Health Savings Account*</li> <li>• Flexible Spending Accounts</li> </ul>
<b>Physical Wellbeing</b>	<ul style="list-style-type: none"> <li>• Wellbeing program</li> <li>• Nicotine Cessation Program</li> </ul>	<ul style="list-style-type: none"> <li>• Health Plan Incentive Program*</li> </ul>
<b>Mental Wellbeing</b>	<ul style="list-style-type: none"> <li>• Employee Assistance Program</li> <li>• Mental health support*</li> </ul>	<ul style="list-style-type: none"> <li>• Mindfulness</li> </ul>
<b>Financial Wellbeing</b>	<ul style="list-style-type: none"> <li>• 401(k) retirement savings plan</li> <li>• Cognizant supplemental retirement plan (CSRP)</li> <li>• Student loan counseling</li> <li>• 529 college savings plan support</li> <li>• College coach</li> </ul>	<ul style="list-style-type: none"> <li>• Discount programs</li> <li>• Loan program</li> <li>• ID theft protection</li> <li>• Legal plan</li> <li>• Auto, home, renters insurance</li> <li>• Banking solutions</li> </ul>
<b>Life and Work Wellbeing</b>	<ul style="list-style-type: none"> <li>• Pregnancy, Adoption, Surrogacy, Parenting Support*</li> <li>• Fertility Support</li> </ul>	<ul style="list-style-type: none"> <li>• Breast milk shipping</li> <li>• Back-up care</li> </ul>

\*Only available to Cognizant medical plan participants.

Please take time to review all your options. If you have any questions, contact The Benefit Desk at [TheBenefitDesk@businessolver.com](mailto:TheBenefitDesk@businessolver.com) or **(877) 561-0984** from 8am to 8pm ET Monday through Friday. You may also reach The Benefit Desk via the live chat feature on [cognizantbenefits.com](https://cognizantbenefits.com) or the MyChoice mobile app. **Benefits website:** [cognizantbenefits.com](https://cognizantbenefits.com). **For concierge support** for your Cognizant medical plan, contact the personal health care assistants at [includedhealth.com/cognizant](https://includedhealth.com/cognizant) or **(844) 252-3056**.

**For a personalized view** of the full value of your **Total Rewards** program, visit the [MyRewards](#) page – your one-stop spot to view everything the company offers to you. **For more information**, explore our [Be Well page](#), where you can find support and resources to assist you on your wellbeing journey. See page 22 for details.



# Eligibility and enrollment

## Eligibility

**Full-time Associates** are those scheduled to work 30 hours or more per week. Full-time Associates are eligible for all benefits described in this guide unless otherwise noted.

**Part-time Associates** are those scheduled to work less than 30 hours per week. Part-time Associates are only eligible for the following benefits: Employee Assistance Program, Legal Plan, ID Theft Protection, 401(k) Retirement Savings Plan, Fertility Support, Discount Programs, Banking Solutions, Transportation and Parking Plan, and Group Auto, Home, and Renters Insurance.

**Piece-rate Associates** are variable-hour associates. Piece-rate Associates who have worked an average of 30 hours per week between November 1, 2022, and October 31, 2023, will be eligible for all benefits during the following plan year. New Piece-rate Associates will be measured for a 12-month period; if they are found to have worked an average of 30 hours or more, they will be eligible to participate in benefits for at least the following 12 months. For example, if you are hired in May 2023, you will be measured until May 2024 and be eligible for benefits in approximately July 2024. If you are eligible for benefits, you will be contacted by The Benefit Desk.

**Puerto Rico Associates** are eligible for most but not all benefits. **In addition, Puerto Rico Associates are limited to only one medical carrier, UnitedHealthcare.** Excluded benefits include all tax-advantaged benefits (HSA, FSAs, 401k) as well as the Legal Plan; the Group Auto, Home, and Renters Insurance; Discount Programs; the Loan Program; the Headspace mindfulness program; and the therapy portion of the Mental Health Support program through Headspace Care. These exclusions are due to carrier limitations or legislative differences with the continental U.S.

**Hawaii Associates** are eligible for only one medical plan and carrier, currently **HMSA**. All other benefits are available.

## Dependent eligibility

### Which dependents are eligible?

You must be enrolled in a plan in order for your dependents to be enrolled; the only exception is Voluntary Spouse/Domestic Partner and Child Life Insurance.

### Eligible dependents include:

- Your legal spouse, including your legal common law spouse.
- Your eligible Domestic Partner; review the Cognizant [Domestic Partner Declaration Form](#) for more information.
- Dependent children up to age 26.

### Dependent child/children is defined as:

- Your biological child, or
- Your legally adopted child or those placed for adoption, or
- Your stepchild, or your Domestic Partner's child, or
- Any other child for whom you are the legal guardian in accordance with the laws of the state in which you reside, or
- A permanently and totally disabled dependent child of any age who is unmarried and dependent upon you for financial support.

### Dependent verification – new dependents

If you are adding dependents for the first time under Cognizant's health plans, you will be required to verify the eligibility of your dependents by providing documentation (such as a marriage certificate, tax return, and/or birth certificates) to The Benefit Desk. You must provide this information within 45 days of your date of hire or from the date of the event that allowed you to enroll your dependent(s). Refer to the [Dependent Addition/QLE Documentation Guide](#) for information on required documentation.

Any associate who covers dependents may be asked to provide proof of dependent eligibility at any time.

### Personal information

It is important that you maintain accurate and up-to-date address, email, telephone, and personal information (such as dependents and beneficiary information) in HCM. We provide some of this information to carriers to mail ID cards and other important notifications. Refer to the [Frequently Asked Questions](#) and [Beneficiary Guide](#) located in the Reference Center at [cognizantbenefits.com](http://cognizantbenefits.com) for the steps to update your personal and beneficiary information.

**Note:** If you are enrolled in LifeLock ID Theft Protection, you are required to log in to this portal directly to update your contact information.

**To easily upload dependent documents, download the MyChoice App, available for both Apple and Android devices.**

## How and when to enroll in benefits

### New hires/transfers

New hires and transfers have 31 days from their first day on U.S. payroll to enroll in benefits. You will receive an email from The Benefit Desk inviting you to visit [cognizantbenefits.com](https://cognizantbenefits.com) to enroll in your benefits using the company key, “cognizant.”

### Open Enrollment

Each year, during Open Enrollment, you have the opportunity to make benefit elections for the upcoming plan year. Your benefit elections are binding through the end of the plan year for which they are made, unless you experience a Qualifying Life Event (QLE). You can view your elections throughout the year by logging in to [cognizantbenefits.com](https://cognizantbenefits.com).

### Mid-year changes

A QLE allows you to make changes to your benefits outside of the Open Enrollment period, as long as you do so within 31 days from the date of the event. Your benefit elections are part of a Section 125 plan; therefore, IRS rules determine what changes are permitted outside the normal enrollment period. Documentation is necessary to complete a QLE and must be provided within 45 days of the QLE. Please review the [Dependent Addition/QLE Documentation Guide](#) for further details.

### Qualifying Life Events include:

- Adoption/birth
- Spouse or child(ren) arrives in U.S., leaves U.S., or returns to U.S.
- Divorce or legal separation
- Legal guardianship
- Loss of other coverage
- Marriage (of associate or of dependent child)
- New coverage available
- Change in address (a move to another state that results in an increase in medical contributions)

Some benefits do *not* require a QLE to make changes. For a full listing of QLEs and how they impact your benefits, please review the [Dependent Addition/QLE Documentation Guide](#).

## How to make changes to your benefit elections

Here is a simple checklist to get you started:

- **Review** the 2024 Benefit Guide and the [Dependent Addition/QLE Documentation Guide](#).
- **Gather** your dependent information (if applicable), including SSN or ITIN so you may provide their personal information during the enrollment process.
- **Enroll** by going to [cognizantbenefits.com](https://cognizantbenefits.com) or via the MyChoice mobile app.

## When benefits are effective

### New hires/transfers

Full-time and Part-time Associates: There is no waiting period for most benefits. If you complete your initial enrollment within 31 days of your U.S. date of hire, benefits will be effective retroactive to your date of hire. Flexible Spending Accounts are effective the first of the month following 30 days after date of hire, and Health Savings Account contributions will be effective the first of the month following enrollment.

**Piece-rate Associates:** New hire benefits will be effective after completion of the measurement period and a 30-day administrative period.

### Open Enrollment

Open Enrollment changes are effective on January 1.

### Mid-year changes

The effective date of a mid-year change will vary depending on the type of change.

- Changes that result in an increase in coverage will be effective on the date of the QLE.
- Changes that result in a decrease in coverage (e.g., removing a dependent) will be effective the later of the date the QLE is submitted or the date that supporting documentation is received.
- Changes that do not result in a payroll deduction change will be effective on the date of the QLE.
- Flexible Spending Account enrollments or election changes will take effect on the first of the month following 30 days from an election.
- Termination of a Flexible Spending Account will be effective the last day of the month in which the election was submitted.
- Changes to a Health Savings Account contribution will be effective the first of the month following the change.
- Refer to the [Dependent Addition/QLE Documentation Guide](#) on [cognizantbenefits.com](https://cognizantbenefits.com) for detailed information regarding the effective date when a change in status results in a change to your payroll contribution.

### When benefits end

Benefits will end when you terminate employment, when you transfer out of the U.S., or if your status changes from Full- to Part-time. In these events, your medical, dental, and vision coverage terminate at the end of the month of your last working day. For additional details, and information on all other benefits and options, refer to the [Benefits Termination Guide](#) on [cognizantbenefits.com](https://cognizantbenefits.com).

### Termination of dependent coverage

You are responsible for notifying The Benefit Desk within 31 days if there is a change in your dependent's status that would make them ineligible for coverage. Some examples of a change in status that must be reported are:

- Your divorce or legal separation from your spouse or domestic partner,
- Your adult dependent child acquires coverage elsewhere,
- You have a dependent child aging out who is covered under Voluntary Child Life who is not covered under any other benefits.

# Health benefits

## Medical and prescription plan

To meet the diverse needs of our Associates, we provide a comprehensive Total Rewards package that includes a choice of four affordable health care plans and three national carriers: Aetna, Cigna, and UnitedHealthcare. Prescription drug coverage is through CVS Caremark®.

### Medical plan options

Your medical plan options are:

- **Aetna Premier Care Network Plus Plan:** is a Preferred Provider Organization (PPO) Plan that features a smaller network of providers chosen for quality of care. If your provider is not in this network, out-of-network benefits will apply. The plan covers more of the cost when you receive care and, to do this, monthly contributions are higher than our other plans. Coverage is provided exclusively through the Aetna Premier Care Network Plus.
- **The Silver Plan:** is a High Deductible Health Plan (HDHP) with a higher deductible than our PPO plans, but monthly contributions are lower. The plan is typically paired with a Health Savings Account. You pay a bit more in contributions for more coverage compared to the Bronze Plan.
- **The Bronze Plan:** is an HDHP with the highest deductible and the lowest monthly contributions. The plan is typically paired with a Health Savings Account.
- **The Gold Plan:** is a traditional PPO. The plan covers more of the cost when you receive care and, to do this, monthly contributions are higher than the Silver and Bronze plans.

Remember, each plan provides coverage for a wide variety of medical services, including preventive care, hospitalization, illness, accidents, maternity, and prescription drugs. The coinsurance and out-of-pocket costs will vary from plan to plan; however, coverage between carriers is generally the same.

See page 17 to learn more about Preferred Provider Organization Plans vs. High Deductible Health Plans.

### New this year: The Aetna Premier Care Network (APCN) Plus Plan

The APCN Plus Plan is designed to provide better quality of care and an improved healthcare experience — plus the savings that come with utilizing the providers that have been carefully selected to participate in this network. The plan includes access to a smaller, exclusive network of primary care doctors, specialists, hospitals, walk-in clinics, and urgent care centers. Network doctors and health care centers are selected based on cost and quality standards, including lower readmission rates, fewer complications, and more successful treatments.

This plan is available through Aetna.

### What you need to do

Taking the time to review your health care options is important. Only you can decide what's right for you and your family. Please refer to the chart on pages 18 and 19, "Medical and Prescription Drug Plans," for an overview of the differences and benefits of each plan.

As you prepare to make your 2024 elections, it is also important to confirm whether your preferred providers (doctors and facilities) participate in the Aetna, Cigna, and/or UnitedHealthcare networks.

Medical plan	Medical carrier / network
APCN Plus	<a href="#">Aetna – Aetna Premier Care Network Plus</a>
Gold, Silver, and Bronze	<a href="#">Aetna – Choice POS II</a> <a href="#">Cigna – Open Access Plus</a> <a href="#">UnitedHealthcare – Choice Plus</a>

Take action to see if your current providers are included in-network by:

- Using the provider look-up tool when you enroll on [cognizantbenefits.com](https://cognizantbenefits.com).
  - With this tool, you will be able to check if your providers are in-network during the enrollment process, so you can be sure you're selecting the plan that's right for you and your family.
  - Simply search for and save preferred providers and the tool will show if they are in or out of network for each medical plan.
- Visiting the carrier-specific websites listed above.
- Contacting the personal health care assistants at Included Health at [includedhealth.com/cognizant](https://includedhealth.com/cognizant) or **(844) 252-3056** (available to those enrolled in a Cognizant medical plan).

## Decision support

To assist you in making your elections, the enrollment platform includes MyChoice decision support, which is a series of questions that will help guide you to the plans that may be right for you and your family. Your answers to these questions are confidential – only YOU may view the answers.

A few things to consider:

- The plan year ends December 31; as of January 1, you have a new deductible and out-of-pocket maximum to fulfill.
- If you are covering your family members, everyone's deductibles, copays, and coinsurance count toward the family out-of-pocket maximum.
- In- and out-of-network deductibles and out-of-pocket maximums accumulate separately. Out-of-network charges are subject to Balance Billing.

## How the medical plans work

Medical plans are made up of copays, deductibles, coinsurance, and an out-of-pocket maximum. For more information on each of these components of the medical and prescription drug plans, refer to the Glossary of Terms.

No matter which plan you choose, all of your copays, deductible costs, and coinsurance payments count toward your out-of-pocket maximum, after which your plan will cover 100% of covered medical expenses for the remainder of the calendar year.

### Already enrolled in a medical plan?

Contact Included Health at **(844) 252-3056** or chat live via their app to better understand your Cognizant benefit options, and how they work.



Look for the MyChoice icon during enrollment on [cognizantbenefits.com](https://cognizantbenefits.com) for recommended plans.

## Out-of-network information

Out-of-network benefits not only have a lower reimbursement level (as well as lower coinsurance, higher deductibles) but the reimbursement levels are based on the **allowed amount** or a percentage of what Medicare would pay for the same charge. This can have a significant impact on the amount you need to pay out of pocket, and that amount **does not count toward your out-of-pocket maximum**.

Please see the example below.

Description	Amount
Billed charge for out-of-network back surgery, both physician and hospital:	\$50,000
Allowed Amount (110% of Medicare reimbursement rate):	\$18,500
Coinsurance at 60% (amount carrier pays):	\$11,100
Coinsurance at 40% (what you pay, which counts toward your out-of-pocket maximum):	\$7,400
Balance Bill (amount over and above the Allowed Amount, which does not count toward your out-of-pocket maximum):	\$31,500
<b>Your total out-of-pocket expense:</b>	<b>\$38,900</b>

The following programs are available at no cost to you if you are enrolled in one of the Cognizant medical plans:

Program	Vendor	Page
Your Health Concierge Team	Included Health	22
Telemedicine	SwiftMD	23
Diabetes support program	CVS	23
Medical tourism	Health Flights Solutions	24
Mental health support	Headspace Care	30
Pregnancy & parenting support	Cleo	43

## Prescription drug coverage

When you enroll in any of our medical plans, you automatically receive prescription drug coverage through CVS Caremark.

The plan has coverage for generic, preferred brand name, non-preferred brand name, and specialty drugs. Over-the-counter (OTC) medications and drugs that are available as OTC are not covered. The best way to control the cost of your prescriptions, and get the lowest cost to you, is to ask your doctor if there is a generic equivalent to the brand name drug you may be taking. You may use any in-network pharmacy to fill your non-maintenance prescriptions. There are over 35,000 pharmacies in the network, including CVS, Walgreens, RiteAid, and independent pharmacies. Maintenance medications – medications you take on a regular basis – must be filled by CVS mail order or retail stores. For details on maintenance medications, please see page 15.

**Specialty medications:** These are high-cost prescription medications used to treat complex, chronic conditions like cancer, rheumatoid arthritis, and multiple sclerosis. You will be able to fill your first specialty medication prescription at a pharmacy. Subsequent fills will be provided by CVS specialty pharmacy, or you can continue to fill your specialty medication at a CVS pharmacy.

- **PrudentRx:** If you are enrolled in any of the medical plans, you are eligible for PrudentRx for specialty medication coverage. All eligible members will be automatically enrolled in the PrudentRx program, but you can choose to opt out of the program by calling **(800) 578-4403**. Some manufacturers require you to sign up to take advantage of the copay assistance that they provide for their medications; in that case, you must speak to someone at PrudentRx at **(800) 578-4403** to provide any additional information needed to enroll in the copay program. PrudentRx will contact you if you are required to enroll in the copay assistance for any medication that you take. If you do not return their call, if you choose to opt out of the program, or if you do not enroll in any copay assistance as required by a manufacturer, you will be responsible for the full amount of the 30% coinsurance on specialty medications that are eligible for the PrudentRx program.

**Maintenance medications:** Our prescription plan includes a feature called Mandatory Maintenance Choice®. It's a way to save on the medications you take regularly by filling them in 90-day supplies (instead of refilling every 30 days). Filling in 90-day supplies costs less and comes with the choice of pick-up or delivery.

Prescriptions for medications you take regularly (such as asthma or high blood pressure medications) must be filled in 90-day supplies. How you receive your medication is up to you – choose pick-up at CVS Pharmacy or delivery from CVS Caremark Mail Service Pharmacy. If you choose to fill your maintenance medications in 30-day supplies, or at a non-CVS pharmacy, they will not be covered and you will pay the entire cost. Single-fill prescriptions, such as antibiotics and other incidental use prescriptions, can be filled at your pharmacy of choice.

To move your maintenance medication:

- To a CVS pharmacy, go to [caremark.com/movemy meds](https://www.caremark.com/movemy meds)
- To mail order, go to [caremark.com/mail service](https://www.caremark.com/mail service)

**Preventive medications:** As required by the Affordable Care Act (ACA), preventive medications are covered at 100% under all plans. If you are enrolled in any of the High Deductible Health Plans (HDHP), additional medications as authorized by the ACA will not be subject to the deductible, and you will pay a portion of the cost as outlined in the chart on pages 18 and 19. Note, formulary exclusions supersede the listing of preventive medications.

**Take note:** Brand name drugs are subject to a separate prescription drug deductible as outlined in the chart on pages 18 and 19. That means you pay the full amount for your prescription until you meet the deductible. Please note, brand penalty fees do not count toward the deductible. Prescription drug deductibles are waived for generic medications. You'll find helpful drug comparison tools online at [caremark.com](https://www.caremark.com).



## Carrier resources

Register on your carrier's website for access to secure, personalized features that will allow you to:

- Find an in-network provider.
- View Explanations of Benefits (EOBs), summaries of benefits, and real-time status of claims for you and your covered dependents.
- Track the accumulation of deductible and coinsurance for you and your covered dependents.
- Print ID cards.
- Find health care providers.
- Access information about preventive care services.

Premier Care Network Plus
<a href="#">Aetna</a>
Choice POS II Network
<a href="#">Aetna</a>
Open Access Plus Network
<a href="#">Cigna</a>
Choice Plus Network
<a href="#">UnitedHealthcare</a>

## 24-hour nurse line

Do you have questions about a medical condition or a recent doctor's office visit? Are you unsure whether your symptoms warrant a trip to the emergency room or can wait until the following day? Contact your carrier's 24-hour nurse line and talk to a registered nurse who is experienced in providing information on a variety of health topics.

Aetna	(800) 556-1555
Cigna	(855) 887-0028
UnitedHealthcare	(800) 638-1014

## Preferred Provider Organization (PPO) vs. High Deductible Health Plans (HDHP)

There are some important things you should know about all four health plans before you make your selection. Aetna Premier Care Network (APCN) Plus and Gold are our PPO plans. PPOs traditionally offer lower deductibles, and most services are subject to copays; however, associate contributions are generally higher. The APCN Plus Plan features a smaller, exclusive network where carriers have negotiated competitive rates. Silver and Bronze are our HDHP plans. HDHPs generally have lower associate contributions but have higher deductibles. They're composed of two parts, the Medical and Prescription Drug Plan and a Health Savings Account (HSA), which includes a **company contribution**.

### HDHP and prescription drug plan

HDHPs are very similar to your other plan options in many ways:

- They utilize a network of providers; you will pay a lower cost if you stay in-network.
- The same services are covered under all plans, including physician's office visits, specialist visits, maternity, hospitalization, prescription drugs, durable medical equipment, etc.
- HDHPs have deductible, coinsurance, and out-of-pocket expense limits.

The differences between HDHP and most non-HDHP plans are as follows.

### Deductibles come first

With an HDHP plan, you must meet the deductible before the plan begins to pay coinsurance. This applies to all services, including office visits and prescription drugs. The only **exceptions** to this rule are:

- Preventive care, including prenatal care.
- SwiftMD telemedicine visits.
- EAP and Headspace Care mental health visits.

### Health Savings Account compatibility

The best part of HDHPs that are qualified by the IRS (which includes the Silver and Bronze Plans) is that they can be paired with a Health Savings Account (HSA).

Read more about HSAs on page 34.

## Medical and prescription drug plans

Choosing the right plan is important, and your coverage needs may change from year to year. Review the comparison charts for information on what the plan pays and what you pay in out-of-pocket costs.

In-network	APCN Plus	Gold	Silver	Bronze
<b>Deductible</b> individual/Family	\$750/\$1,500	\$1,500/\$3,000	\$2,000/\$4,000	\$3,500/\$7,000
<b>Coinsurance</b>	Associate pays 10%	Associate pays 15%	Associate pays 20%	Associate pays 30%
<b>Out-of-pocket max</b> individual/Family	\$2,500/\$5,000	\$3,500/\$7,000	\$3,500/\$7,000	\$7,000/\$14,000
<b>In-network routine medical care</b>				
<b>Office visit – primary care physician (PCP)</b>	\$20 copay	\$30 copay	Deductible & coinsurance	Deductible & coinsurance
<b>Office visit – specialist</b>	\$40 copay	\$60 copay	Deductible & coinsurance	Deductible & coinsurance
<b>Urgent care center</b>	\$75 copay	\$80 copay	Deductible & coinsurance	Deductible & coinsurance
<b>SwiftMD telemedicine</b>	100% covered, no copay	100% covered, no copay	100% covered, deductible waived	100% covered, deductible waived
<b>Preventive care</b> <small>(Adult physical exams, well child)</small>	100% covered, no copay	100% covered, no copay	100% covered, deductible waived	100% covered, deductible waived
<b>Prenatal care</b>	100% covered, no copay	100% covered, no copay	100% covered, deductible waived	100% covered, deductible waived
<b>X-rays and lab work</b>	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
<b>In-network hospital services</b>				
<b>Inpatient</b>	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
<b>Emergency room</b>	\$150 copay, then 90% (No deductible)	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
<b>In-network mental health/substance abuse</b>				
<b>First 6 visits through EAP</b>	100% covered	100% covered	100% covered	100% covered
<b>First 10 visits through Headspace Care</b>	100% covered, additional visits covered at Specialist Visit Level	100% covered, additional visits covered at Specialist Visit Level	100% covered, additional visits covered at Specialist Visit Level	100% covered, additional visits covered at Specialist Visit Level
<b>In-network prescription drugs</b>				
<b>Prescription drug deductible</b> Individual/family	\$150/\$300	\$200/\$400	Medical deductible applies	Medical deductible applies
<b>Retail</b> • Generic • Preferred brand • Non-preferred brand	\$10 copay, no deductible Associate pays 30%, \$100 max Associate pays 40%	\$13 copay, no deductible Associate pays 30%, \$100 max Associate pays 40%	\$10 copay Associate pays 30%, \$100 max Associate pays 40%	\$12 copay Associate pays 30%, \$100 max Associate pays 40%
<b>Mail order (90-day supply)</b> • Generic • Preferred brand • Non-preferred brand	\$20 copay, no deductible Associate pays 30%, \$150 max Associate pays 40%, \$200 max	\$26 copay, no deductible Associate pays 30%, \$150 max Associate pays 40%, \$200 max	\$20 copay Associate pays 30%, \$150 max Associate pays 40%, \$200 max	\$24 copay Associate pays 30%, \$150 max Associate pays 40%, \$200 max
<b>Specialty medications</b>	Associate pays 30%*	Associate pays 30%*	Associate pays 30%***	Associate pays 30%***
<b>Out-of-network**</b>				
<b>Deductible</b> individual/family	\$1,500/\$3,000	\$3,000/\$6,000	\$4,000/\$8,000	\$7,000/\$14,000
<b>Coinsurance</b>	Associate pays 40%	Associate pays 40%	Associate pays 50%	Associate pays 50%
<b>Out-of-pocket max</b> individual/family	\$5,000/\$10,000	\$6,000/\$12,000	\$7,000/\$14,000	\$14,000/\$28,000

The Deductible and Out-of-Pocket Administration is Embedded under the APCN Plus, PPO, and Bronze Plans and Aggregate under the Silver Plan. Embedded means that if you enroll dependents, each enrolled family member is subject to only the individual deductible/OOP maximum as appropriate. Aggregate means that if you enroll any dependents, the individual deductible does not apply. For further details, refer to the Summary of Benefits Coverage documents located in the Reference Center on [cognizantbenefits.com](http://cognizantbenefits.com).

\*If enrolled in PrudentRx, the cost for PrudentRx covered specialty medications is \$0. Specialty Brand medications that are not part of the PrudentRx program are subject to the Brand Only deductible.

\*\*Out-of-network charges are based on the carrier's "Allowable Charge," which is based on Medicare Reimbursement levels. Out-of-network charges are subject to Balance Billing.

\*\*\*If enrolled in PrudentRx, the cost for PrudentRx covered specialty medications is \$0 after deductible. None of your out-of-pocket costs for Non-Essential Health Benefit Drugs under the PrudentRx program will accumulate toward your out-of-pocket max.

## Medical contributions

Monthly contribution amounts vary among the four medical plan options, since each provides different benefit levels. Contribution amounts will also vary between carriers and will vary based on your location. This is because carriers negotiate with health care professionals all over the country to get the lowest cost for care. The better they negotiate in your area, the lower the cost of your care and the lower the cost of your plan.

Cognizant provides a Health Plan Incentive program to give you the opportunity to lower your monthly contributions by up to \$100 per month, or \$200 per month if your covered spouse/domestic partner also participates (see page 29 for details). Associates hired, transferred, or integrated into Cognizant U.S. on or after August 1, 2023, will receive the discounted rates for all of 2024 and will not be required to complete the Health Plan Incentive program until it is open again in 2024 for the 2025 health plan year. Use the charts below as a guide to monthly contributions.

**Note:** Gold, Silver, and Bronze contributions could be higher if you choose a carrier that does not have the best negotiated discounts in the state in which you reside. All monthly contribution levels by carrier, specific to your area, are viewable during enrollment on [cognizantbenefits.com](https://cognizantbenefits.com).

### Monthly contributions for associates who did not complete the Health Plan Incentive in 2023

Coverage	APCN Plus	Gold	Silver	Bronze
Associate only	\$284.41	\$250.47	\$198.72	\$135.33
Associate and child(ren)	\$509.47	\$447.65	\$349.12	\$225.08
Associate and spouse/ domestic partner	\$632.21	\$569.21	\$475.21	\$337.50
Associate and family	\$892.22	\$790.40	\$620.19	\$415.58

### Monthly contributions for associates (and spouses/domestic partners, where applicable) who completed the Health Plan Incentive and/or associates hired, transferred, or integrated into Cognizant U.S. on or after August 1, 2023:

Coverage	APCN Plus	Gold	Silver	Bronze
Associate only	\$184.41	\$150.47	\$98.72	\$35.33
Associate and child(ren)	\$409.47	\$347.65	\$249.12	\$125.08
Associate and spouse/ domestic partner	\$432.21	\$369.21	\$275.21	\$137.50
Associate and family	\$692.22	\$590.40	\$420.19	\$215.58

**Note on business or personal relocations:** If you move out of state and you experience an increase in payroll contributions as a result, you will have the ability to submit a QLE to [cognizantbenefits.com](https://cognizantbenefits.com) to change carriers (but not plans). No documentation will be necessary to support this change. You may also transfer over any fulfilled deductibles or out-of-pocket maximums for your family. Refer to the Dependent Addition/QLE Documentation Guide for more information.

## Enhancing the Health Plan Incentive Program

As healthcare costs continue to rise, Cognizant is increasing our financial support to associates by increasing the value of the full incentive to a \$100 monthly contribution discount and expanding the program to include covered spouses and domestic partners for an additional \$100 monthly discount. That totals up to as much as \$2,400 a year.

**Associates who work in San Francisco or Hawaii:** If you work in San Francisco or Hawaii, there is a plan that offers employee-only coverage at no cost in accordance with local mandates. If you transfer to or from these locations, you will notice a difference in your payroll contributions.

- **San Francisco:** The Aetna Premier Care Network Plus is offered at no cost for employee-only coverage. This plan has the Broad Choice POS II Network, so your providers should continue to be in-network.
- **Hawaii:** The Hawaii plan is not the same as other Cognizant plans. Go [here](#) to see details of the Hawaii plan.

**Associates who work in Puerto Rico:** The Aetna Premier Care Network Plus plan is not available to Puerto Rico associates. Puerto Rico associates are limited to only one medical carrier, UnitedHealthcare.

## Considering the Gold, Silver, or Bronze Plan?

The carrier you select will impact your costs. This chart shows how cost differ by carrier for the Silver Plan. In this example all three carriers have the same MRI cost, but the carrier discount differs, so the amount you owe (net cost) is slightly different. Monthly contribution amounts differ by carrier as well. That's because there is only one carrier that has the best negotiated discounts where you live.

Contribution	Carrier A	Carrier B	Carrier C
MRI outpatient center billed charge	\$500	\$500	\$500
Negotiated carrier discount	60%	55%	50%
Net cost	\$200	\$225	\$250
Monthly contribution, Silver Plan, associate only	\$158.72	\$173.72	\$193.72



## Your Health Concierge Team

### Included Health

If you participate in one of our medical plans, you and your covered dependents have access to the Health Concierge Team through Included Health. Included Health is here to make health care a whole lot easier – they are your personal care team. They can help you find a doctor, tackle a bill, or understand your insurance benefits. The best part is that this service is free to you and your dependents enrolled in any of our medical plans.

This benefit provides expert medical guidance and support to help ensure you always receive the best care possible. **You can contact Included Health when you need:**

- **A doctor or specialist.** Find trusted, in-network specialists for your physical and mental health.
- **A helping hand.** Once a new physician is recommended, get help booking the appointment with that physician and gathering your medical records.
- **Answers.** Get second opinions from the leading medical experts in the nation.
- **Clarity.** Better understand your health benefits and when to use them.
- **Lower costs.** Manage claims and deductibles, fix billing errors, and find savings.
- **Information.** Talk to the Included Health medical staff over the phone about symptoms and more.

### Use Included Health any time, but especially if you:

- Need help **understanding your medical bills, how your insurance works, how much care will cost, and what benefits** you have.
- Need a **second opinion** on a new or long-term health issue or treatment plan.
- Were recently diagnosed and need to **see an expert about your condition.**
- Are **considering surgery** and want to make sure it is right for you.
- Need **personalized advice about recommendations your doctor** has made.
- Are in pain and **having a hard time getting to the root of the problem.**
- Want **peace of mind** that you are on the **right medications.**
- Have recently moved and **need to find a new doctor.**

Included Health delivers **expert opinions from world-leading doctors** on any condition, including neck or back pain, joint-related issues, chronic headaches/migraines, IBD/IBS/Crohn's, fibromyalgia, sports injuries, cancer, endocrinology, pediatric care, and pregnancy complications. They will connect you to world-leading doctors, including primary care physicians, orthopedists, OB/GYNs, neurologists, dermatologists, gastroenterologists, otolaryngologists, endocrinologists, psychiatrists, and pediatricians.



Contact your personal health care assistants at Included Health to get started:

Phone: Call (844) 252-3056

Web: Chat live at [includedhealth.com/cognizant](https://includedhealth.com/cognizant)

App: Chat live via the Included Health app

## Telemedicine – SwiftMD

If you participate in one of our medical plans, you and your covered dependents are eligible to use one of the nation's leading telehealth services, SwiftMD, at no cost. With SwiftMD, you have 24/7 access, without leaving your home, to U.S. board-certified doctors who specialize in family practice and emergency medicine. Reach a doctor at 3am, when a visit to the emergency room isn't warranted, or at any time when having a telephone conversation is more convenient than scheduling a doctor's office visit.

SwiftMD physicians can diagnose, give medical advice, and prescribe medication for routine illnesses, such as:

- Cold and flu symptoms
- Respiratory infections/bronchitis
- Sinus problems/allergies
- Ear infections
- Poison ivy
- Pink eye

Most telemedicine consultations are completed within 30 minutes of requesting an appointment. **There is NO COPAY OR COINSURANCE for this service.**

## Diabetes support program – CVS

Transform Diabetes Care® (TDC) is a great way to manage your diabetes and overall health – available at no cost to you. The program provides personalized health coaching and tailored guidance and support, including:

- Advice on diet and lifestyle habits
- Help in making sense of lab results
- Reminders for upcoming screenings
- The Health Optimizer Digital app

You'll also have access to a team of pharmacists, nurses and specialists for additional support. If you're managing diabetes, you're automatically enrolled.

CVS's Next Generation Transform Diabetes Care focuses on a highly personalized approach, customizing support based on a participant's risk profile. This program is designed to improve health outcomes and lower pharmacy costs through three key components: medication adherence, A1C control, and lifestyle management. Program features include:

- Personalized support from Certified Diabetes Care Nurses.
- Two comprehensive diabetes visits at MinuteClinic locations or virtually, at no out-of-pocket cost, including A1C checks.
- A meter that best suits your condition, if necessary. Test strips and lancets will be available at \$0 out-of-pocket cost.
- Access to digital tools within the CVS Pharmacy mobile app, including medication refill reminders and nutritional assessments, as well as the ability to refill prescriptions via your diabetes care nurse

### Transform Diabetes Care with Hypertension

This program is designed to help eligible CVS prescription drug plan participants reduce A1C and – for those with hypertension – control blood pressure, leading to better health outcomes and lower medical costs. Participants will receive a blood pressure device and may also use their Minute Clinic vouchers to get screenings associated with both diabetes and HTN.

### Transform Diabetes Care with DeRx

This program provides a dedicated care team to help improve member health and reduce the need for anti-diabetic medications for type 2 diabetics. Benefits include medication adjustment support, real-time coaching via Health Optimizer app, and data tracking for glucose, lab results, and other key biomarkers.

## Back or spinal surgery Expert Medical Opinion incentive

Cognizant offers \$500 to members who complete an Expert Medical Opinion (EMO) with Included Health prior to a back or spinal surgery. The incentive is available to employees and dependents (spouse/domestic partner) who are enrolled in Cognizant's medical plans. Please allow as much time as possible before the surgery to complete the EMO and 60 days after the completion of the EMO to receive your incentive.

## Medical Tourism – Health Flights Solutions

You and your dependents who participate in our medical plans are eligible to take advantage of the Health Center Plus network, which consists of fully accredited facilities both within and outside of the U.S. (usually in vacation destinations). As a member, you have the opportunity to take advantage of the following incentives for select medical procedures:

- Waived deductibles for the non-HDHP plans\*
- Waived coinsurance
- An incentive of \$2,000\*\*
- Two PTO days
- No-cost travel and lodging – plus a daily allowance – for the patient and a family member, caregiver, or companion

Health Flights Solutions will provide support and assistance for transfer of medical records, travel, and other arrangements. The procedure must be scheduled through the Health Flights Solutions Program, and certain eligibility criteria apply, such as the member's ability to travel for care.

\*Due to federal law, HDHP plan participants must first fulfill their deductible before any treatment can be provided at 100%. Your deductible may be fulfilled while using this program, and any coinsurance will still be waived.

\*\*This is a taxable amount that will be payable via payroll.

## Accordant Care Rare – CVS

You and your dependents who participate in our medical plans can take advantage of Accordant Care Rare, which gives members extra support to help **manage complex conditions**. If you are eligible, you will receive an outreach. You can also self-identify by contacting Accordant Care Rare. You'll have a dedicated, specially trained nurse and care team available by phone and online 24/7. They can help you:

- Understand your treatment plan
- Manage medication and side effects
- Provide tips for healthy nutrition and mental health
- Find local resources, medical equipment and more
- Sort out insurance and file claims

## Global Business Travel Accident and Health Insurance – AIG Travel Guard

Global Travel Accident and Health Insurance provides our associates on business travel with access to medical and travel assistance, concierge services, identity theft and security assistance, and more! Whether it's a medical emergency, flight delay, or lost luggage, AIG Travel Guard is here to support you 24 hours a day, seven days a week.

### Medical assistance

- Medical evacuation assistance
- Hospital and provider assistance
- Emergency prescription replacement assistance
- Assistance with the renting and/or replacing of medical equipment

### Travel assistance

- Lost/stolen baggage assistance
- Lost passport/travel documents assistance
- ATM locator
- Emergency telephone interpretation coordination
- Legal/bail bond referrals
- Embassy and consulate information

### Identity theft assistance

- Account activity monitoring assistance
- Financial account investigation assistance
- Credit review and fraud detector assistance
- Social Security personal earnings and benefits statement assistance
- Collaborate with law enforcement

### Security assistance

- Security evacuation assistance with on-the-ground physical response
- Security and safety advisories
- 24-hour response services to assist employees and their families during an incident
- Online access to up-to-date security intelligence

For additional information and access to a printable ID card, visit the [Global Business Travel Accident Insurance Be.Cognizant page](#).

## Dental benefits

We offer two dental plans through MetLife. You are free to see the dental provider of your choice, but when using a MetLife network dentist you will pay less out of pocket and your calendar-year maximum will last longer.

In-network/out-of-network	High Plan	Low Plan
<b>Deductible</b> (Individual/Family)	\$50/\$150	\$50/\$150
<b>Deductible applies to:</b>	Type B, C, and D, combined	
<b>Annual maximum</b> (Type A, B, and C)	\$2,500 per person	\$1,500 per person
Types A–D (in-network/out-of-network)		
<b>Type A: preventive</b> (cleanings, exams, X-rays)	100% / 80%	100% / 80%
<b>Type B: basic restorative</b> (fillings, extractions)	80% / 80%	70% / 70%
<b>Type C: major restorative</b> (bridges, dentures)	50% / 50%	40% / 40%
<b>Type D: orthodontics reimbursement level</b>	50% / 50%	N/A
<b>Type D: orthodontics lifetime maximum</b>	\$1,500 per person	N/A
Dental contributions (monthly)		
<b>Associate only</b>	\$22.82	\$13.10
<b>Associate and child(ren)</b>	\$56.70	\$32.87
<b>Associate and spouse/domestic partner</b>	\$53.67	\$32.27
<b>Associate and family</b>	\$85.52	\$51.00

### Finding a network dentist

To find a MetLife network dentist:

- Go to [mybenefits.metlife.com](https://mybenefits.metlife.com)
- Go to “Find a Dentist”
- Enter your zip code for a list of in-network providers, or input a dentist’s name to see if a specific dentist is in the network
- The dental network is the **PDP Plus network**

### When using out-of-network

If you go to an out-of-network dentist and they charge more than the reasonable and customary charge, you will pay the amount above the customary and reasonable charge in addition to your normal portion of the cost. This is referred to as Balance Billing.

### Frequency of services

Not all services are available once per year. For example, cleanings are available three times per year, while bitewing X-rays are available once per year and panoramic X-rays are available once every five years. Refer to the Summary Plan Description for details.

## Vision benefits

We are pleased to offer you a vision plan through Aetna Vision Preferred. You may stay in-network or see the vision provider of your choice. Just remember, when using one of Aetna’s network providers, you will pay less out of pocket. You can enroll in the vision plan regardless of your medical plan election.

With the Aetna Vision Preferred program, you’ll have access to:

- **One of the country’s largest vision networks:** Choose from 77,000+ vision providers across the country, including neighborhood eye doctors as well as your favorite retail chains.
- **More choices of retail providers:** Choose from LensCrafters®, Target Optical®, and most Pearle Vision® locations.
- **Online network retailers:** In-network benefits available at [contactsdirect.com](https://contactsdirect.com), [rayban.com](https://rayban.com), [lenscrafters.com](https://lenscrafters.com), [targetoptical.com](https://targetoptical.com), and [glasses.com](https://glasses.com).
- **Additional savings opportunities:** Discounts on LASIK eye surgery, extra pairs of eyeglasses and sunglasses, lens options (anti-reflective, polycarbonate, and scratch and UV protection), accessories, and digital eye imaging.

All services are available once every calendar year. To find an Aetna Vision network provider, visit [aetnavision.com/aetna/en](https://aetnavision.com/aetna/en).

Benefit provisions	In-network	Out-of-network
<b>Annual vision examination</b>	\$10 copay	Up to \$46
<b>Single vision lenses</b>	100% after \$10 copay	Up to \$45
<b>Bifocal lenses</b>	100% after \$10 copay	Up to \$65
<b>Trifocal lenses</b>	100% after \$10 copay	Up to \$85
<b>Lenticular lenses</b>	100% after \$10 copay	Up to \$125
<b>Frames</b>	Covered up to \$130 of retail price	Up to \$47
<b>Visually necessary contacts</b>	100%	Up to \$210

### Vision contributions (monthly)

<b>Associate only</b>	\$5.51
<b>Associate and child(ren)</b>	\$11.00
<b>Associate and spouse/domestic partner</b>	\$10.44
<b>Associate and family</b>	\$16.17



## Voluntary health benefits

Our medical plans include coverage for hospitalization, illnesses, and accidents, but if you experience any of these events, you may need additional financial support to pay for deductibles, coinsurance, or living expenses such as day care, rent, or mortgage payments or to supplement your disability payments. If you elect coverage under these additional voluntary programs, these benefits provide lump sum payments in the event you experience one of these events.

### Group hospital care plan

This program pays a cash benefit if you have a medically necessary hospital admission.

There are two plans to choose from:

Benefit	Low Plan	High Plan
<b>Lump sum benefit, payable on admission</b>	\$1,000	\$2,000
<b>Daily benefit</b>	\$100	\$200
<b>Maximum days per year</b>	30	30

You may also enroll your spouse/domestic partner and dependent children in Voluntary Hospital coverage. **These benefits are paid in addition to any benefits you receive through a medical plan.**

### Group critical illness insurance plan

This program pays cash benefits when you or a family member is diagnosed with a serious illness, such as a heart attack, stroke, or cancer. In the case of a serious illness, there are two plans to choose from:

- The low plan will pay up to \$15,000
- The high plan will pay up to \$30,000

Each plan has reduced benefits for less serious illnesses. In addition, you can submit for a \$50 wellness reimbursement if you go for a preventive visit. Spouses/Domestic Partners can receive up to 100% of the employee's benefit amount and dependent children can receive up to 50% of the primary benefit amount. **These benefits are paid in addition to any benefits you receive through a medical plan.**

### Group accident insurance plan

This program assists in covering out-of-pocket expenses associated with an accidental injury, including dislocations and fractures. It also can help protect your savings should an accidental injury occur.

The plan has a schedule of benefits for specific types of accidents. In addition, there is a hospital admission benefit that pays \$2,000 if you are admitted to the hospital due to a covered accident. The plan also pays a \$50 wellness benefit when you can show proof of completing your annual well visit exam.

Spouses/Domestics Partners and dependent children are covered at 100% of the primary benefit amount. **These benefits are paid in addition to any benefits you receive through a medical plan.**



# Physical wellbeing

## Wellbeing platform

### MyHealthCheck360

As part of your Total Rewards package, we offer a wellbeing program through HealthCheck360 designed to assist you in managing your current health while gaining awareness of areas where you may have some health risks. The program can help you achieve your goals by providing you with the tools and education you need to become your best self and improve your health. When you participate in the wellbeing program, you will have the opportunity to boost your health, find balance, and earn prizes by engaging in wellness challenges and building healthy habits.

#### You will receive access to:

- A personalized wellbeing portal where you can take a Health Risk Assessment, track your health, and set wellness goals.
- Biometric screenings and a personal health report to provide you with valuable information about your own health based on several factors, including blood pressure, cholesterol, blood glucose level, and Body Mass Index (BMI).
- A team of health coaches to answer your wellness questions.
- Online wellbeing challenges.
- Healthy meal plans, monthly coaching webinars, preventive health tips, workouts, and more on the [HealthCheck360 blog](#).

## Health Plan Incentive Program

Associates and spouses/domestic partners covered under a Cognizant medical plan can earn discounts on their monthly medical contributions by performing two simple tasks:

- Submit their biometric health screening results to HealthCheck360 (The results are confidential, and Cognizant has no access to them).
- Certify that they do not use nicotine (or complete Cognizant's Nicotine Cessation Program).

Full details on the Health Plan Incentive Program can be found [here](#).

## Nicotine Cessation Program

Need help kicking the habit? HealthCheck360's Nicotine Cessation Program provides health coaching through certified health coaches who specialize in behavior change.

#### The coaches can help you:

- Understand the mental, physical, and social aspects of using tobacco.
- Develop strategies to overcome urges.
- Set a quit date.
- Create a plan for staying tobacco-free.

The Nicotine Cessation Program is available to you and your eligible dependents over age 18.

# Mental wellbeing

## Mental health support

If you participate in one of our medical plans, you and your covered dependents age 18+ have access to Headspace Care’s behavioral health program. Your dependents age 13+ who are enrolled in one of our medical plans also get access to **Headspace Care (formerly Ginger)**.

Headspace Care provides on-demand, stigma-free access to emotional health coaches, self-care content, and virtual therapists and psychiatrists – a complete mental health system. After downloading the Headspace Care App, you’ll be matched with a coach and can begin chatting at any time – 24 hours a day. Parents/Guardians who would like to refer their teens to Headspace Care should go into their own Headspace Care app, tap “Profile”, then “Dependents,” and enter your child’s info.

Whether you are feeling stressed about that big presentation, are having relationship struggles, or just haven’t felt like yourself in a long time and want someone to talk to, Headspace Care can help you navigate life with immediate help and care. Your first 10 visits to a therapist or psychiatrist are included at no cost to you. If you would like to continue your visits after that you may do so; the visits will then be submitted as a claim to your medical carrier. To get started, simply download the Headspace Care App.

## Mindfulness

Mindfulness has been shown to help people stress less, increase focus, and sleep more soundly. Meditation helps you to be more mindful – and **Headspace** is your personal guide, with hundreds of guided meditations and expert advice for sleep, anxiety, stress, and movement. Anyone can learn the life-changing skills of meditation and mindfulness in just a few minutes each day. Headspace is available to you and your dependents. To get started, visit [work.headspace.com/cognizant/member-enroll](http://work.headspace.com/cognizant/member-enroll).

## Employee Assistance Program – Resources for Living

We understand that the stress of balancing work and your personal life can sometimes take its toll. We have partnered with Aetna to provide you with “Resources for Living,” an online portal that gives you access to a myriad of tools and resources for living a healthier, happier lifestyle.

Do you need help buying a home when relocating? Do you need legal advice? These are just some of the areas that are covered on the [Resources for Living website](#). The program is FREE for you, your household members, and adult children under age 26, whether they live at home or not. All coaching services are completely confidential, so you can feel secure in sharing your most personal information.

## Employee Assistance Program services

Service	Description
<b>Face-to-face counseling</b> Use up to six face-to-face sessions per issue per year at no charge. The EAP offers short-term counseling on all aspects of life.	<ul style="list-style-type: none"> <li>• Alcohol and drug abuse</li> <li>• Depression</li> <li>• Work or family stress and anxiety</li> <li>• Relationship difficulties</li> <li>• Legal or financial topics</li> <li>• Childcare/Eldercare</li> <li>• Grief issues</li> </ul>
<b>Legal/financial services</b> Receive legal and financial guidance from qualified professionals, including an initial 30-minute consultation for each issue.	<ul style="list-style-type: none"> <li>• Free online will, valid in 49 states</li> <li>• Tax consultation</li> <li>• 25% discount when retaining attorney services</li> <li>• Detailed wills and trust preparation</li> <li>• 60-minute identity theft consultation</li> <li>• Mediation services</li> </ul>
<b>Telephone and online Life/Work resources</b> Receive assistance for a variety of life and work concerns.	<ul style="list-style-type: none"> <li>• Health assessments and tools</li> <li>• Health and wellness resources</li> <li>• Childcare and eldercare searches</li> <li>• Adoption resources</li> <li>• Public and private school searches</li> <li>• College search and financing tools</li> <li>• Household services</li> <li>• Veterinarian and pet care searches</li> </ul>
<b>FREE CareKits</b> Get tools for life’s new experiences! Order your CareKit 24 hours a day, seven days a week.	<ul style="list-style-type: none"> <li>• Pregnancy CareKit</li> <li>• New baby CareKit</li> <li>• Child safety CareKit</li> <li>• Active adult CareKit</li> <li>• Elder CareKit</li> </ul>
<b>Relocation assistance</b> Does the thought of moving seem overwhelming? The EAP has the tools you need to manage your family’s relocation, and EAP’s Life/Work Associates can help you find resources for other parts of your busy life as well.	<ul style="list-style-type: none"> <li>• Housing and relocation referrals</li> <li>• Childcare referrals</li> <li>• School referrals</li> <li>• Eldercare referrals</li> <li>• Help finding a plumber, a mechanic, pet care, and more</li> </ul>

# Income protection

## Basic Life and Accidental Death & Dismemberment (AD&D) Insurance

We provide life insurance through The Hartford, that equals to two times annual base compensation (minimum coverage \$50,000, maximum coverage \$750,000).

AD&D insurance pays the full benefit amount of two times annual base compensation (minimum coverage \$50,000, maximum coverage \$750,000) in the event of an accidental death. A partial benefit is paid for certain covered accidental losses. Benefits from this plan are payable in addition to benefits from the Life Insurance and Business Travel Accident Plans.

## Voluntary Life and AD&D Insurance

In addition to company-provided Basic Life and AD&D Insurance, you have the opportunity to purchase additional coverage through convenient payroll deductions. Your Voluntary Life and AD&D Insurance options include the following:

### Associate Voluntary Life and AD&D Insurance

Elect coverage in \$25,000 increments up to the lesser of five times your annual base earnings or \$1,500,000. Evidence of insurability (EOI) is required for coverage over three times your base earnings. EOI will be required for any new election that takes place after your first 31 days of employment.

### Spouse or Domestic Partner Voluntary Life and AD&D Insurance

Elect coverage in \$10,000 increments up to \$250,000. EOI is required for coverage over \$50,000. EOI will be required for any dollar increase or new election that takes place after your first 31 days of employment.

### Child Voluntary Life and AD&D Insurance

Elect coverage for all your dependent, unmarried children. No EOI is required. Children over six months are covered for \$10,000 or \$20,000. Children under six months are covered for \$500.

## Leave of Absence Policy and Disability Insurance

Financial security is offered to those who are unable to work as the result of an accident or illness. For information, refer to the [U.S. Leave of Absence and Disability Policy](#).

### Short Term Disability (STD)

STD provides you with income replacement when an illness or injury that is unrelated to your employment keeps you out of work. Benefits begin after seven consecutive calendar days. The plan pays 66.6% of weekly base compensation for up to a maximum of 26 weeks with doctor certification and MetLife approval.

- **Salaried, Exempt Associates:** The first four weeks of Short Term Disability will be paid at 100%.
- **Non Exempt Associates:** Will receive 66.6% of weekly base compensation.

### Long Term Disability (LTD)

LTD provides you with income replacement in the event that an illness or injury keeps you out of work beyond 26 weeks (180 days). The plan pays 60% of monthly base compensation, up to a maximum of \$15,000 per month, subject to doctor certification and MetLife approval. This benefit is available to all U.S. citizens, permanent U.S. residents, and H-1B and E-3 visa holders.

### Voluntary Individual Disability Insurance (IDI)/Long Term Disability

If you earn \$75,000 or more of base and incentive compensation and are eligible for Long Term Disability through MetLife, you are eligible to participate in an individual income protection plan offered by **UNUM**. UNUM offers protection of up to 75% of your income to a maximum of \$10,000 over and above the company-provided LTD benefit. Enrollment is available to all who are newly eligible once per year. If you are newly eligible or have not been offered coverage previously, you may contact HFCB proactively at any time to enroll on a guarantee issue\* basis. If you choose not to elect coverage when you are first eligible and later decide to enroll, your election will be subject to medical underwriting and may be declined.

Issue in this case means you need to answer only a few questions to be coverage, even guarantee issue coverage, is subject to preexisting



# Savings and spending accounts

## Health Savings Account (HSA) with company contribution

If you enroll in either of the HDHP plans (Silver or Bronze), you have the option to also enroll in a Health Savings Account (HSA). For 2024, our administrator is changing from HealthEquity to MetLife. If you currently have an HSA with HealthEquity, you will receive additional details about any action you need to take. Learn more on the [MetLife Microsite](#).

### Tax information

- HSAs allow you to contribute to an account on a pre-tax basis. Investment gains from an HSA as well as distributions, when used for eligible expenses, are also tax-free.
- If you contribute to an HSA, MetLife will send you a tax form after the tax filing deadline; however, you can also download one on the [MetLife Microsite](#) in late January. You will be required to complete an HSA-specific schedule; all tax calculation programs, such as Turbo Tax, will ask you the necessary questions to ensure these forms are completed.
- If you transfer out of the U.S., U.S. law allows the use of your HSA funds for eligible expenses regardless of location. However, your new country of residence might have additional requirements, limitations, or rules that impact how you utilize your funds. Please seek advice from a qualified tax professional for further clarification.

### Eligibility

You may enroll in an HSA if you are covered by either of the HSA-qualified HDHP plans; these include the Silver and Bronze Plans. You are not eligible if any of the below apply:

- If you are covered by any non-qualified major medical plan, including Medicare, TRICARE, Medicaid, or your spouse's non-HSA qualified plan.
- If you are covered by a Healthcare Flexible Spending Account (FSA; you may be enrolled in an HSA-Compatible FSA; see page 37 for more details).
- If you are claimed as a dependent on another person's tax returns (for example, you are 23 and are still claimed by your parents as a tax dependent).

### Eligible expenses

Eligible expenses include medical, prescription drug, dental, and vision expenses for you and your tax-qualified dependents. You may also use contributions toward COBRA or Medicare premiums. View more detail on eligible expenses on the [MetLife Microsite](#).

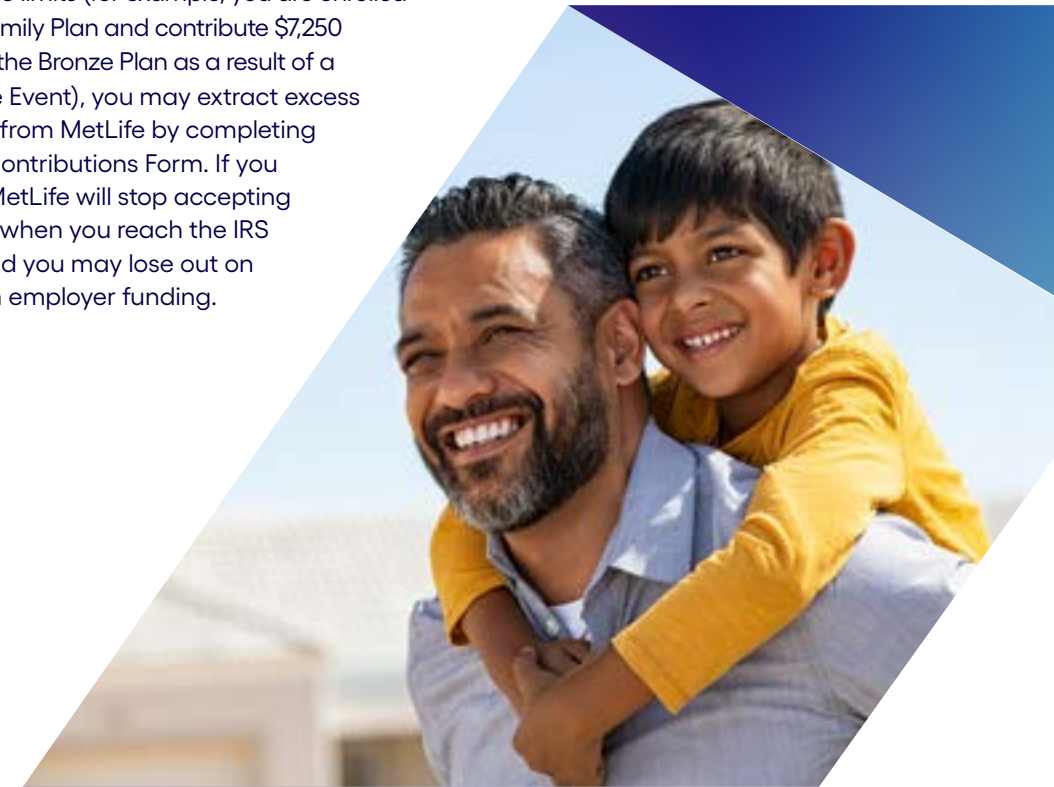
### Accessing your HSA funds

- You may only withdraw what has been put into your HSA.
- You will be provided a debit card from MetLife for your HSA; if you also enroll in an HSA-Compatible FSA, this card will be stacked. This card will be issued upon enrollment even though your election is pending due to the validation requirement outlined on page 38.
- You can establish direct deposit of withdrawals into your personal bank account.
- You can pay your provider directly from the [MetLife website](#) or the MetLife HS&SA mobile app.
- Funds will be available generally within three business days of your payroll date.

### Your contributions

The contribution maximum is based on whether you have any dependents enrolled in the HDHP. The maximums shown below include both employer and your contributions and are set by the IRS each year. You must contribute an annual minimum of \$250 in order to receive the employer contribution.

- **Maximum annual contribution** – associate only: \$4,150
- **Maximum annual contribution** – associate and dependent(s): \$8,300
- If you are age 55 or older, you may make an additional contribution of \$1,000 per year. Contributions are also subject to IRS rules regarding the length of time you are enrolled in an HDHP. If you are enrolling in an HDHP and are enrolled for less than a calendar year, it is recommended you call MetLife to validate your contributions are compliant.
- If your contribution plus the employer contribution exceeds the IRS limits (for example, you are enrolled in the Silver Family Plan and contribute \$7,250 and switch to the Bronze Plan as a result of a Qualifying Life Event), you may extract excess contributions from MetLife by completing their Excess Contributions Form. If you fail to do so, MetLife will stop accepting contributions when you reach the IRS maximum, and you may lose out on the maximum employer funding.



## Employer contributions

If you enroll in the HSA, we will make a contribution to your account each pay period. If you enroll as of January 1, you will be eligible to receive the full amount shown below. The full amount will be divided by the number of pay periods per calendar year and you will receive a portion of the full amount each pay period. If you enroll after January 1, as either a new hire or a new HSA election, you will only be eligible for a partial contribution, prorated per pay period. Note that the employer contribution amounts will be rounded down after calculating per payroll calculations.

Annual employer contribution	Silver	Bronze
Associate only	\$150	\$500
Associate and child(ren) or associate and spouse	\$250	\$750
Associate and family	\$500	\$1,000

## Enrollment in an HSA

Enrollment is easy. Simply enroll when you select your benefits at [cognizantbenefits.com](https://cognizantbenefits.com).

- There is a validation process called the Customer Identification Process (CIP) required by the Patriot Act for participation in the Health Savings Account. If MetLife reaches out to you for information, you must respond. Your HSA deductions and employer contributions will not be deposited until your account has been validated. Employer contributions will not be made retroactively. This validation process can take 6 to 45 days. Contact MetLife directly if you have questions about CIP. If you do not take action within 60 days, your election will be terminated and you will need to re-elect coverage if you would like to participate in the HSA.
- You may enroll, change, or terminate your HSA contributions at any time during the plan year. You do not need to have experienced a Qualified Life Event to make a change to your enrollment. To make a change to your HSA election, log in to [cognizantbenefits.com](https://cognizantbenefits.com) and click "Change My Benefits."
- Your HSA is just like a bank account. You may designate a beneficiary on the MetLife portal.

## Flexible Spending Accounts

### Is a Flexible Spending Account right for you?

You have a choice of four Flexible Spending Accounts (FSAs) to help you pay for essential health care, childcare and eldercare, and commuter benefits. Money deducted from your paycheck goes into these accounts before taxes, which reduces your taxable income.

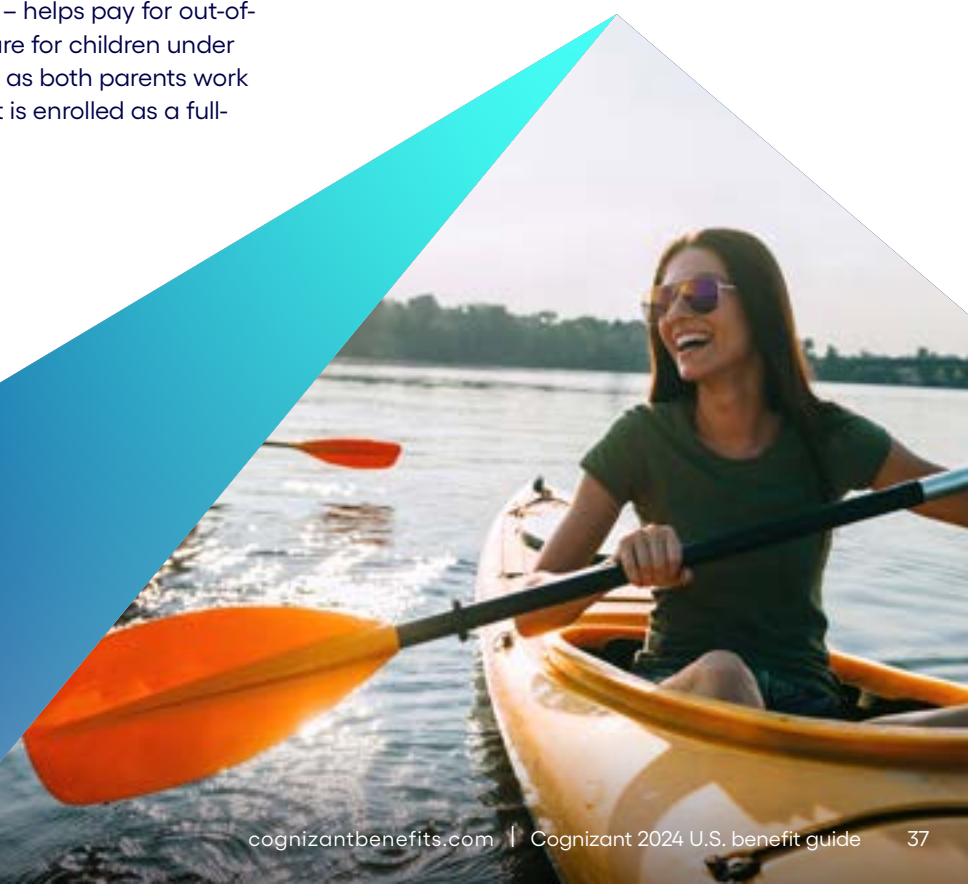
### The four types of FSAs and their qualifying expenses are:

- **Healthcare FSA** – helps pay for out-of-pocket qualified medical, dental, and vision expenses beyond what your insurance plans cover.
- **Limited Purpose FSA** – is a Health Savings Account (HSA) compatible account for those enrolled in an HSA. You can elect both benefit options (an HSA and a LPFSA Account) and then claim all your eligible dental and vision expenses through the LPFSA. Once you fulfill your HDHP deductible; at that time, you may convert your Limited Purpose FSA to a regular Healthcare FSA.
- **Dependent Care FSA** – helps pay for out-of-pocket dependent care for children under the age of 13, as long as both parents work or at least one parent is enrolled as a full-time student.

- **Transportation and Parking FSA** – helps pay for transportation and/or parking expenses related to a commute to and from work.

When you enroll, determine your annual election amount by estimating the expenses you expect to incur during the year. Each plan has a maximum allowable election.

Eligible expenses in the Healthcare FSA or Dependent Care FSA must be incurred during the calendar year (January 1 – December 31). You must submit claims within three (3) months of the end of the plan year, if actively employed. You may carry over up to \$610 of unused Healthcare FSA funds to the following plan year if not enrolled, and indefinitely if you continue to be enrolled. Unused Dependent Care FSA funds do not carry over and are "Use it or Lose it" – any balance in your account after three (3) months from the end of the plan year will be forfeited to Cognizant according to IRS rules. Transportation funds are not forfeited unless you terminate employment.



## Debit card information

When you first enroll in the Healthcare FSA, you will receive a debit card. The debit card expires the earlier of the date your Healthcare FSA election ends or three years from when it was issued. You can use the debit card at most medical, dental, and vision providers, as well as pharmacies. If you use your debit card to pay for an expense, you may be asked to substantiate your claim. More information on substantiation can be found on this page.

There is no debit card associated with the Dependent Care FSA. If you enroll in an HSA-Compatible FSA and an HSA, your debit card will be stacked.

You may only use your debit card for FSA expenses during the current plan year. Remember that if you mail your debit card information to your doctor in late December, they may not process the charge until January.

If this happens, the charge will either be denied or applied to any available carryover balance. If your intent is to have the charge applied to the prior plan year balance, you should pay for the expense out of pocket and submit a paper claim to MetLife for reimbursement.

## FSA administrator – MetLife

The FSA programs are administered by MetLife. Their support center will answer questions about FSAs, such as how to use your card to pay for eligible expenses, where to find claims forms, and other tools to help you manage your accounts. For a comprehensive explanation of the various FSA plans and their tax advantages, visit [MetLife Microsite](#).

## Substantiation

The IRS requires that you substantiate most expenses that are paid for with your debit card. This means that you need to provide adequate documentation of the expense (NOT a credit card receipt) that includes a description of the service, the provider, and the date of the service. This is often easily addressed with an EOB or receipt if you are covered under a medical or dental plan or a detailed doctor's bill if you are not.

If you receive a request for substantiation, you must respond within 60 days. If you do not respond to these notices, your debit card will be deactivated and you will be asked to repay the plan. If you don't follow through on these requests, we are required by law to recoup these amounts by imputing income to your wages in the following plan year. Please be sure to keep copies of your EOBs or doctors' bills so that you can successfully substantiate your charges. As an alternative, you don't have to use your debit card at all, and you can submit these charges online or via a paper claim form for reimbursement.

## Healthcare FSA

You can contribute from \$250 to a maximum of \$3,050 into your Healthcare FSA. These pre-tax funds can help you pay for copays, deductibles, or other out-of-pocket medical, dental, or vision expenses for you and your covered dependents. These funds can also be used for:

- Hearing services, such as exams, hearing aids, and batteries.
- Vision services, including eye exams, eyeglasses, contact lenses, and contact lens solution.
- Dental services and orthodontia.
- Chiropractic services.
- Acupuncture.
- Prescription contraceptives.

You do not need to be covered by one of our medical, dental, or vision plans to participate in the Healthcare FSA Plan.

You may carry over a minimum of \$25 up to \$610 of unused Healthcare FSA funds to the following plan year.

## Limited Purpose FSA

A Limited Purpose FSA is exactly like a Healthcare FSA, except that:

- The only eligible expenses are dental and vision services.
- The program is available only to individuals who are enrolled in the HDHP.

Contact MetLife if you would like to transition your account to a regular Healthcare FSA after you have fulfilled your deductible. At that time, you would be eligible to be reimbursed for medical expenses in addition to dental and vision.

## Dependent Care FSA

With a Dependent Care FSA, you can use tax-free funds to pay for preschool, summer day camp, before/after school programs, and child or adult care. The annual maximum amount you may contribute to the Dependent Care FSA is \$5,000 (\$2,500 if married and filing separately, \$3,700 if a Highly Compensated Employee) per calendar year.

## Covered, eligible expenses include:

- The cost of care for a dependent under age 13 who lives with you.
- The cost of care for a tax-qualified dependent parent, spouse, or child who lives with you and is incapable of caring for themselves.
- The cost for an individual to provide care either in or out of your house.
- Nursery schools and preschools (excluding kindergarten).

The care must be needed so that you and your spouse can go to work or school. Care must be given during normal working hours.

You must submit claims within three (3) months of the end of the plan year, if actively employed. Unused Dependent Care FSA funds do not carry over to the following plan year and are "Use it or Lose it" – any balance in your account after three (3) months from the end of the plan year will be forfeited to Cognizant according to IRS rules.

**Note:** The Dependent Care FSA is *not* for dependent medical expenses – the Healthcare FSA would be used in those instances. For a full list of eligibility requirements and tax information, please refer to the [MetLife Microsite](#).

## Plan comparison

Healthcare or Dependent Care Flexible Spending Account (FSA)	Without FSA	With FSA
Gross annual salary	\$70,000	\$70,000
Annual FSA contribution	-\$0	-\$2,500
Adjusted taxable income	\$70,000	\$67,500
Federal withholding (assuming 25%)	-\$17,500	-\$16,875
State withholding (assuming 10%)	-\$7,000	-\$6,750
FICA taxes (7.65%)	-\$5,355	-\$5,164
Take-home pay	\$40,145	\$38,711
Health care expenses	-\$2,500	-\$0
<b>Remaining disposable income</b>	<b>\$37,645</b>	<b>\$38,711</b>



## Transportation and Parking Flexible Spending Account (FSA)

The Transportation and Parking Plan provides a tax-advantaged way to pay for expenses related to commuting to and from work, as well as daily parking expenses. These accounts can be used for commuter-related expenses for your spouse or dependents. Note that the pre-tax contribution limits can be modified by the IRS.

### Enrollment

Unlike other benefits, you do not need to experience a Qualifying Life Event in order to enroll in, drop, or make changes to your Transportation and Parking elections. You may make changes to your elections at any time by going to [MetLife](#).

Enrollment in these benefits are subject to deadlines, and there may be a delay between the time you elect benefits and the time your transit passes or Parking Commuter card arrives; refer to [MetLife](#) for more information.

If you enroll in the Transit Pass and/or the Parking Account plan(s), a second step is required. After enrolling in the plan, you can continue on to immediately place an election while your account enrollment is still pending. Or you can log back in to [MetLife](#) by the 10th of the following month. Your Transit pass and/or Parking order will be fulfilled by the first of the next month.

### Transit plans

You can set aside up to \$300 pre-tax per month and an additional \$1,000 post-tax per month for mass transit (bus, train, subway, etc.) or vanpooling expenses. Pre-tax contributions will be made via payroll deductions. Post-tax contributions will be made via direct debit from your personal credit or debit card. **Note:** Per IRS regulations, cash reimbursement for transit fare media is not allowed if a pass, voucher, or transit debit card is available.

**Deductions taken at the end of the month are loaded directly to the card and can be used immediately. For example, payroll deductions taken at the end of January are loaded to the card within 48 hours and can be used at authorized locations to purchase your transit fare media.**

- **Transit pass\* account:** A pass, voucher, or direct payment provided by MetLife for your local transit authority or vanpool agency, such as NJ Transit.

Deductions taken at the end of the month can be used to pay for your order by the 10th of the following month. For example, payroll deductions taken at the end of January are used to pay for your order for the February benefit month.

Some transit authorities may have a different deadline; your benefit may be delayed as a result. You can verify the election deadline for your transit agency when placing your order.

- **Transit card account:** This is a stored value debit card that can be used to purchase a ticket at the vendor. You may want to use this option if you use multiple vendors to reach your destination. This card is programmed to work only at vendors that sell transit-related tickets and may not work at other locations that sell commuter passes, such as a convenience store.

**Note:** Not all mass transit providers accept a transit card, including, but not limited to, the following vendors. If your provider does not accept this method of payment, you are encouraged to enroll in the Transit Pass Account Plan instead.

- Cleveland RTA
- Metrorail – WMATA, Washington, DC
- PATCO – New Jersey/Philadelphia, PA
- SMART – Detroit
- SmarTrip – Washington, DC
- Topeka Metropolitan Transit Authority – Topeka, KS

\*Once your election for a transit vendor or parking authority is processed on the ordering deadline, changes made to that election will be effective for a future benefit month. For example, if you transfer to a new work location on March 15, the change to your election made by the ordering deadline of April 10 will be for the May benefit month.

# Family care benefits

## Parking account plans

You can set aside up to \$300 pre-tax, and an additional \$1,000 post-tax per month for qualified parking expenses. Pre-tax contributions will be made via payroll deductions. You have three election options:

- **Pay me back:** You may enroll for cash reimbursement for an expense you will pay for out of pocket. You will need to submit a claim to be reimbursed for each month. Remember, you cannot be reimbursed for parking expenses you have incurred without a prior election.
- **Parking commuter card:** This is a stored value debit card that can only be used at parking vendors. Funds are loaded to your parking commuter card by the first of the benefit month.
- **Pay my parking:** Your parking garage is paid each month directly by MetLife.

## Refunds, transfers, and forfeitures

Excess funds in your account roll over from year to year. If you terminate employment or transfer out of the U.S., pre-tax funds are forfeited. Manage your account balance wisely to minimize the risk of overcontributing to the plan. You may transfer funds from your Transit Card to Parking Commuter card or vice versa. Any post-tax funds will be returned via direct deposit or check mailed to the last address on file. If your transit pass account order is returned to MetLife because of an invalid address, the funds used to pay for the order will be credited to your account and can be used toward a future purchase. Be sure your address is corrected before the next order is fulfilled.

## Pregnancy, adoption, surrogacy, and parenting support program – Cleo

Starting or growing a family is a non-stop adventure. Cleo is a family benefit offered to prospective and current parents through your Cognizant benefits at no cost to you. Through one-on-one guidance from a dedicated Cleo Guide and an intuitive mobile app, Cleo brings working families personalized support with family planning, parenting challenges, self care, and more.

**Cleo is available to Cognizant families (associates and their partners) who are:**

- Considering starting or growing their family.
- Navigating surrogacy, fertility, or adoption.
- Currently expecting or awaiting the arrival of their baby.
- Parenting a newborn(s).
- Parenting a child(ren) age 12 and under.



### Cleo Considering

Family planning & fertility:

- Family planning
- Clinical intervention guidance
- Fertility qualifications and benefit navigation program
- Support through IVF, IUI, and more
- Egg freezing
- Adoption & fostering
- Surrogacy
- Miscarriage & loss
- Infertility support groups

### Cleo Baby

From expecting to baby's first birthday:

- Pregnancy & prenatal health
- Best Birth Initiative – Guidance toward high-quality providers
- Group birth-prep classes
- NICU case management
- Postpartum support
- Newborn & infant parenting
- In-app feeding tracking
- Lactation & sleep training
- Careers & return to work
- Developmental milestones

### Cleo Kids

Support for parents with children ages 1–12 (up to 18 for special clinical programs)

- Childcare navigation
- In-app tracking of child-development milestones
- Family dynamics
- Clinical support and guidance for specific conditions (e.g., ADHD & autism spectrum disorder)
- Support for learning & development at home
- Discipline & behavior
- Cleo Adventures – educational playtime activities

## Fertility support – WINFertility

Our medical plans cover treatment of the underlying condition that causes infertility but do not cover infertility treatments. We are providing WINFertility as a resource for those seeking fertility services. Although the WinFertility program is at no cost to you, enrollment is required to access the benefit. You can enroll at any time during the year on the benefits website.

WINFertility makes fertility treatment affordable by offering patients lower-than-market rate Treatment Bundles<sup>SM</sup>, consisting of the medical services and medications required to help you have a baby. Using a physician within the WIN network can save you 10% to 40% on your fertility services, including pharmaceuticals. Financing is available to qualified applicants. In addition, WINFertility has a team of nurse care managers who are available 24/7 to answer questions and provide education. A complimentary Prenatal Program designed to help prevent birth defects is offered and includes a 90-day supply of folic acid.

## Breast milk shipping program – Milk Stork

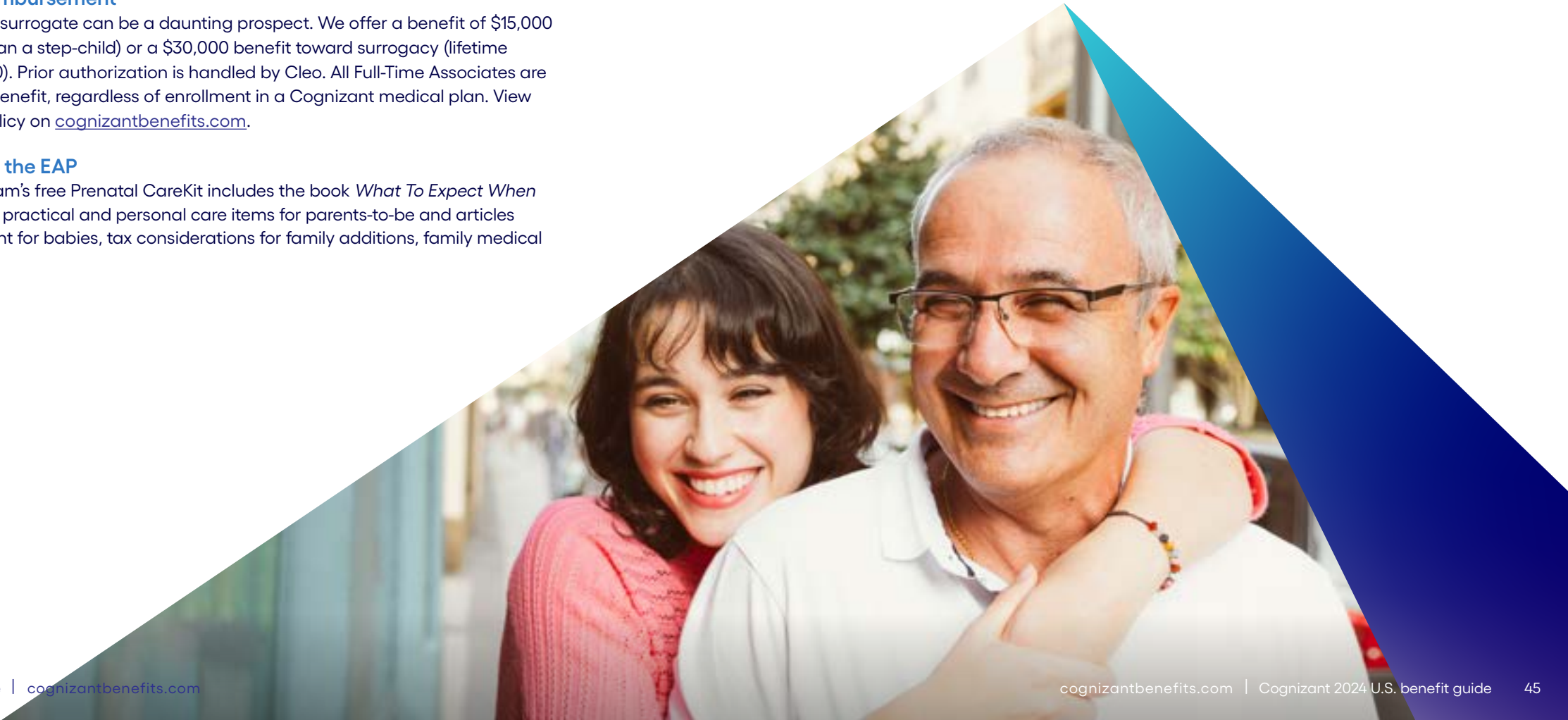
If you are breastfeeding and traveling for business, either domestically or internationally, you can ship or tote breast milk home in a refrigerated cooler at no cost. The pharmaceutical-grade cooler will be delivered to your hotel, in anticipation of your arrival, along with storage bags, instruction cards, shipping seals, and pre-printed overnight shipping labels if you choose to ship home. Orders may be checked against actual business travel.

### Adoption and surrogacy reimbursement

Adopting a child or engaging a surrogate can be a daunting prospect. We offer a benefit of \$15,000 for adoption of a child (other than a step-child) or a \$30,000 benefit toward surrogacy (lifetime combined maximum of \$30,000). Prior authorization is handled by Cleo. All Full-Time Associates are eligible for the reimbursement benefit, regardless of enrollment in a Cognizant medical plan. View the Adoption and Surrogacy policy on [cognizantbenefits.com](https://cognizantbenefits.com).

### Additional support through the EAP

The Employee Assistance Program's free Prenatal CareKit includes the book *What To Expect When You're Expecting*. There are also practical and personal care items for parents-to-be and articles about furnishings and equipment for babies, tax considerations for family additions, family medical leave, and more.



## Back-up care – Bright Horizons

Bright Horizons offers an affordable, dependable solution for those urgent, high-stress situations when you need temporary care and don't have time to arrange it yourself: school is cancelled, your nanny isn't available, a parent or spouse just had surgery, or your loved one's regular caregiver is unavailable.

Bright Horizons is your safety net for when disruptions to your regular care arrangements happen and you need to get to work. The Back-Up Care program provides convenient back-up care at one of their high-quality childcare centers or finds a screened and credentialed caregiver to come to you, where and when you need one.

With this program, you have a bank of 10 days to use each year in home or at a care center (limitations may apply). In general, you will pay \$6/hour for in-home care or \$15/day for in-center care (additional fees may apply for multiple children). You may schedule in advance or on the day of, and you will have certified, qualified care for your child, self, or parent. Note that care is subject to availability and is not guaranteed. Additional benefits of this program include access to an online database of caregivers for children, adults, and pets, as well as providers of homework and tutoring assistance. There are also discounted services available for full-time childcare, tutoring, and test preparation. Review the Bright Horizons site, [clients.bright Horizons.com/cognizant](https://clients.bright Horizons.com/cognizant), for more information.

## College Coach – Bright Horizons

Take the worry out of your child's educational future with Bright Horizons College Coach®. This free benefit gives you support from a team of experts, including former college admissions officers and former college finance officers, who offer impartial guidance you can trust. Access exclusive free resources and benefits to support your student's education and path to college.

From live events to free personalized counseling over the phone, essay reviews, college list support, and online resources, you and your family will have access to the most relevant and timely content to support your child's academic success.



# Financial wellbeing

## 401(k) retirement savings plan

Cognizant offers a 401(k) plan and associates may enroll in the 401(k) plan at any time. Contributions will begin as soon as administratively possible (typically within one or two pay periods). All associates who contribute to the plan will receive a company matching contribution of up to 4%. Cognizant matches 50% of the first 6% of your per pay period deferrals. Associates who are actively employed on the last day of the plan year (December 31) and actively contributed at any point during the year can expect to receive an additional year-end match during the first quarter of the following year. The year-end match is calculated by multiplying 50% times the first 2% of eligible pay contributed in the form of pre-tax and/or Roth 401(k) contributions, up to IRS and Plan limits.

You are always 100% vested in your Salary Deferrals. In other words, you have complete ownership rights to your Salary Deferrals under the Plan. If you were hired after January 1, 2023, Cognizant matching funds are vested after you complete 1 (one) year of vesting service. Vesting is calculated using an elapsed time method, meaning a year is a year.

**Note:** Highly Compensated Employees (HCEs) as defined by the IRS will be restricted to \$14,000 in contributions for the 401(k) in the current calendar year.

## Cognizant supplemental retirement plan (CSRP) – Pacific Life

For our Highly Compensated Employees (HCEs), we offer a CSRP through Pacific Life. The CSRP helps HCEs save for retirement by investing annuity or life insurance premiums. There is no maximum contribution limit. You are always 100% vested in your Salary Deferrals. In other words, you have complete ownership rights to your Salary Deferrals under the Plan. Cognizant matching funds are vested after you complete 1 (one) year of vesting service. Vesting is calculated using an elapsed time method, meaning a year is a year.

## Student loan counseling – Tuition.io

[Tuition.io](#) is a student loan counseling program available to assist those who have obtained or are in the process of obtaining a degree from an accredited institution and have outstanding student loans.

Tuition.io's comprehensive platform allows you to view all of your student loans in one place, monitor the impact that your contributions are having, and find additional ways to pay your debt off faster (including a Student Loan Coach to answer all of your questions).

## 529 college savings plan support – Gradvisor

Gradvisor is a digital investment platform that provides personalized 529 College Savings Plan advice to help maximize your savings. With Gradvisor you can:

- Calculate the future cost of college.
- Set up a monthly savings goal.
- Receive personalized advice on which 529 plan and investment portfolio will maximize your savings.
- Seamlessly open your plan and sync it to your bank account.
- Monitor and track your investment over time and receive advice on adjustments to maximize your savings.
- Get access to college savings experts to answer any questions.

## ID theft protection – LifeLock

LifeLock proactively monitors millions of data points for your name, DOB, and SSN, helping to stop credit thieves from opening false accounts in the U.S. for credit cards, bank loans, phone and cable, and more – often with just a text. LifeLock also monitors your existing checking, savings, and investment accounts for fraudulent activity. If your identity is stolen, LifeLock can help you lessen the damage and financial liability. Norton device security, which includes antivirus, antimalware, and ransomware protection; cloud backup; SafeCam; and more, is also included. To learn about LifeLock's coverage, visit [cognizantbenefits.com](#).

## Loan program & financial wellness – Kashable

Kashable provides access to a low-cost term loan that is taken online and repaid through direct deposits from your payroll over time. This program offers a safety net for unpredictable life events, such as large medical expenses, car or home repairs, and home improvements. Visit [kashable.com](#) to learn more.

Kashable also offers financial literacy tools and real-time credit monitoring at no cost; simply create a Kashable account to access these tools.

## Legal Plan – MetLife

With the MetLife Legal Plan, you, your spouse/ domestic partner, and dependents can receive legal representation, legal advice, and fully covered legal services through convenient payroll deductions for a wide range of personal legal matters, including:

- Wills and estate planning.
- Real estate matters.
- Debt collection/ID theft defense.
- Traffic tickets.
- Family law.
- Consumer protection.
- Document preparation.
- Advice and consultation.
- Immigration assistance.

You also have the option to upgrade to Legal Plan Plus Parents, which allows parents and parents-in-law to receive certain legal services, including:

- Deeds and mortgages.
- Wills and estate planning.
- Consultation and document reviews.

## Group auto, home, and renters insurance – Liberty Mutual and Farmers GroupSelect<sup>SM</sup>

As part of the Cognizant benefit program, you have an opportunity to access discounted auto and home\* insurance from Farmers GroupSelect and Liberty Mutual.

Farmers GroupSelect and Liberty Mutual offer coverage for autos, homes, and other personal property. Associates can check out special group discounts not available to the general public, as well as other benefits, including:

- Free, no-obligation quotes from licensed insurance representatives.
- Multi-vehicle discounts.
- Multi-policy discounts.
- Automated payment discounts.

To review more information about the benefits available to you as an associate, visit [cognizantbenefits.com](https://cognizantbenefits.com). Or, if you want information about the insurance directly from the provider and program administrator, contact information can be found in the back of this Guide.

\*Home insurance is not part of Farmers GroupSelect benefits offering in FL. Homes in MA may be subject to underwriting review based upon proximity to coast.

Program information provided by the following specific insurers and seeking to obtain business for insurance underwritten by Farmers Property and Casualty Insurance Company (a MA licensee) and certain of its affiliates: Economy Fire & Casualty Company, Economy Premier Assurance Company, Economy Preferred Insurance Company, Farmers Casualty Insurance Company (a MN licensee), Farmers Direct Property and Casualty Insurance Company (CA Certificate of Authority: 6730; Warwick, RI), Farmers Group Property and Casualty Insurance Company (CA COA: 6393; Warwick, RI), or Farmers Lloyds Insurance Company of Texas, all with administrative home offices in Warwick, RI. Company names approved in domiciliary states; approval pending non-domiciliary states. Coverage, rates, discounts, and policy features vary by state and product and are available in most states to those who qualify. 3728888.1v2 © 2023 Farmers Insurance

The carriers represented in this mailer operate independently and are not responsible for each other's financial obligations.

## Discount programs

### Plum Benefits

With Plum Benefits, you can receive exclusive discounts at some of the hottest events in town – from theater and dance to comedy and sporting events. You will have access to preferred seating, receive significant discounts, and find special offers for top shows. You can also elect pet insurance. Sign-up is free and only takes a few moments. Simply log in with your work email at [plumbenefits.com](https://plumbenefits.com).

### Perks at Work

Take advantage of corporate rates and discounts at over 30,000 national and local merchants. With Perks at Work, you, your family members, and your friends can save on purchases such as groceries, diapers, clothing, restaurants, fitness memberships, and pet insurance, as well as major purchases, such as electronics, vacations, spas, and weekend activities. To start saving today, log in at [perksatwork.com](https://perksatwork.com).

## Banking solutions

We maintain banking relationships with leading financial institutions: BB&T, HSBC, Chase, SunTrust (Truist), Merrill Lynch, Provident Funding, PNC Bank, and Rocket Mortgage. So whether you are traveling to the U.S. for the first time or the U.S. is your home, you are sure to find a banking solution that meets your needs. Refer to [cognizantbenefits.com](https://cognizantbenefits.com) for more information.



# Tax treatment and contributions

Your benefit package includes a number of benefits, some paid by you, some paid by Cognizant, some paid by both. The chart below outlines which benefits are paid by whom as well as how payroll deductions are taxed. In general, these tax treatments are determined by federal guidelines. Your state may require that we treat state income differently than federal.

Benefit	Tax treatment	Contribution
<b>Health benefits</b>		
Medical and prescription drug, dental, vision	Pre-tax*	Cognizant and associate
Your Health Concierge Team	N/A	Cognizant
Telemedicine	N/A	Cognizant
Transform Diabetes Care	N/A	Cognizant
Medical tourism	N/A	N/A
Business Travel Accident	N/A	Cognizant
Voluntary health benefits	Post-tax	Associate
<b>Physical wellbeing</b>		
Wellbeing program	Post-Tax	Cognizant
Nicotine Cessation Program	N/A	Cognizant
<b>Mental wellbeing</b>		
Mental health support	N/A	Cognizant
Employee Assistance Program	N/A	Cognizant
Mindfulness	N/A	Cognizant
<b>Savings and spending accounts</b>		
Health Savings Accounts	Pre-tax	Cognizant and associate
Flexible Spending Accounts	Pre-tax	Associate
Transportation and Parking Plan	Pre- and post-tax	Associate

Benefit	Tax treatment	Contribution
<b>Family care benefits</b>		
Pregnancy and parenting support	N/A	Cognizant
Adoption and surrogacy program	N/A**	Cognizant
Fertility support	N/A	Associate*
Back-up care	N/A	Cognizant and associate**
Breast milk shipping program	N/A	Cognizant
College Coach	N/A	Cognizant
<b>Income protection</b>		
Basic Life/AD&D	N/A**	Cognizant
Voluntary Life/AD&D	Post-tax	Associate
Short Term Disability	N/A**	Cognizant
Long Term Disability	N/A**	Cognizant
Individual Disability Insurance (IDI)/ Long Term Disability	Post-tax	Associate
<b>Financial wellbeing</b>		
401(k) retirement savings plan	Pre-tax	Cognizant and associate
Cognizant supplemental retirement plan	Post-tax	Cognizant and associate
Student loan counseling	N/A	Associate*
529 college savings plan support	N/A	Associate*
ID theft protection	Post-tax	Associate
Loan program	N/A	Associate*
Legal Plan	Post-tax	Associate
Group auto and home	Post-tax	Associate
Discount programs	N/A	Associate*

\*These benefits are not payroll deducted at all; rather, they are paid for out of your pocket if you choose to utilize them.

\*\*These benefits are either taxable or subject to Imputed Income.

# Glossary of terms

**Balance bill** – The charge over usual, customary and reasonable (UCR), or allowable charge for an out-of-network medical or dental service. For example, let's say you visit an out-of-network dentist and that dentist charges \$300 for a preventive visit, but the UCR in that area for a preventive visit is \$100. Even though preventive visits are covered 100%, you would still owe \$200 for that service. The \$200 is considered a balance bill. If this were a medical visit, the \$200 would not count toward your deductible or out-of-pocket maximums.

**Beneficiary** – The person or entity designated to receive a benefit as a result of the death of the participant. Beneficiaries are classified as primary and secondary. The primary beneficiary will receive the benefit first in the event of death. A secondary beneficiary is important in cases where the primary beneficiary is not living at the time the benefit is payable.

**Coinsurance** – The carrier and the covered individual(s) share the cost of covered expenses under the plan. For example, 90% coinsurance means you may be required to pay for 10% of your covered expenses while the carrier pays 90%.

**Copay** – The amount that must be paid at the time of medical service. This will typically apply to doctor's office visits, ER visits, and prescription drugs. Copays do not apply to the deductible but do apply to the out-of-pocket maximum.

**Deductible** – The dollar amount that each covered person must pay out-of-pocket before the carrier starts to pay coinsurance. In general, services covered by a copay are not subject to a deductible.

**Covered services** – Expenses (such as office visits, hospitalization, or dental treatments) that are eligible for reimbursement under the plan. Some services, such as cosmetic surgery, are NOT covered under the plan.

**Effective date** – The date on which your benefits begin.

**Explanation of benefits (EOB)** – A detailed written form produced by the insurance company which explains the provider charges and the amount due from you.

**Inpatient services** – Health care services received while the patient is confined to a hospital.

**In-area** – Most associates live "in-area," where there is a sufficient number of in-network providers to support associates. The benefits outlined in the guide reflect in-area benefits.

**In-network provider** – A health care provider who is a member of the carrier's network.

**Out-of-network provider** – A health care provider who is not a member of the carrier's network.

**Outpatient services** – Health care services received when the patient is not confined to a hospital.

**Out-of-pocket maximum** – Maximum amount a covered person must pay for eligible covered expenses in a calendar year. Eligible expenses include copays, deductibles, and coinsurance amounts paid by the covered person. Any amounts payable over UCR do not count toward the out-of-pocket limit. When a covered person reaches his/her out-of-pocket limit, the insurance company will pay 100% of covered expenses for that person for the remainder of the calendar year.

**Pre-authorization** – Approval for non-emergency health care services which is obtained prior to receiving the services.

**Split family** – In some instances, members of the same family may live in different areas of the country. If family members live in different types of areas (i.e., "in-area" and out of area), then the members will be treated accordingly from a benefits perspective, but family members' expenses that are split across areas will not accumulate toward the family deductible or out-of-pocket maximum.

**Urgent care** – There is a difference between emergency and urgent care. An urgent situation, such as high fever, requires prompt medical attention to avoid complications and unnecessary suffering. In an emergency, immediate medical attention is required to prevent death or disability due to a sudden trauma or illness, such as a stroke, heart attack, or broken bone.

**Usual, customary, and reasonable (UCR)** – This definition varies by line of coverage. For medical, UCR is defined as amounts based on Medicare reimbursement levels. For dental, this is based on what 90% of the dentists in that area charge for a particular service.

## PRESCRIPTION DRUGS

**Generic** – A generic drug is a drug that is produced and distributed without patent protection. Generic drugs are chemically the same as their brand name equivalent drugs in dosage, strength, quality, and intended use. They are typically sold at substantial discounts compared with the brand name drug. Generic drugs are rated by the Food and Drug Administration (FDA) to be as safe and as effective as brand name drugs.

**Preferred brand name drug** – A preferred brand name drug is protected by a patent, manufactured by only one company, and listed in the preferred drug list. Preferred brand medications will usually cost more than generics but may cost less than a non-preferred brand name medication.

**Non-preferred brand name drug** – A non-preferred brand name drug is not on the preferred list but does have an alternative listed in the drug formulary. Non-preferred brand medications generally have generic alternatives and/or one or more preferred brand name drug options within the same drug class. You will usually pay more for non-preferred brand name medications.

**Specialty medications** – The definition of specialty drugs continues to evolve. A specialty drug possesses any number of these common attributes:

- Is prescribed for a person with a complex or chronic medical condition, defined as a physical, behavioral, or developmental condition that may have no known cure, is progressive, and/or is debilitating or fatal if left untreated or under-treated.
- Treats rare or orphan disease indications.
- Requires additional patient education, adherence, and support beyond traditional dispensing activities.
- Is an oral, injectable, inhalable, or infusible drug product.
- Has a high monthly cost.
- Has unique storage or shipment requirements, such as refrigeration.
- Is not stocked at a majority of retail pharmacies.

# Benefit plan Contacts

## HEALTH BENEFITS

**Medical plans – Aetna**  
Policy# 820361  
**(866) 204-5485**  
Behavioral health:  
**(800) 424-4047**  
[aetna.com](https://aetna.com)

**Medical plans – Cigna**  
Policy# 3336239  
**(855) 887-0028**  
[mycigna.com](https://mycigna.com)

**Medical plans – UnitedHealthcare**  
Policy# 708963  
**(800) 638-1014**  
[myuhc.com/member](https://myuhc.com/member)

**Prescription drug plan – CVS Caremark**  
**(888) 996-0107**  
[caremark.com](https://caremark.com)

**Your personal care team – Included Health**  
**(844) 252-3056**  
[includedhealth.com/cognizant](https://includedhealth.com/cognizant)

**Telemedicine – SwiftMD**  
Code: CTSSwiftmd  
**(877) 999-7943**  
[swiftmd.com](https://swiftmd.com)

**Transform Diabetes Care - CVS**  
**(800) 348-5238**  
Download the “Health Optimizer by CVS” mobile app to get started

**Medical Tourism - Health Flights Solutions**  
**(800) 497-6898**  
[cognizant@healthcentersplus.com](mailto:cognizant@healthcentersplus.com)  
[cognizant.healthcentersplus.com](https://cognizant.healthcentersplus.com)

**Accordant Care Rare – CVS**  
**(844) 970-3074**  
[accordant.com](https://accordant.com)

**Business travel accident and health insurance – AIGTravel Guard**  
Policy # 9159495  
Toll-free/free phone (within the U.S.): **(800) 533-0699**  
Collect/reverse charge (outside the U.S.): **+1-817-826-7051**  
[aigtravelassistance@aig.com](mailto:aigtravelassistance@aig.com)  
[aig.com/us/travelguardassistance](https://aig.com/us/travelguardassistance)  
Download ID card on the [Global Business Travel Accident Insurance Be.Cognizant Page](https://www.globalbusinesstravel.com)

**Dental plan – MetLife**  
Policy# 96620  
**(833) 658-2633**  
[mybenefits.metlife.com](https://mybenefits.metlife.com)

**Vision plan – Aetna Vision Preferred**  
Policy# 1013265101  
**(877) 973-3238**  
[aetnavision.com/aetna/en](https://aetnavision.com/aetna/en)

**Group hospital, accident & critical illness insurance plans – Cigna**  
Pre-enrollment: **(800) 351-9214**  
8am–8pm EST  
[cignasupplementalhealthplans.com](https://cignasupplementalhealthplans.com)  
Members:  
[supphhealthclaims.com](https://supphhealthclaims.com)  
**(800) 754-3207**  
8am–8pm EST

## PHYSICAL WELLBEING

**Wellbeing programs – HealthCheck360**  
**(866) 511-0360**  
[myhealthcheck360.com](https://myhealthcheck360.com)  
Unique ID: Your associate ID (Collaborative associates, use last 4 digits of ID)  
Company code: CTS25  
[cognizantwellbeing@healthcheck360.com](mailto:cognizantwellbeing@healthcheck360.com)

## MENTAL WELLBEING

**Mental health support – Headspace Care**  
**(855) 446-4374**  
[organizations.headspace.com/members](https://organizations.headspace.com/members)  
Download the “Headspace Care” mobile app to get started.

**Mindfulness – Headspace**  
[teamsupport@headspace.com](mailto:teamsupport@headspace.com)  
[work.headspace.com/cognizant/member-enroll](https://work.headspace.com/cognizant/member-enroll)

**Employee Assistance Program – Resources for living**  
Username: Cognizant  
Passcode: EAP  
**(888) 238-6232**  
[resourcesforliving.com](https://resourcesforliving.com)

## INCOME PROTECTION

**Basic and voluntary life and AD&D insurance – The Hartford**  
For portability and conversion services: **(877) 320-0484**

**Leave of absence and short term disability administration – MetLife**  
**(833) 558-0071**  
[metlife.com/mybenefits](https://metlife.com/mybenefits)

**Long term disability – MetLife**  
Policy# 96620  
**(866) 270-4994**  
[metlife.com/mybenefits](https://metlife.com/mybenefits)

**Individual disability insurance (ID)/long term disability – UNUM, through HFCB**  
**(800) 258-8429**  
[customerservice@hfcb.com](mailto:customerservice@hfcb.com)  
[cognizantsupplementaldisability.com](https://cognizantsupplementaldisability.com)

## SAVINGS AND SPENDING ACCOUNTS

**Health Savings Accounts and Flexible Spending Accounts – MetLife**  
**(833) 675-2830**  
[healthsavingsandspending.metlife.com](https://healthsavingsandspending.metlife.com)  
MetLife HS&SA App  
[metlife.com/info/cognizant](https://metlife.com/info/cognizant)

## FAMILY CARE BENEFITS

**Pregnancy, adoption, surrogacy, and parenting support – Cleo**  
In-app support, access “Cleo”  
[support@hicleo.com](mailto:support@hicleo.com)  
[hicleo.com/for-families/](https://hicleo.com/for-families/)

**Fertility support – WINFertility**  
**(844) 439-3097**  
[managed.winfertility.com/cog/](https://managed.winfertility.com/cog/)

**Breast milk shipping - Milk Stork**  
**(510) 356-0221**  
[milkstork.com](https://milkstork.com)  
[info@milkstork.com](mailto:info@milkstork.com)

**Back-up care – Bright Horizons**  
**(877) 242-2737**  
[clients.brighthorizons.com/cognizant](https://clients.brighthorizons.com/cognizant)  
Click “Join Today” to register.  
Back-up care scheduling:  
[backup.brighthorizons.com](https://backup.brighthorizons.com)  
Or access “Back-Up Care” in your device’s app store.

**College Coach – Bright Horizons**  
**(888) 527-3550**  
[passport.getintocollege.com](https://passport.getintocollege.com)  
To register:  
Employer username: Cognizant  
Employer password: backup  
[ccsupport@getintocollege.com](mailto:ccsupport@getintocollege.com)

## FINANCIAL WELLBEING

**Student loan counseling – Tuition.io**  
**(855) 353-9395**  
[cognizant.tuition.io/register](https://cognizant.tuition.io/register)  
[support@tuition.io](mailto:support@tuition.io)

**529 college savings plan support – Gradvisor**  
**(866) 461-4770**  
[cognizant.gradvisor.com/support@gradvisor.com](https://cognizant.gradvisor.com/support@gradvisor.com)

**ID theft protection – LifeLock**  
**(800) 607-9174** (Monday through Friday, from 9am to 7pm EST)  
Urgent after hours support:  
**(800) 543-3562**  
Member portal: [my.norton.com](https://my.norton.com)  
Plan information:  
[lifelockbusinesssolutions.com/employeebenefits/benefitpremier](https://lifelockbusinesssolutions.com/employeebenefits/benefitpremier)

**Loan program – Kashable**  
**(646) 663-4353**  
[kashable.com](https://kashable.com)

**Legal Plan – MetLife**  
Policy# 6090652  
**(800) 821-6400**  
[info.legalplans.com/decision](https://info.legalplans.com/decision)  
Access code: 6090652

**Group auto, home, and renters insurance – Liberty Mutual**  
Client ID: 114498  
**(800) 981-2372**  
[libertymutual.com/cognizant](https://libertymutual.com/cognizant)

**Group auto, home, and renters insurance – Farmers GroupSelect<sup>SM</sup>**  
**(800) 438-6381**  
[myautohome.farmers.com](https://myautohome.farmers.com)

**Discount programs - Perks at Work**  
[perksatwork.com](https://perksatwork.com)  
[support@nextjump.com](mailto:support@nextjump.com)

**Discount programs – Plum Benefits**  
**(212) 660-1888**  
[plumbenefits.com](https://plumbenefits.com)  
[contact@plumbenefits.com](mailto:contact@plumbenefits.com)  
Company code: ac0123591

# Questions

## INCLUDED HEALTH

Phone: (844) 252-3056

[includedhealth.com/cognizant](https://includedhealth.com/cognizant)

Available to associates covered under a Cognizant medical plan for comprehensive navigation of Cognizant benefits, provider searches, expert medical opinions, and more.

## THE BENEFIT DESK

Phone: (877) 561-0984

Fax: (515) 453-2896

Monday – Friday, 8am to 8pm ET

[cognizantbenefits.com](https://cognizantbenefits.com)

[TheBenefitDesk@businessolver.com](mailto:TheBenefitDesk@businessolver.com)

Available to all associates for questions on enrollment, login issues, qualifying life events and more.

## MYCHOICE MOBILE APP

Live chat feature on the MyChoice Mobile app, available for both Apple and Android devices or on [cognizantbenefits.com](https://cognizantbenefits.com)

## LEAVE AND DISABILITY INQUIRIES

MetLife

(833) 558-0071

## 401(k) INQUIRIES

Empower Retirement

[empowermyretirement.com](https://empowermyretirement.com)

(833) 352-2874 (CTSH)

Monday – Friday, 8am to 10pm ET

Saturday, 9am to 5:30pm ET

## CSRP HELP DESK

(877) 745-6308, extension 1

Monday – Friday, 11am to 8pm EST

[CSRP@HannaAgency.com](mailto:CSRP@HannaAgency.com)

## COBRA BENEFITS – BUSINESSOLVER

(877) 561-0984

Monday – Friday, 8am to 8pm EST

[cognizantbenefits.com](https://cognizantbenefits.com)

## MOBILE WALLET CARD

(Carrier contact information)

[mymobilewalletcard.com/cognizant](https://mymobilewalletcard.com/cognizant)

## MEDICARE INQUIRIES - HTA

(610) 430-6650

[Medicare@HTAfinancial.com](mailto:Medicare@HTAfinancial.com)

## Resources

**Be.Cognizant site:** For all the latest U.S. benefits news, announcements, and events, be sure to bookmark the [USA Country Page](#) and check back often.

**MyRewards site:** Get a personalized view of your Total Rewards programs and their value at [MyRewards](#) – your one-stop spot to view everything Cognizant offers to you.

**Be Well page:** Find all the support and resources Cognizant provides across four key dimensions – physical, mental, and financial wellbeing, as well as how you navigate life and work – so you can be at your best. Explore the [Be Well](#) page as you embark on your wellbeing journey.



