

Infosys®

BENEFIT
ENROLLMENT
GUIDE



2021

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Benefits Put The Focus On Your Financial Security

Your benefits are the foundation of your financial security, protecting you from the high cost of getting sick or injured, protecting your income if you become disabled, and much more. Take the time to focus on what you need to make sure you are getting everything our benefits plan has to offer.

Open Enrollment is the time of year for you to review your benefits to make sure they meet your needs for today and tomorrow.

- Make sure you're not paying too much for medical coverage
- Discover ways to protect your financial exposure to serious and costly illnesses and injuries
- Protect your income and lifestyle if you become disabled and unable to work
- Learn about benefits that can help you protect your identity or gain access to affordable legal services
- Be your healthy best with the Healthy & Well program designed to help you and your family manage your health and well-being across three key dimensions of health: Physical, Emotional, and Financial

Action Required!

Infosys has made a few changes to the benefit plan options that impact employee cost and benefits. It is the employee's responsibility to actively elect or waive coverage on the benefits administration system each year. You should review your current elections and select the options that are right for you for the upcoming year. You must enroll in the Flexible Spending Account annually to continue participation. Employees are automatically enrolled in employer-paid benefits.

- *If benefits are not actively elected or declined, the employee will be enrolled in the default medical plan offered by the Company, and the employee's portion of the premium will be deducted from payroll.*
- *If you do not want to make changes to your existing benefit elections, no action is required. Your current elections will roll over into the new plan year.*

Eligibility And Enrollment

Who is Eligible?

You are eligible to enroll in the benefit plans described in this document if you are a regular, full-time employee working 30 hours or more per week, unless otherwise indicated.

Dependents

You may choose to cover your eligible family members under some plans. Eligible family members include:

- Legal spouse, civil union, or registered domestic partner
- Dependent children up to the end of the month they turn age 26 (unmarried for life benefits). Children include:
 - Your biological children
 - Your stepchildren
 - Your legally adopted children
 - Any children for whom you are responsible under court order
 - Your foster children
 - Your grandchildren in your court-ordered custody
 - Disabled children may be covered regardless of age. Coverage requires submittal of a disabled child form and approval by Aetna.

For the purposes of benefit programs offered through Allstate Benefits, dependents are defined as follows:

Group Hospital Indemnity Insurance

- Legal spouse or registered domestic partner
- Child issue age is newborn (live birth) or date of adoption to the end of the month in which the child turns age 26
- Disabled children over the age of 26
- Employee's unmarried eligible children, stepchildren, court-ordered children, grandchildren, children of a domestic partner or civil union, and legally adopted children

Group Accident and Critical Illness Insurance

- Legal spouse or registered domestic partner
- Child issue age is newborn (live birth) or date of adoption to the end of the month in which the child turns age 26, regardless of student or marital status
- Disabled children over the age of 26

- Available to employee's eligible children, stepchildren, court-ordered children, grandchildren, children of a domestic partner or civil union, and legally adopted children

Please Note: If both an employee and spouse work for Infosys, the employee with the higher Personal Level will need to add the family as dependents to the plan. To avoid dual coverage and payouts, the dependent (with a lower PL) must specifically log in to the bswift portal to decline/waive their individual coverage within the Open Enrollment window/initial enrollment period during the first 31 days of employment. If not actively declined, the employee will be enrolled in the default plan offered by the company and the employee's portion of the premium will be deducted from payroll.

Making Election Changes During the Year

Your benefit elections remain in effect until the beginning of the next plan year. You will not be able to make any plan changes unless you experience a Qualifying Life Event (QLE).

Qualifying Life Events

When you have a QLE, you have 31 days from the date of the event (60 days for a birth) to update your benefits or your dependent benefit elections. A QLE, as defined by IRS regulations, allows you to make a change to your benefit coverage if you experience any of the following:

- Marriage or divorce
- Death of a dependent
- Birth or adoption of a dependent
- Change in employment status
- Loss of or significant change to your current coverage
- The employee's spouse's or dependent's Medicaid or SCHIP coverage is terminated as a result of loss of eligibility and the employee requests coverage under the plan within 60 days after the termination; or the employee, spouse, or dependent becomes eligible for a premium assistance subsidy under Medicaid or SCHIP and the employee requests coverage under the plan within 60 days after eligibility is determined

Important

If you have a QLE during the year, you must contact the Infosys Benefits Helpdesk at **1-866-758-1903** within 31 days of the event (60 days for a birth).

If you miss the deadline, you will not be able to make a change until the next Open Enrollment period.

If you are not affected by any of the changes above, you will not be able to change your elections until the next Open Enrollment period.

Medical Benefits

A Choice in Medical Plans

Infosys offers three medical plan options for you to choose from through Aetna.



All three medical plans are available through two networks: Aetna APCN+ and Aetna POS II. These plans mirror each other. The only difference is in the provider network and the cost per paycheck.

If you choose to enroll in any of these plans, you may also enroll your eligible dependents.

The Difference In Networks

Employees in certain geographic locations have access to the Aetna Premier Care Network Plus (APCN+) on all three medical plans. Quality care is easy to find. APCN+ has doctors and facilities that are chosen specifically for this plan based on a series of quality, efficiency, and access standards. So it's easy to find quality care near your home or work. You can find specialists and hospitals that have proven track records. That means:

- Lower readmission rates
- Fewer complications
- Lower costs

Plus, big savings when you stay in network!

There are a few geographic locations where APCN+ coverage is not available. In that case, you will only be offered the POS II plans. The POS II plans mirror the APCN+ plans exactly, but offer a broader network. They also cost more on a per-pay-period basis due to their larger network.

It is recommended that if your doctor participates in the APCN+ network, you consider staying enrolled in an APCN+ network plan if desired.

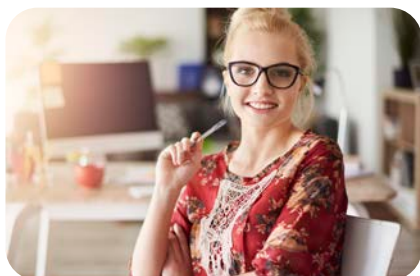
If you reside in one of the following areas, please note the APCN+ option will no longer be available:

- Cleveland, OH
- Toledo, OH
- Cincinnati, OH
- El Paso, TX
- Boise, ID
- Lehigh Valley, PA

To find a list of doctors who participate in either network, visit www.aetnadocfind.com/Infosys. Once on the site, enter your zip code to access the local network available to you. When the provider search opens, re-enter your zip code and the name or type of provider you are searching for to see participating providers near you. You can also call Aetna's Concierge Service at **1-888-219-9153** for help locating providers.

Other Important Information

- All three plans provide both in- and out-of-network benefits. However, you will receive the highest level of benefits and pay the least out-of-pocket when you use in-network providers.
- All deductibles and out-of-pocket amounts accumulate on a plan year basis (April 1 – March 31). Please refer to your SPD for a complete list of benefits and any applicable limitations on the plan.
- If you enroll in the Standard Plan on either network, you will have the option to set up a Health Savings Account (HSA).
- Under the Standard Plan, if coverage is elected for one or more dependents, the entire family deductible (\$3,000 in-network) must be met in full before any one member will receive coinsurance or prescription drug copayments under the plan. If coverage is elected for one or more dependents, the out-of-pocket maximum can be met with a combination of family members or any single individual within the family. Once met, the plan will pay 100% of the family's covered expenses for the rest of the plan year.



Aetna's Concierge Service

Aetna's Concierge Service is like having a personal health care assistant. If you need help understanding your health plan, contact the Concierge team. A Health Concierge can help you with things like finding in-network providers, scheduling appointments, using Aetna's online tools, and estimating costs. Aetna's Concierge Service is available Monday – Friday, 8 a.m. – 6 p.m. CST at **1-888-219-9153** or online at www.aetna.com.



Medical Plan Comparison

PLAN FEATURES	STANDARD PLAN*		PLUS PLAN*		BASIC PLAN*	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Year Deductible	\$1,500 Individual \$3,000 Family	\$3,500 Individual \$7,000 Family	\$900 Individual \$2,700 Family	\$3,500 Individual \$10,500 Family	\$3,000 Individual \$6,000 Family	\$10,500 Individual \$21,000 Family
Medical Out-of-Pocket Maximum Includes deductibles and/or copays	\$2,500 Individual \$5,000 Family	\$5,500 Individual \$11,000 Family	\$2,000 Individual \$6,000 Family	\$4,500 Individual \$13,500 Family	\$7,350 Individual \$14,700 Family	\$14,700 Individual \$29,400 Family
Rx Out-of-Pocket Maximum Includes deductibles and/or copays	Included in the Medical Out-of-Pocket Max	Not covered	\$4,850 Individual \$7,950 Family	Not covered	Included in the Medical Out-of-Pocket Max	Not covered
Member Coinsurance	20% after ded.	50% after ded.	20% after ded.	50% after ded.	30% after ded.	50% after ded.
Preventive Care	Covered at 100%	50% after ded.	Covered at 100%	50% after ded.	Covered at 100%	50% after ded.
Primary Care Physician	20% after ded.	50% after ded.	\$25 copay	50% after ded.	\$40 copay	50% after ded.
Specialist	20% after ded.	50% after ded.	\$55 copay	50% after ded.	\$70 copay	50% after ded.
Teladoc**	20% after ded.		\$25 copay		\$40 copay	
Minute Clinic/ Walk-in Clinic	20% after ded.		\$15 copay		\$15 copay	
Lab and X-ray Services	20% after ded.	50% after ded.	20% after ded.	50% after ded.	30% after ded.	50% after ded.
Urgent Care	20% after ded.	50% after ded.	\$50 copay; no ded.	50% after ded.	\$70 copay; no ded.	50% after ded.
Emergency Room - Emergency Care	20% after ded.		\$150 copay, then 20%, no ded.		\$200 copay, then 30%, no ded.	
Emergency Room - Non-Emergency Care	50% after ded.		50% after ded.		50% after ded.	
Hospital Services	20% after ded.	50% after ded.	20% after ded.	50% after ded.	30% after ded.	50% after ded.
PRESCRIPTION DRUGS						
Retail (Up to 30-day supply)	After ded. is met, then:	Not covered		Not covered		Not covered
Generic	\$10 copay		\$10 copay		\$10 copay	
Preferred Brand	\$40 copay		\$40 copay		\$40 copay	
Non-Preferred Brand	\$75 copay		\$75 copay		\$75 copay	
Mail Order (31- to 90-day supply)	After ded. is met, then:	Not covered		Not covered		Not covered
Generic	\$25 copay		\$25 copay		\$25 copay	
Preferred Brand	\$100 copay		\$100 copay		\$100 copay	
Non-Preferred Brand	\$187.50 copay		\$187.50 copay		\$187.50 copay	

*All three medical plan options are available through two networks: Aetna APCN+ and Aetna POS II. These plans mirror each other. The only difference is in the provider network and the cost per paycheck.

**Cost share for dermatology and behavioral health service differs from general medicine which is shown.

Medical/Rx Bi-Weekly Contributions

APCN+ Network

STANDARD PLAN APCN+

	PL2	PL3	PL4	PL5	PL6	PL7	Title Holders
Employee	\$18.62	\$57.53	\$61.29	\$61.29	\$91.04	\$154.06	\$162.39
Employee + Spouse	\$32.58	\$100.68	\$107.26	\$107.26	\$159.32	\$269.61	\$357.27
Employee + Child(ren)	\$27.93	\$86.29	\$91.94	\$91.94	\$136.56	\$231.10	\$292.31
Employee + Family	\$42.82	\$132.32	\$140.97	\$140.97	\$209.40	\$354.35	\$487.18

PLUS PLAN APCN+

	PL2	PL3	PL4	PL5	PL6	PL7	Title Holders
Employee	\$51.54	\$159.26	\$169.67	\$169.67	\$238.77	\$238.77	\$238.77
Employee + Spouse	\$90.20	\$278.71	\$296.93	\$296.93	\$441.07	\$525.30	\$525.30
Employee + Child(ren)	\$77.31	\$238.89	\$254.51	\$254.51	\$378.06	\$429.79	\$429.79
Employee + Family	\$118.55	\$366.31	\$390.25	\$390.25	\$579.69	\$716.32	\$716.32

BASIC PLAN APCN+

	PL2	PL3	PL4	PL5	PL6	PL7	Title Holders
Employee	\$12.09	\$36.26	\$38.68	\$38.68	\$57.41	\$96.69	\$116.64
Employee + Spouse	\$21.15	\$63.45	\$67.68	\$67.68	\$100.46	\$169.20	\$256.61
Employee + Child(ren)	\$18.13	\$54.39	\$58.01	\$58.01	\$86.11	\$145.03	\$209.95
Employee + Family	\$27.80	\$83.39	\$88.95	\$88.95	\$132.04	\$222.38	\$349.92

POS II Network

STANDARD PLAN POS II

	PL2	PL3	PL4	PL5	PL6	PL7	Title Holders
Employee	\$22.90	\$70.77	\$75.40	\$75.40	\$112.00	\$175.22	\$175.22
Employee + Spouse	\$40.08	\$123.86	\$131.95	\$131.95	\$196.00	\$331.68	\$385.49
Employee + Child(ren)	\$34.36	\$106.16	\$113.10	\$113.10	\$168.00	\$284.30	\$315.40
Employee + Family	\$52.68	\$162.78	\$173.42	\$173.42	\$257.61	\$435.93	\$525.67

PLUS PLAN POS II

	PL2	PL3	PL4	PL5	PL6	PL7	Title Holders
Employee	\$60.84	\$188.01	\$200.30	\$200.30	\$257.63	\$257.63	\$257.63
Employee + Spouse	\$106.48	\$329.01	\$350.52	\$350.52	\$520.67	\$566.80	\$566.80
Employee + Child(ren)	\$91.27	\$282.01	\$300.45	\$300.45	\$446.29	\$463.74	\$463.74
Employee + Family	\$139.94	\$432.42	\$460.69	\$460.69	\$684.31	\$772.90	\$772.90

BASIC PLAN POS II

	PL2	PL3	PL4	PL5	PL6	PL7	Title Holders
Employee	\$13.03	\$40.26	\$42.89	\$42.89	\$63.71	\$107.81	\$125.86
Employee + Spouse	\$22.80	\$70.45	\$75.06	\$75.06	\$111.49	\$188.67	\$276.88
Employee + Child(ren)	\$19.54	\$60.39	\$64.34	\$64.34	\$95.57	\$161.72	\$226.54
Employee + Family	\$29.67	\$92.59	\$98.65	\$98.65	\$146.53	\$247.97	\$377.57

NOTE: In case of a personal level change in the middle of the plan year, the premium change for the enrolled benefits will take effect on the first of the month following the personal level change.

Prescription Drug Benefits

Prescription drug benefits are included with your medical plan and include in-network coverage only. To access the Aetna Advance Control Formulary list, visit www.aetna.com/individuals-families/find-a-medication.html. You can also visit www.aetna.com and choose “Manage Prescriptions” and then “Estimate Costs” to compare drug prices and see covered alternatives that can save you money.

PrudentRx Copay Program (Basic and Plus Medical Plans only)

PrudentRx allows you to get any of your covered specialty medications that are on your Plan’s Exclusive Specialty Drug List for \$0 out-of-pocket when you fill at CVS Specialty. PrudentRx will work with you and the drug manufacturers to get copay card assistance and will manage enrollment and renewals for those copay cards on your behalf. Even if there is no copay card program for your medication, your out-of-pocket cost will be \$0 for your covered specialty medications under the PrudentRx Program. Participation in PrudentRx is voluntary, and you will be contacted by mail and by phone to assist you with enrollment in the program. However, if the specialty medication you are taking has a copay card program, you must call PrudentRx at **1-800-578-4403**, and they will help you enroll in the manufacturer copay assistance program for that medication. If choose to opt-out of the program, or if you do not affirmatively enroll in any copay assistance program as required by a manufacturer, you will be responsible for the full out-of-pocket cost.

Ways to save money on prescription drugs



Maintenance Choice Program — If you take a maintenance medication (a drug used to treat a long-term condition like arthritis, asthma, diabetes, or high cholesterol), the Maintenance Choice Program offers you choice and savings. You can choose to receive up to a 90-day supply of medication either through the CVS Caremark Mail Service Pharmacy (formerly Aetna Rx Home Delivery mail-order pharmacy) or through a CVS retail or mail order pharmacy. If you would like to continue filling a 30-day supply, you will need to call Aetna at **1-888-792-3862** to receive a 30-day supply at your regular retail copay.



Step Therapy — Some drugs require step therapy, which means you must first try a less expensive drug on the plan’s drug list that has been proven effective for most people with your condition before you can move up a “step” to a more expensive drug. To find a list of drugs requiring step therapy, visit www.aetna.com/individuals-families/find-a-medication.html.



Rx Exclusion List (Non-Covered Drugs) — The drug exclusion list is composed of a group of medications no longer covered because other safe, effective, less costly alternatives are available. Your provider can request a prior authorization of these products for medical necessity.



Prior Authorization (Precertification) — Prior Authorization is a cost-savings feature designed to prevent improper prescribing of certain expensive drugs that may not be the best choice for your health condition. It requires your physician to obtain approval from the insurance company prior to prescribing certain medications.



Mandatory Generic — If a generic drug is available and you choose the brand name version instead, you’ll pay the difference in cost between the brand and the generic, plus the applicable brand copay. This could result in a significant increase in your out-of-pocket expenses. If you still wish to fill the brand name drug, your doctor will need to write “DAW” on your prescription. This stands for “Dispense as Written.” In this case, the pharmacist will only fill the prescription with the brand name drug. If you cannot tolerate the generic or have had an adverse reaction, talk to your doctor about requesting an exception.



Specialty Performance Network — For those who take specialty medications (drugs to treat complex conditions like cancer or rheumatoid arthritis), this program provides expanded choice and greater access to medications and services. You’ll have a choice in where to fill your prescriptions and how to receive them — either at a CVS retail pharmacy or via home delivery. You’ll also have 24/7 access to specialty care teams who can help you manage symptoms, send reminders for lab testing, monitor your medications for safety, and more.

Teladoc

When you enroll in an Infosys medical plan, you will also have access to Teladoc through Aetna. Teladoc gives you 24/7/365 access to board-certified physicians via web, phone, or mobile app. It is a convenient way to receive care for minor conditions such as cold, flu, sinus infections, allergies, pink eye, and more. Infosys now covers behavioral health and dermatology visits through Teladoc. When necessary, the doctor may also prescribe medicine to the pharmacy of your choice. Teladoc services are covered under all Infosys medical plans at the same copay or coinsurance as a primary care physician visit. To access Teladoc, visit teladoc.com/aetna or call **1-855-TELADOC (835-2362)**. Set up your account today by web, phone, or mobile app. It is recommended that you register for your Teladoc account in advance so when you become sick, or are in need of services, you receive the smoothest and quickest visit.

Critical Illness Insurance

Even the most comprehensive medical plans do not cover all the expenses of a serious medical condition like a heart attack or cancer. Voluntary Group Critical Illness Insurance pays a lump sum benefit directly to you if you are diagnosed with a covered illness. The benefit is paid in addition to any other insurance coverage you may have and can be used any way you choose to offset out-of-pocket expenses. You choose the benefit amount when you enroll – either \$15,000 or \$30,000.





Covered Illnesses Include:

- Heart Attack
- Major Organ Transplant
- End Stage Renal (Kidney) Failure
- Stroke
- Cancer
- And more

In the US, approximately 39 out of 100 men and 38 out of 100 women will develop cancer in their lifetime.

American Cancer Society, 2019 Facts and Figures

Plan Features

-  **Guaranteed Issue***: There are no health questions or physical exams required.
-  **Family Coverage**: Coverage options are available for your spouse and children.
-  **Fixed Wellness Rider**: The coverage pays \$50 per covered person per calendar year if a covered health screening test is performed, such as a biopsy for skin cancer, lipid panel, mammogram, chest X-ray, and more.
-  **Portable Coverage**: You can take your policy with you if you change jobs or retire.

Group Voluntary Critical Illness Bi-Weekly Contributions

NON-TOBACCO RATES					TOBACCO RATES				
Age	Plan 1 - \$15,000		Plan 2 - \$30,000		Age	Plan 1 - \$15,000		Plan 2 - \$30,000	
	Employee / Employee + Child(ren)	Employee + Spouse / Family	Employee / Employee + Child(ren)	Employee + Spouse / Family		Employee / Employee + Child(ren)	Employee + Spouse / Family	Employee / Employee + Child(ren)	Employee + Spouse / Family
18-24	\$1.74	\$2.92	\$2.86	\$4.60	18-24	\$1.96	\$3.24	\$3.32	\$5.28
25-29	\$2.22	\$3.64	\$3.80	\$6.02	25-29	\$2.46	\$4.02	\$4.30	\$6.76
30-34	\$3.00	\$4.84	\$5.36	\$8.36	30-34	\$3.72	\$5.90	\$6.78	\$10.50
35-39	\$4.06	\$6.42	\$7.90	\$12.22	35-39	\$5.28	\$8.26	\$10.58	\$16.22
40-44	\$5.64	\$8.82	\$10.50	\$16.12	40-44	\$7.54	\$11.70	\$14.34	\$21.90
45-49	\$7.84	\$12.18	\$14.82	\$22.66	45-49	\$11.32	\$17.38	\$21.78	\$33.10
50-54	\$10.78	\$16.64	\$20.60	\$31.38	50-54	\$16.44	\$25.14	\$31.92	\$48.36
55-59	\$14.26	\$21.92	\$27.44	\$41.70	55-59	\$22.36	\$34.08	\$43.64	\$66.02
60-64	\$21.44	\$32.82	\$41.56	\$63.00	60-64	\$34.08	\$51.78	\$66.84	\$100.92
65-69	\$30.76	\$46.94	\$59.90	\$90.66	65-69	\$49.44	\$74.96	\$97.26	\$146.70
70-74	\$42.04	\$64.02	\$82.12	\$124.16	70-74	\$67.04	\$101.54	\$132.14	\$199.18
75-79	\$53.72	\$81.62	\$105.30	\$159.00	75-79	\$82.60	\$124.96	\$163.10	\$245.68
80+	\$76.64	\$116.06	\$151.08	\$227.72	80+	\$111.60	\$168.50	\$221.00	\$332.60

*Although Guaranteed Issue, all Exclusions and Limitations still apply to the coverage

The policy or its provisions, as well as covered illnesses, may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable.

This is incomplete without ABJ36146X-Insert-Infosys





Accident Insurance

Accidents happen. You can't always prevent them, but you can reduce your exposure to the financial impact. Group Voluntary Accident Insurance pays cash benefits directly to you if you are injured in a covered accident. Benefits are paid even if you have other insurance coverage and can be used to offset out-of-pocket expenses.

The benefit amount is calculated based on the type of injury, its severity, and the medical services required in treatment and recovery. The plan covers a wide variety of accident-related expenses, including:

- Injury Treatment (fractures, dislocations, burns, lacerations, concussions, and more)
- Hospital Confinement
- Physical Therapy
- Emergency Room Services Rider
- Accident Treatment & Urgent Care Rider

Plan Features

-  **Guaranteed Issue***: There are no health questions or physical exams required.
-  **Family Coverage**: Coverage options are available for your spouse and children.
-  **24/7 Coverage**: Benefits are paid for accidents that happen on and off the job.
-  **Portable Coverage**: You can take your policy with you if you change jobs or retire.

Group Voluntary Accident Bi-Weekly Contributions

EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
\$4.12	\$7.26	\$8.26	\$11.20

Hospital Indemnity Insurance




If you are admitted into a hospital, it doesn't take long for the out-of-pocket costs to pile up. Group Voluntary Hospital Indemnity Insurance pays benefits directly to you if you are admitted into a hospital for care due to a covered accident, sickness, or pregnancy. Benefits are paid even if you have other insurance coverage.

You will receive a benefit when you are first admitted and then an additional benefit for each day you are confined to the hospital. Additional benefits will be paid if you are confined to an intensive care unit.

There are two plan options to choose from — either a \$1,500 or \$3,000 hospital admission benefit.

Benefits can be used however you choose — to offset out-of-pocket expenses like deductibles and coinsurance, or to cover non-medical expenses, such as household bills and child care.

Plan Features

-  **Guaranteed Issue***: There are no health questions or physical exams required.
-  **Family Coverage**: You can elect to cover your spouse and children.
-  **Portable Coverage**: You can take your policy with you if you change jobs or retire.

Group Voluntary Hospital Indemnity Bi-Weekly Contributions

	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
Option 1 – \$1,500	\$6.38	\$13.42	\$11.20	\$20.42
Option 2 – \$3,000	\$12.68	\$26.84	\$21.70	\$39.80

The policies or their provisions may vary or be unavailable in some states. The policies have exclusions and limitations which may affect any benefits payable.

** Although Guaranteed Issue, all Exclusions and Limitations still apply to the coverage.*

This piece is incomplete without brochure & inserts: ABJ36146X, ABJ36146X-Insert-Infosys; ABJ36145X, ABJ36145X-Insert-Infosys; and ABJ36147X_AB-36147X-Insert-Infosys which include a full description of benefits, limitations and exclusions.

The Critical Illness, Accident, and Hospital Indemnity coverage is underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL.). Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation.

Dental Benefits

Infosys offers two dental plan options through Aetna, the Basic Dental PPO Plan and the Premium Dental PPO Plan. The plans cover in- and out-of-network providers, but you will pay less out-of-pocket if you stay within the network. As part of annual preventive care, enrolled participants are eligible for up to two cleanings and exams per year at no cost. To find a participating dentist, visit www.aetna.com. Please note, all deductibles and out-of-pocket amounts accumulate on a calendar year (January 1 – December 31) basis.

	BASIC DENTAL PPO PLAN		PREMIUM DENTAL PPO PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible	\$50 Individual / \$150 Family		\$50 Individual / \$150 Family	
Annual Maximum	\$2,500 per individual		\$3,000 per individual	
Diagnostic & Preventive Services - Type A Expenses	Covered at 100%, no deductible	Covered at 100% up to ARC*; no deductible	Covered at 100%, no deductible	Covered at 100% up to ARC*; no deductible
Basic Services - Type B Expenses	20% after deductible	20% after deductible, up to ARC*	10% after deductible	10% after deductible, up to ARC*
Major Services - Type C Expenses	40% after deductible	40% after deductible, up to ARC*	30% after deductible	30% after deductible, up to ARC*
Orthodontic Expenses	Not covered		Covered at 50%; up to \$3,000 lifetime maximum	
BI-WEEKLY CONTRIBUTIONS				
Employee	\$10.59		\$12.71	
Employee + Spouse	\$18.53		\$22.24	
Employee + Child(ren)	\$15.88		\$19.06	
Employee + Family	\$24.36		\$29.23	

*ARC is the maximum amount Aetna will pay for a covered expense from an out-of-network provider.



Vision Benefits

Infosys offers vision benefits through VSP. You will pay less out of pocket by choosing in-network providers. For a list of participating doctors, visit www.vsp.com. To learn about additional discounts and savings, visit www.vsp.com/specialoffers.

	VSP VISION PLAN
	In-Network
Eye Exam - once every 12 months	\$0 copay
Frames - once every 12 months	\$200 allowance for a wide selection of frames \$220 allowance for featured frame brands 20% savings on the amount over your allowance \$110 allowance at Costco and Walmart
Lenses - once every 12 months	\$0 copay
Lens Enhancements - once every 12 months	\$0 copay for progressive lenses, ultraviolet coating Average 35% to 40% savings on other lens enhancements
Contact Lenses (in lieu of glasses) - once every 12 months	\$0 copay \$200 allowance for contacts
Contact Lens Exam Fitting and Evaluation - once every 12 months	Up to \$25
Extra Savings	Discounts are available on sunglasses, computer glasses, retinal screenings, and laser vision correction. Please refer to your benefit summary for more information.
Computer Vision Care (employees only)	Eye exam to evaluate needs related to computer use. Single vision, lined bifocal, lined trifocal, and occupational lenses are covered in full. \$90 retail frame allowance.
Suncare (employees and dependents)	\$200 allowance for ready-made non-prescription sunglasses instead of prescription glasses or contacts. If you choose non-prescription sunglasses, you'll be eligible for glasses or contacts 12 months from the date the sunglasses were obtained.
Primary EyeCare	Treatment and diagnosis of eye conditions like pink eye, vision loss, and monitoring of cataracts, glaucoma and diabetic retinopathy. \$20 exam copay.
BI-WEEKLY CONTRIBUTIONS	
Employee	\$3.96
Employee + Spouse	\$7.71
Employee + Child(ren)	\$8.25
Employee + Family	\$13.18

Healthy & Well

Every day, we have the opportunity to be our healthy best. And each time we take even a small step toward better health, it can make a big difference. We're excited to remind you about Healthy & Well, a program launched in 2020 that's part of your Total Rewards. Healthy & Well is designed to help you and your family manage your health and well-being across the three key dimensions of health:

- Physical:** Fit lifestyle through diet, exercise, and practicing prevention
- Emotional:** Strength and resiliency to handle life's ups and downs
- Financial:** Financial security for today and for the future

You have valuable information and support at your fingertips, including:

- Preventive care
- Behavioral and emotional well-being
- Fitness challenges and nutrition support
- Lifestyle and condition coaching
- Healthy pregnancy maternity support
- Financial well-being programs

Start your wellness journey

Don't worry if you have not taken the first step with Healthy & Well. You can begin your journey at any time. The perfect place to get started is the Infosys Healthy & Well site, <https://infosys.aetna.com>. You'll find links to get you started with any of these programs that "meet you wherever you are" on your well-being path —

1. Complete your profile on the Member Engagement Platform
2. Learn about your health risks and how to lower them by taking a Health Risk Assessment
3. Gain real-life tips for better well-being by signing up for Digital Coaching
4. Enroll in the Maternity program and earn incentives
5. Get active by participating in fun activity challenges on Virgin Pulse.
6. Watch for upcoming webinars

Visit infosys.aetna.com today!



<https://infosys.aetna.com>

Aetna Special Programs

As an Aetna member, you have access to a variety of free programs and services designed to help you manage your health. Register for the member website at www.aetna.com to check claims status, find providers, print ID cards, estimate health care costs, and gain access to the following programs and resources.

- **Aetna One Flex** provides ongoing one-on-one phone calls from a nurse who can help you manage a health event or chronic condition. To register, visit the website shown on the back of your member ID card.
- **Informed Health Line** gives you and your covered family members 24/7 toll-free telephone access to a registered nurse who can help you with a range of health topics. To access this service, call **1-800-556-1555** or visit the member website.
- **Aetna Maternity Program** can help you learn about pregnancy and your baby's health, reduce any health risks you may have, quit smoking, cope with postpartum depression, and more. You can also earn up to \$200 in gift card incentives for participating. To enroll, call **1-800-272-3531** or visit the member website and look under "Health Programs," then choose "Maternity Program."
- **Dental/Medical Integration Program** reaches out to individuals with targeted medical conditions, including cardiac, diabetes, and maternity, and recommends enhanced dental care as part of their overall treatment. For details, visit the member website.
- **Aetna Pharmacy Advisor** helps members with diabetes or cardiovascular conditions use their medications correctly and stay on track with their prescribed treatments. To register, call **1-877-418-4128** or visit the member website.
- **Discounts** are available on a variety of products and services such as blood pressure monitors, gym memberships, hearing aids, acupuncture, chiropractors, eyewear, weight management services, and much more. Visit the Aetna website for details.

Employee Assistance Program (EAP)

Aetna's EAP offers up to 3 (three) face-to-face or televideo counseling sessions per person/issue/year with a licensed counselor to help you deal with personal issues and the demands of life and work. The EAP also provides unlimited telephonic consultations to you, members of your household, and your adult children to age 26. The EAP can assist with topics such as:

- Relationships
- Family issues
- Self-esteem and personal development
- Stress management
- Grief and loss
- Child and elder care
- Work/life balance
- Depression and anxiety

Services are confidential and are available 24 hours a day, 7 days a week. To access EAP services, call **1-888-238-6232** or visit www.resourcesforliving.com (Username: Infosys / Password: EAP).

Paid Maternity Benefits

Infosys offers up to 8 (eight) weeks of paid maternity leave to all female employees based in and deputed to the U.S. on a long-term basis and who are on the U.S. payroll at the time the leave begins following the birth of the employee's child. Maternity leave will run concurrent with any existing Federal, State, or Company leaves available. The leave period of eight weeks must be continuous. No intermittent leave is allowed. For more details, please refer to: **Sparsh > Policy Portal > Geo Specific > Americas > USA.**



Health Savings Account (HSA)

When you enroll in either the APCN+ or POS II Standard Plan, you are also eligible to enroll in a Health Savings Account. An HSA is a tax-exempt savings account you establish to pay for qualified out-of-pocket medical expenses. HSAs are only available to eligible individuals who are enrolled in a High Deductible Health Plan (HDHP). HSA dollars can be used to pay for medical and prescription drug expenses that are applied toward deductibles, over-the-counter medications with a prescription, and non-covered medical, dental, and vision expenses, all subject to IRS guidelines.

Contribution Amounts

The IRS limits the amount you can contribute to an HSA each year. These limits may change each year. It is your responsibility to ensure your contributions don't exceed the annual limit.

COVERAGE LEVEL	2021 ANNUAL IRS CONTRIBUTION LIMIT
Employee Only	\$3,600
Employee + Spouse Employee + Child(ren) Employee + Family	\$7,200

If you are age 55 or older, you can contribute an additional \$1,000 in catch-up contributions annually.

Eligible Expenses

You can use your HSA for out-of-pocket medical, dental, and vision expenses. Examples include deductibles, office visits, prescription drugs, hospital stays, lab work, speech/occupational/physical therapists, dental care, vision care, long-term care, and COBRA premiums. For more details on eligibility rules, IRS regulations, HSA fees, and more, call **1-888-678-8242** or visit **www.payflex.com**.

HSA Service Fees

If your HSA reaches a zero or negative balance, PayFlex will close your account. A complete list of account fees can be found at **www.payflex.com**.

Here's How the HSA Works



After you enroll in either Standard Plan, you can set up your HSA through PayFlex. You choose how much to contribute, and the funds are deposited into your account through pre-tax payroll deductions. You can change your contribution amount at any time based on your budget and healthcare needs.



You can use your HSA funds to pay for covered health care expenses, such as deductibles and coinsurance for yourself and your eligible dependents. Withdrawals from your HSA for qualified medical expenses are tax-free.



You will receive an HSA debit card from PayFlex to pay for expenses at the point of sale. You can also pay out of pocket and then submit a claim for reimbursement from your account.



Your HSA works like a savings account. Any unused money will roll over to the next year. Your account will earn interest and grow over time. You always own the money in your HSA, including interest and other investment earnings, and you can take the account with you if you are no longer employed by Infosys.

Health Care Flexible Spending Account (FSAs)

Flexible Spending Accounts allow you to set aside money for eligible expenses and help you reduce your income taxes at the same time. Infosys offers a Health Care FSA and a Dependent Care FSA.

NEW! Health Care FSA

The Health Care FSA allows you set aside pre-tax dollars to pay for eligible out-of-pocket medical, prescription, dental, and vision expenses throughout the plan year. You decide how much to contribute through payroll deductions up to the annual IRS limit of \$2,750.

If you are already enrolled in a HSA, you are not eligible for the Health Care FSA.

Dependent Care Care FSA

You can set aside pre-tax dollars for dependent daycare costs necessary so that you (and your spouse, if married) can work or look for work full-time. The daycare must be provided by a care center or individual who can provide a name, address, and taxpayer ID number, including:

- a dependent daycare center
- an education institution for pre-school children (for older children, only expenses for non-school care are eligible)
- or an individual who provides care inside or outside your home. This person may not be a child of yours under age 19 or anyone you claim as a dependent for federal tax purposes

Participating in the FSAs

To participate in the FSAs, you must re-enroll every year. Your current elections will not roll over into the new plan year. Once enrolled, you cannot cancel or change your contribution amount until the next Open Enrollment period, unless you have a Qualifying Life Event such as birth, death, divorce, loss/gain of job, change of daycare provider, change of location, etc.

You may incur FSA expenses throughout the plan year (April 1 – March 31). All claims must be submitted by June 30, 2022. Plan carefully when deciding how much money to contribute to your account. The IRS “use it or lose it” rule dictates that you forfeit any money left in your account after the claims submission deadline.

PLAN	CONTRIBUTION AMOUNT	EXAMPLES OF COVERED EXPENSES
Health Care FSA	\$250 to \$2,750	Deductibles, copays, prescription drugs, medical equipment, etc.
Dependent Care FSA	\$900 to \$5,000 per year (\$2,500 if married and filing separate tax returns)	Daycare, summer camp, adult daycare, adult private sitters, in-home care, and nursery school

Visit www.IRS.gov for a complete list of eligible expenses.

Payflex

Questions on your spending accounts? Effective April 1, 2021, you can contact PayFlex with any spending account related questions at www.payflex.com or by calling **1-888-678-8242**.

Commuter Benefits

The Commuter Benefits Online Solution enables you to use pre-tax dollars to pay for transportation and parking expenses spent on your commute to work.

Employees have all they need to manage commuter benefits on the PayFlex member website. After enrolling in the online commuter benefits program, they can:

- Order transit and parking passes, vouchers and a Commuter Check® card
- Add funds to a fare card
- Set up monthly direct pay for their parking provider.



You may contribute up to \$270 per month for mass transit and up to \$270 per month for parking expenses. Eligible transit expenses include bus vouchers or passes, vanpooling, and ferry passes used to commute to and from work. Eligible parking expenses include parking costs at a lot at or near your place of business or place of commute. If your employment is terminated or if you become ineligible for commuter benefits, any remaining balance in your account will be forfeited.

PLAN	CONTRIBUTION AMOUNT	EXAMPLES OF COVERED EXPENSES
Commuter Benefits	\$270 per month for mass transit expenses \$270 per month for parking expenses	Bus vouchers, vanpools, ferry passes, and parking lots at or near your place of business

Visit www.IRS.gov for a complete list of eligible expenses.

Basic Life and AD&D Insurance

Regular, full-time employees are provided with company-paid Basic Life and Accidental Death and Dismemberment (AD&D) Insurance. Eligible employees are automatically enrolled and Infosys pays the full cost of this benefit.

EMPLOYEE CLASS	COVERAGE AMOUNTS
PL2 – PL6	\$75,000
PL7, AVP, VP, Partner	2x salary, up to \$1 million
PL9, SVP, EVP	3x salary, up to \$1 million
President	4x salary, up to \$1 million

Remember to designate a Beneficiary

Use the online enrollment system or speak with a Benefits Counselor to record or update your beneficiary information during enrollment.



Voluntary Life and AD&D Insurance

You also have the option to elect additional Voluntary Life and AD&D Insurance as a supplement to the company-paid benefit. This coverage is completely voluntary. Your per-paycheck cost will depend on your age and the coverage amount you elect.

PLAN	ANNUAL MAXIMUM CONTRIBUTION
Employee	Available in amounts from 1x to 6x your annual earnings (not to exceed \$1,000,000) Guarantee Issue: Lesser of 3x your annual earnings or \$500,000 Age Reduction: Benefits reduce to 50% of original amount at age 70 AD&D: Same as Voluntary Life amount
Spouse	Available in \$5,000 increments (not to exceed \$250,000 or 50% of the employee's election) Guarantee Issue: \$30,000 Age Reduction: Spouse benefits reduce at the same time and by the same percentage as employee's benefit AD&D: 50% of the employee's Voluntary AD&D amount (40% if child is included)
Child(ren)	Available in \$1,000 increments (not to exceed \$10,000 or 50% of employee's election) Guarantee Issue: N/A AD&D: 15% of the employee's Voluntary AD&D amount (10% if spouse is included)

EMPLOYEE AND SPOUSE LIFE INSURANCE RATES PER \$1,000 OF COVERAGE

AGE	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
COST	\$0.050	\$0.060	\$0.080	\$0.090	\$0.100	\$0.150	\$0.260	\$0.500	\$0.799	\$1.410	\$2.130	\$2.130

Child(ren) Rate Per \$1,000 of Coverage: \$0.05

AD&D Cost per \$1,000 of Coverage (Employee Only): \$0.035 Employee Only

AD&D Cost per \$1,000 of Coverage (Employee + 1 or More): \$0.050

Important Things To Remember

- Remember to update your beneficiary annually.
- You must elect coverage for yourself in order to enroll in spouse or child Life and AD&D benefits.
- The rate for your spouse is based on your spouse's age.
- You will be required to submit Evidence of Insurability (EOI) if:
 - You declined coverage when it was first offered to you (or your spouse) and you are choosing to enroll in coverage now.
 - This is your initial enrollment and you choose to elect an amount above the Guarantee Issue amount.

- If you move to the next age bracket due to a birthday, or if you have a salary change in the middle of the plan year, the premium change for the life benefits will take effect on the first of the month following your birthday or salary change.

Please Note: Employees not currently enrolled in the Voluntary Life plan can elect 1x salary with approval of Evidence of Insurability (EOI). Employees currently enrolled in the Voluntary Life plan can opt-up one level up to the Guaranteed Issue amount without having to provide EOI.

Employees not currently enrolled in the Spouse Life plan can elect \$5,000 of coverage with approval of EOI. Employees currently enrolled in the Spouse Life plan can elect an increase in coverage of \$5,000 without EOI; however, this amount cannot exceed \$30,000.

Disability Insurance

Disability Insurance is designed to provide a portion of your salary when you are unable to work due to a non-work-related accident or illness. While you are on leave of absence, you will still need to pay your share of your employee health and welfare benefits.

Short-Term Disability Insurance

Regular, full-time employees have the opportunity to purchase Short-Term Disability Insurance through The Hartford. If you wish to enroll in Short-Term Disability during your initial new hire eligibility period, you will not be required to complete the medical questionnaire, also known as Evidence of Insurability (EOI). If you do not enroll now and wait to enroll for the first time during the next Open Enrollment period, then you will be required to complete the EOI.

SHORT-TERM DISABILITY - EMPLOYEE PAID

Benefit Amount	Up to 66.67% of base pay
Benefit Maximum	\$2,000 per week
Benefit Duration	Up to 13 weeks or until no longer disabled
Elimination Period	7 days*
Cost	\$0.16 per month/per \$10 dollars of weekly covered benefit

**Benefits start on the eighth calendar day for a disability period due to illness or disabling pregnancy-related condition. Benefits start on the first calendar day for a disability period due to an injury.*

How to Calculate Your Premium

Below is an example of how the premium would be calculated for an employee with a \$75,000 annual salary:

$\$75,000$ (annual salary) \div 52 (weeks in the year) \times 66.67% (benefit) = \$962 weekly covered benefit

$\$962 \times \0.16 (rate) \div \$10 = \$15.39 monthly premium

$\$15.39 \times 12 \div 26$ (pay periods) = \$7.10 bi-weekly premium

In case of a salary change in the middle of the plan year, the premium change for the disability benefit will take effect on the first of the month following the salary change.

Long-Term Disability Insurance

Regular, full-time employees are provided with company-paid Long-Term Disability Insurance at no cost through The Hartford.

LONG-TERM DISABILITY - EMPLOYER PAID

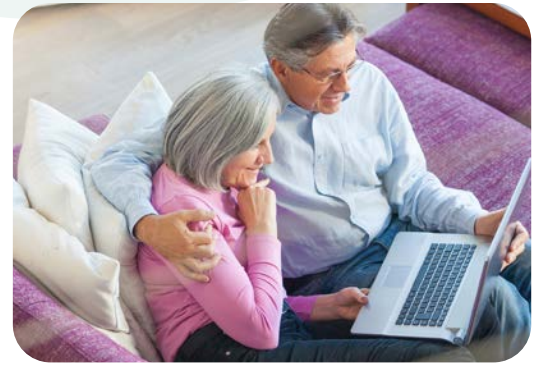
Benefit Amount	Up to 66.67% of base pay
Benefit Maximum	\$10,000 per month
Benefit Duration	Up to age 65 if totally disabled*
Elimination Period	90 days
Cost	None

**If you are disabled prior to age 63, the maximum duration will be the calendar month when you reach Social Security Normal Retirement. If you are disabled at age 63 and older, there is a reducing maximum duration.*

PLEASE NOTE: No benefits are payable for a period of disability commencing during the first 12 months of coverage if the disability resulted from a condition which was treated during the 3 months preceding the effective date of coverage.

401(k) Program

Infosys offers a 401(k) Program to help you save for retirement. There are two plan options available based on employee classification. You may enroll upon hire and defer a portion of your pre-tax or post-tax (Roth) income into your 401(k) account up to annual IRS limits. You have a choice of investing your contributions in various mutual funds. Fidelity Investments is the record-keeper, and you may visit www.netbenefits.com for more details.



Annual Deferral Limits for 2021

- Base employees can contribute up to the annual IRS limit of \$19,500.
- For deputies who are considered highly-compensated employees (HCEs), the annual contribution amount is capped at \$3,000.
- Employees age 50 or older may also make additional catch-up contributions of up to \$6,500.

Plan Options and Eligibility

Infosys currently offers two different plans. Eligibility is as follows:

- **Infosys Limited Tax Savings 401(k) Profit Sharing Plan (Plan Number 28964)** – All deputies working in the USA are eligible regardless of compensation. Annual contribution limits of \$3,000 will apply for all highly-compensated employees (HCEs). Non-highly compensated employees (NHCEs) can contribute up to the maximum IRS limit of \$19,500, plus \$6,500 as a catch-up contribution (if age 50 or older) for the plan year 2021.
- **Infosys Limited Tax Savings 401(k) Safe Harbor Plan (Plan Number 22850)** – All base employees are eligible. Base employees with an annual salary (base + target performance bonus at 100% payout) of \$150,000 or less are eligible to receive an employer match. Matching contributions are made on a per-payroll basis. Base hires who are not eligible for the employer match will be eligible to contribute up to the IRS maximum limit towards their 401(k) account.

Employer Matching Contributions

- **Infosys Limited Tax Savings 401(k) Profit Sharing Plan (Plan Number 28964)** – Currently there is no employer match, but this is subject to change at the discretion of Infosys.
- **Infosys Limited Tax Savings 401(k) Safe Harbor Plan (Plan Number 22850)** – Infosys will match 100% of the first 3% of your pay that you contribute to the plan and will match 50% of the next 2% of your pay that you contribute to the plan (up to a maximum 4% net matching contribution). Base employees with an annual salary (base + target performance bonus) of \$150,000 or more will qualify for an employer match in 2021 only if they are non-highly compensated employees (NHCEs). According to the IRS, NHCEs are employees who earned less than \$130,000 in 2020. The matching contribution will continue as long as you remain a non-highly compensated employee (NHCE). If your status changes to HCE as per your 2021 W2, the matching contribution will cease for the 2022 plan year.

While the plans do not allow for loans, you may apply for a hardship withdrawal for reasons including, but not limited to: medical expenses; purchase of a primary residence; payment of tuition or other education-related expenses; or payment of funeral or burial expenses.

How to Enroll

You can enroll anytime during the plan year by going to www.netbenefits.com. Once you've registered, you can visit the site to access your account, review plan documents, and access online workshops and tutorials that can help you make the most of the plan. To speak with Fidelity Guidance or a service associate, call **1-800-835-5095**.

Identity Theft Protection

Resolving issues of fraud or identity theft on your own can take weeks or even months. But you have access to Allstate Identity Protection, the industry leader in identity protection services that alerts you at the first sign of fraud. Identity Theft Protection provides affordable, comprehensive, proactive identity monitoring and recovery assistance. By constantly monitoring your personal and financial data, this service catches fraud early and helps you act quickly to limit the damage of stolen information.

Key Benefits

- Identity and credit monitoring
- Enhanced identity monitoring
- Dark web monitoring
- High-risk transaction monitoring
- Financial activity monitoring
- Social media monitoring
- Solicitation reduction
- Digital exposure reports
- IP address monitoring
- Lost wallet protection
- Credit assistance
- Data breach notifications



Monitor Your Child's Credit Report

A child's Social Security number gives ID thieves a fraudulent "clean slate."

Monitor your child's credit report as often as your own.

Identity Theft Protection Bi-Weekly Contributions

	IDENTITY THEFT PROTECTION
Employee Only	\$3.92
Family	\$7.36

Auto/Home Insurance

MetLife Auto and Home provides you with access to insurance coverage for your personal needs. Available policies include: auto, home, landlord's rental dwelling, condo, mobile home, renters, recreational vehicle, boat, and personal excess liability policies.

Since everyone's insurance policies renew at different times during the year, you may apply for Group Auto and Home Insurance at any time by calling **1-800-GET-MET8 (1-800-438-6388)** or visiting **www.metlife.com/infosys**. An insurance consultant will provide free, no-obligation premium quotes. If you choose to switch, the consultant can help you apply for insurance while you're on the phone. Please have your current policy information with you when you call.

Legal Insurance

Life is full of legal situations. Some you plan for, like creating a will, and others are more unexpected — like fighting a traffic ticket or getting your deposit back from a difficult landlord. Legal insurance makes it affordable to get the legal help you need: network attorney fees are 100% paid-in-full for most covered matters.

Key Benefits

- **In-office services:** Address your covered legal situations with a network attorney for legal help and representation. Access a nationwide network of more than 14,000 attorneys who average 20 years of experience.
- **Telephonic advice:** Quickly address your covered legal situations with a network attorney who is only a phone call away for legal help and representation.
- **Online resources:** ARAG provides online tools and useful information to learn more about legal issues on your own. Use the DIY Docs™ to help you create a variety of legally valid documents, including state-specific templates.

Two Plan Options

You can choose between two plans to get the coverage that best fits the needs of you and your family. Ultimate Advisor™ covers most common legal issues. Ultimate Advisor Plus™ includes more robust coverage, plus additional services.

ULTIMATE ADVISOR™	ULTIMATE ADVISOR PLUS™
Covers most common legal issues, including: <ul style="list-style-type: none">✓ Consumer protection✓ Criminal matters✓ Debt-related matters✓ Driving matters✓ Tax issues✓ Family matters✓ Landlord/tenant issues✓ Real estate and home ownership✓ Wills and estate planning	Upgrade your plan for more coverage and services including: <ul style="list-style-type: none">✓ Immigration services✓ Caregiving services for parents and grandparents✓ Child custody, support, and visitation✓ Financial planning education✓ Tax services✓ Trusts

To learn more, call **1-800-247-4184** or visit **www.ARAGlegal.com/myinfo** (access code 18383inf).

Legal Insurance Bi-Weekly Contributions

	ULTIMATE ADVISOR	ULTIMATE ADVISOR PLUS
Employee + Family	\$5.65	\$10.72

Important Legal Notices Affecting Your Health Plan

NEWBORN & MOTHERS HEALTH PROTECTION NOTICE

For maternity hospital stays, in accordance with federal law, the Plan does not restrict benefits, for any hospital length of stay in connection with childbirth for the mother or newborn child, to less than 48 hours following a vaginal delivery or less than 96 hours following a Cesarean delivery.

However, federal law generally does not prevent the mother's or newborn's attending care provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). The plan cannot require a provider to obtain authorization from the Plan for prescribing a length of stay not in excess of 48 hours (or 96 hours).

THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

All stages of reconstruction of the breast on which the mastectomy was performed;

Surgery and reconstruction of the other breast to produce a symmetrical appearance;

Prostheses; and

Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description.

If you would like more information on WHCRA benefits, call Human Resources at 1-866-758-1903.

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement

for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

coverage is lost under Medicaid or a State CHIP program; or

you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact person listed at the end of this summary.

STATEMENT OF ERISA RIGHTS

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA provides that all participants shall be entitled to: Receive Information about Your Plan and Benefits Examine, without charge, at the Plan Administrator's office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions. Obtain copies of the Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies. Receive a summary of the Plan's annual financial report, if required to be furnished under ERISA. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any. Continue Group Health Plan Coverage If applicable, you may continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You and your dependents may have to pay for such coverage. Review the summary plan description and the documents governing the Plan for the rules on COBRA continuation of coverage rights. Prudent Actions by Plan Fiduciaries In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for operation of the Plan. These people, called "fiduciaries" of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants. No one, including the Company or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA. Enforce your Rights If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have a right to have the Plan review and reconsider your claim. Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the Plan Administrator and do

not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$152 per day (up to a \$1,527 cap per request), until you receive the materials, unless the materials were not sent due to reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, and you have exhausted the available claims procedures under the Plan, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose (for example, if the court finds your claim is frivolous) the court may order you to pay these costs and fees. Assistance with your Questions If you have any questions about your Plan, this statement, or your rights under ERISA, you should contact the nearest office of the Employee Benefits and Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits and Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

CONTACT INFORMATION

Questions regarding any of this information can be directed to: Human Resources 2400 North Glenville Drive, # C150 Richardson, TX 75082 214-306-2100 geegal_mangi@infosys.com

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

Recipients of the notice are encouraged to read the entire notice. Contact information for questions or complaints is available at the end of the notice.

Your Rights You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family

and friends

- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing, usually within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of

attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.
- In these cases we never share your information unless you give us written permission: Marketing purposes Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways. Help manage the health care treatment you receive We can use your health information and share it with professionals who are treating you. Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Pay for your health services We can use and disclose your health information as we pay for your health services. Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan We may disclose your health information to your health plan sponsor for plan administration. Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans. Example: We use health information about you to develop better services for you.

How else can we use or share your health information?

We are allowed or required to share your information in other ways - usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research We can use or share your information for health research.

Comply with the law We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

Other Instructions for Notice

- Effective April 1, 2021
- For Privacy Inquiries, please contact: Benefits Manager, Human Resources Private Inquiries 2400 North Glenville Drive Ste C150 Richardson, TX 75082
- If you would like more information about this Notice, please call 214-306-2100

IMPORTANT NOTICE FROM INFOSYS LIMITED ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE (PLAN YEAR 2020)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Infosys Limited and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Infosys Limited has determined that the prescription drug coverage offered by the Basic Plan, Standard Plan and Plus Plan are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Infosys Limited coverage will not be affected.

You can keep this coverage and it will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Infosys Limited coverage, be aware that you and your dependents will be able to get this coverage back during open enrollment or in the case of a special enrollment opportunity.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Infosys Limited and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Infosys Limited changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance

Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help

- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: April 1, 2021

Name of Entity/Sender: Infosys Limited

Contact--Position/Office: Benefits Manager, Human Resources

Address: 2400 North Glenville Drive

Phone Number: 214-306-2100

PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877- KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2020. Contact your State for more information on eligibility -

ALABAMA – Medicaid

Website: <http://myalhipp.com/>
 Phone: 1-855-692-5447

ALASKA - Medicaid

The AK Health Insurance Premium Payment Program
 Website: <http://myakhipp.com/>
 Phone: 1-866-251-4861
 Email: CustomerService@MyAKHIPP.com
 Medicaid Eligibility: <http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

ARKANSAS - Medicaid

Website: <http://myarhipp.com/>
 Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA - Medicaid

Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx
 Phone: 916-440-5676

COLORADO - Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: <https://www.healthfirstcolorado.com/>
 Health First Colorado Member Contact Center:
 1- 800-221-3943/ State Relay 711
 CHP+: <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>
 CHP+ Customer Service: 1-800-359-1991/ State Relay 711
 Health Insurance Buy-In Program (HIBI): <https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program>
 HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid

<https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>
 Phone: 1-877-357-3268

GEORGIA – Medicaid

Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
 Phone: 678-564-1162 ext 2131

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64
 Website: <http://www.in.gov/fssa/hip/>
 Phone: 1-877-438-4479
 All other Medicaid
 Website: <http://www.indianamedicaid.com>
 Phone 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: <https://dhs.iowa.gov/ime/members>
 Medicaid Phone: 1-800-338-8366
 Hawki Website: <http://dhs.iowa.gov/Hawki>
 Hawki Phone: 1-800-257-8563

KANSAS – Medicaid

Website: <http://www.kdheks.gov/hcf/default.htm>
 Phone: 1-800-792-4884

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
 Phone: 1-855-459-6328
 Email: KIHIPPPROGRAM@ky.gov
 KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>
 Phone: 1-877-524-4718
 Kentucky Medicaid Website: <https://chfs.ky.gov>

LOUISIANA – Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
 Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website: <https://www.maine.gov/dhhs/of/ applications-forms>
 Phone: 1-800-442-6003
 TTY: Maine relay 711
 Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/of applications-forms>
 Phone: 1-800-977-6740
 TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <http://www.mass.gov/eohhs.gov/departments/masshealth/>
 Phone: 1-800-862-4840

MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp>
 Phone: 1-800-657-3739

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
 Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
 Phone: 1-800-694-3084

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>
 Phone: (855) 632-7633
 Lincoln: (402) 473-7000
 Omaha: (402) 595-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcnp.nv.gov>
 Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/oii/hipp.htm>
 Phone: 603-271-5218
 Toll-Free: 1-800-852-3345, ext 5218

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
 Medicaid Phone: 609-631-2392
 CHIP Website: <http://www.njfamilycare.org/index.html>
 CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
 Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://dma.ncdhhs.gov/>
 Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>
 Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>
 Phone: 1-888-365-3742

OREGON – Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
<http://www.oregonhealthcare.gov/index-es.html>
 Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

<https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx>
 Phone: 1-800-692-7462

RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>
 Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)

SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>
 Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>
 Phone: 1-888-828-0059

TEXAS – Medicaid

Website: <http://gethipptexas.com/>
 Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>
 CHIP Website: <http://health.utah.gov/chip>
 Phone: 1-877-543-7669

VERMONT - Medicaid

Website: <http://www.greenmountaincare.org/>
 Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: <https://www.coverva.org/hipp/>
 Medicaid Phone: 1-800-432-5924
 CHIP Phone: 1-855-242-8282

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>
 Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid

Website: <http://mywvhipp.com/>
 Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
 Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
 Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration
www.dol.gov/agencies/ebsa 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services
www.cms.hhs.gov 1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

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OMB Control Number 1210-0137 (expires 1/31/2023)

Important Contacts

BENEFIT	CARRIER/VENDOR	GROUP NUMBER	CONTACT INFORMATION
Medical and Prescription	Aetna	883499	1-888-219-9153 www.aetna.com/Infosys
Concierge Health Services	Aetna	883499	1-888-219-9153 www.aetna.com
Aetna One Flex	Aetna	883499	1-855-346-7095 www.aetna.com/Infosys
Aetna Maternity Program	Aetna	883499	1-800-272-3531 www.aetna.com
Aetna Discount Program	Aetna	883499	1-888-219-9153 www.aetna.com
Teladoc	Teladoc		1-855-835-2362 www.teladoc.com/aetna
Critical Illness, Accident, and Hospital Indemnity	Allstate Benefits	96246	1-866-709-3877 www.allstatebenefits.com/mybenefits
Dental	Aetna	883499	1-877-238-6200 www.aetna.com
Vision	VSP	30020863	1-800-877-7195 www.vsp.com
Employee Assistance Program (EAP)	Aetna/RFL	Username: Infosys Password: eap	1-888-238-6232 www.resourcesforliving.com
Health Savings Account (HSA)	PayFlex		1-888-678-8242 www.payflex.com
Health Care and Dependent Care Flexible Spending Accounts (FSAs)	PayFlex		1-888-678-8242 www.payflex.com
Commuter Benefits	PayFlex		1-888-678-8242 www.payflex.com
Life and AD&D	The Hartford	805982	1-888-563-1124
Disability and FMLA	The Hartford	805982	1-888-301-5615
401(k) Program	Fidelity	28964 or 22850	1-800-835-5095 www.netbenefits.com
Identity Theft Protection	Allstate Identity Protection		1-800-789-2720 www.myaip.com
Auto/Home	MetLife	GPC code A3G	1-800-438-6388 www.metlife.com/infosys
Legal Insurance	ARAG	Access Code: 18383inf	1-800-247-4184 www.ARAGlegal.com/myinfo



NOTE: This statement is intended to summarize the benefits you receive from Infosys. The actual determination of your benefits is based solely on the plan documents provided by the carrier of each plan. This summary is not legally binding, is not a contract, and does not alter any original plan documents. For additional information, please contact the Human Resources department.