



BENEFIT ENROLLMENT GUIDE

Note: If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see page 28 for more information.

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Open Enrollment for 2025-2026 Benefits

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

- Review **medical plan and rate changes** and decide which plan makes the most sense for you.
- Enroll in the **Health Care Flexible Spending Account** and receive **an annual \$100 employer contribution**.
- Learn about the **working spouse surcharge** and **tobacco-user surcharge** and how to avoid them.
- Record your **beneficiary information** into the Bswift system.
- Supplement your medical plan with **Critical Illness, Accident, and Hospital Indemnity Insurance**.

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 Accounts annually to continue participation. Employees are automatically enrolled in employer-paid benefits.



View an on-demand presentation at <https://www.brainshark.com/aonrs/Infosys2025OEBenefits> to learn about each of the benefits in more detail.

Important

- 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, except Flexible Spending Accounts, which require active enrollment.
- You must record your beneficiary designations into the enrollment system.



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 (same or opposite sex)
- Dependent children up to the end of the month they turn age 26 (unmarried for Life Insurance benefits)

Children include:

- Your biological children
- Your stepchildren
- Your legally adopted children
- Children of your registered domestic partner
- 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 Group 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

Important

If you and your spouse are both employed by Infosys, you have the option to enroll in medical benefits either separately as employee-only coverage or together as family coverage. If you enroll together, the spouse with the higher PL must cover the spouse with the lower PL and any dependent children. 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 (QLEs)

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.

See the Summary Plan Description (SPD) for more details on eligibility and enrollment.



Medical Benefits

A Choice in Medical Plans

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



Flexible Five Plan

The Flexible Five Plan is a low-cost option that pays 100% of your first five health care services from the pre-defined list below before you start paying toward your deductible.

Category	Services (must be in-network)
Medical	- PCP and CVS Health Virtual Care - Labs and X-rays performed in a PCP office or non-hospital facility
Urgent care	Urgent care, walk-in clinics, and MinuteClinics
Behavioral health	Office visits and CVS Health Virtual Care
Short-term rehab	Physical, occupational, or speech therapy

Each plan member receives up to five no-cost visits. Once you meet your five-visit limit, all additional visits will apply to your deductible or coinsurance. Services that do not fall under the pre-defined list are also subject to the deductible or coinsurance. Preventive care is also covered at no cost and does not count toward the five no-cost services.

Basic Plan, Standard HSA Plan, and Basic HSA Plan

The Basic Plan is a traditional Preferred Provider Organization (PPO) Plan. It offers lower premiums, predictable copays, and moderate deductibles.

The Standard HSA Plan is a High Deductible Health Plan (HDHP). It offers the lowest out-of-pocket costs but highest premiums of the four plans. It also includes a tax-advantaged Health Savings Account (HSA) that you can use to pay for health care expenses.

The Basic HSA Plan is also an HDHP with HSA. It offers lower premiums but higher out-of-pocket costs than the Standard HSA Plan.

NOTE: The Plus Plan offered in the past has been eliminated. If you are currently enrolled in the Plus Plan, you must make a new election during Open Enrollment or you will be defaulted to the Basic Plan.

Please see pages 6, 7, and 8 to compare options.

Network Access

All four medical plans are on the Aetna Premier Care Network Plus (APCN+) Multi-Tier network. APCN+ Multi-Tier plans give you more coverage options. Providers are assigned to three different tiers based on their

performance and ability to save you money.

The highest performing and most efficient doctors and facilities are in Tier 1. Make sure you understand the benefits of each tier and which category your providers fall under before receiving treatment.

- Tier 1 – APCN+ Network - *where available*
- Tier 2 – Broad Network
- Out-of-Network

Please review page 5 for full details.

How Deductibles Work

The deductible is the amount you pay out-of-pocket before your health plan begins to pay its share of covered expenses.

The Flexible Five, Standard HSA, and Basic HSA Plans have **aggregate deductibles**. This means if coverage is elected for one or more dependents, the entire family deductible must be met in full before any one member will receive coinsurance or prescription drug copayments. 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.

The Basic Plan has **embedded deductibles**. Once a covered family member meets their individual deductible, the plan will begin paying benefits for that specific family member. Charges for all covered family members will continue to count toward the family deductible. Once the family deductible is met, the plan will pay benefits for all covered family members.

Other Important Information

- The Flexible Five Plan offers in-network benefits only. All other plans offer in- and out-of-network benefits, but you will pay less out-of-pocket if you stay within the network. Multi-Tier plans are designed so that you pay less when you use Tier 1 providers.
- All deductibles and out-of-pocket amounts accumulate on a plan year basis (April 1 – March 31). See your SPD for a complete list of benefits and applicable limitations.
- To find a list of providers, call **1-888-219-9153** or visit **www.aetnadocfind.com/Infosys**.

PCP Choice

A Primary Care Physician (PCP) will automatically be selected for you and any covered dependents from the Aetna network. The physician could be a PCP you've seen in the past or one located near you. You are free to later choose a different PCP. PCP Choice fosters better health care outcomes by connecting members with a doctor who can guide them on their journey to better health.



Medical Benefits

Aetna Premier Care Network Plus (APCN+) Multi-Tier

All four medical plan options fall under the APCN+ Multi-Tier network. This multi-tier program provides the greatest amount of savings and flexibility for you and your family so you get the most out of your benefits.

APCN+ Multi-Tier plans group doctors and facilities into three tiers based on their performance and ability to save you money. The highest performing and most efficient doctors and facilities are in Tier 1. **Make sure you understand the benefits of each tier and which category your providers fall under before receiving treatment.**

Network Level	Savings	Your Out-of-Pocket Cost
Tier 1	Maximum	Lowest
Tier 2	Standard	Higher
Out-of-Network	Lowest	Highest

APCN+ Service Area

If you live **within Aetna's APCN+ service area** based on your zip code, you have the option to seek care through any of the three network tiers. You will save the most money by selecting Tier 1 doctors and facilities, so be sure to choose these providers whenever possible. If your provider falls under the broader Tier 2 network, you can still visit them but at a higher copay or coinsurance and deductible. Providers outside the Tier 1 and Tier 2 networks are considered out-of-network and offer the lowest amount of savings or no coverage at all. See pages 6 and 7 for details.

Non-APCN+ Service Area

If your zip code **does not fall within the APCN+ service area**, you will still choose from four medical plans, but you will have access to the Broad network. All plans offer in- or out-of-network coverage, except Flexible Five*, which covers in-network providers only. See page 8 for details.

**Not available unless you live within one of the network service areas.*

Finding Network Providers

As a health care consumer, you should choose doctors and facilities that provide the right level of care at the lowest cost.

To find in-network providers, visit **www.aetnadocfind.com/Infosys**, enter your home zip code, and click "Start Your Search." Follow the prompts to search as a guest. In the search results, Tier 1 providers are labeled "Maximum Savings" and Tier 2 providers are labeled "Standard Savings."

You should confirm the provider's participation with Aetna networks when making your appointment.

If you have questions or need help, you can contact Aetna's Concierge at **1-888-219-9153**.

NOTE: Your medical plan options must offer certain preventive care benefits to you in-network without cost sharing and these preventive care benefits generally are updated annually. Under the Affordable Care Act, the medical plans generally may use reasonable medical management techniques to determine frequency, method, treatment, or setting for a recommended preventive care service. Review the Summary Plan Description (SPD) for a list of preventive care services.

Medical Premium Surcharges

\$100 Per Month Working Spouse Surcharge

Effective April 1, 2025, if your spouse or domestic partner has access to medical coverage through another employer and you choose to cover them on an Infosys medical plan, you will incur a \$100 monthly surcharge on your medical premiums.

\$50 Per Month Tobacco-User Surcharge

Employees and spouses who are enrolled in an Infosys medical plan and who use tobacco or vapes will incur a \$50 monthly surcharge (per tobacco-user) on their medical premiums. To avoid the surcharge, you must certify that you are tobacco-free during Open Enrollment or complete a tobacco cessation program by July 1, 2025, to avoid the surcharge for the remainder of the plan year.

Falsifying tobacco status is subject to accountability and breach of professionalism. While attesting to vaping/tobacco use, we expect all employees to uphold integrity and honesty. The plan sponsor reserves the right to take appropriate action if we discover a disclosure breach.

Your health plan is committed to helping you achieve your best health. Tobacco-users are being offered a reasonable alternative in order to avoid the tobacco surcharge being added to their medical plan cost. The tobacco surcharge can be avoided if a tobacco cessation class is completed at no cost to you. To find cessation programs in your state, please visit NAQC Quitline Map (naquitline.org). For additional information or if you need to involve your doctor, you can contact the HR Benefits team at US_benefits@infosys.com. Please refer to the "Library" option on the Bswift homepage for supporting documentation.



Medical Plan Comparison - Multi-Tier Network

	FLEXIBLE FIVE PLAN		BASIC PLAN		
PLAN FEATURES	Tier 1 Maximum Savings	Tier 2 Standard Savings	Tier 1 Maximum Savings	Tier 2 Standard Savings	Out-of-Network Lowest Savings
Plan Year Deductible	Aggregate \$5,000 Indiv. \$11,500 Fam.	Aggregate \$7,500 Indiv. \$18,400 Fam.	Embedded \$3,000 Indiv. \$6,900 Fam.	Embedded \$6,000 Indiv. \$13,800 Fam.	Embedded \$10,500 Indiv. \$24,150 Fam.
Medical Out-of-Pocket Maximum - Includes deductibles and/or copays	\$8,700 Indiv. \$18,400 Fam.	\$9,200 Indiv. \$18,400 Fam.	\$7,350 Indiv. \$16,600 Fam.	\$9,200 Indiv. \$18,400 Fam.	\$14,700 Indiv. \$33,810 Fam.
Rx Out-of-Pocket Maximum - Includes deductibles and/or copays	Included in the medical out-of-pocket max.		Included in the medical out-of-pocket max.		Not covered
Member Coinsurance	30% after ded.	50% after ded.	30% after ded.	50% after ded.	50% after ded.
Preventive Care - 1 exam every Plan Year	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	50% after ded.
Primary Care Physician	30% after ded.	50% after ded.	\$40 copay	\$75 copay	50% after ded.
Specialist	30% after ded.	50% after ded.	\$70 copay	\$105 copay	50% after ded.
CVS Health Virtual Care - On-Demand	0%		\$0		Not covered
MinuteClinic Benefit	0%		\$0		Not covered
CVS Health Virtual Care and MinuteClinic Behavioral Health	30% after Tier 1 ded.		\$40		Not covered
Retail Clinic	30% after ded.	50% after ded.	\$15		50% after ded.
Lab and X-ray Services	30% after ded.	50% after ded.	30% after ded.	50% after ded.	50% after ded.
Physical/Occupational/Speech Therapy*	30% after ded.	50% after ded.	30% after ded.	50% after ded.	50% after ded.
Urgent Care	30% after ded.	50% after ded.	\$70 copay	\$105 copay	50% after ded.
Emergency Room: - Emergency Care - Non-Emergency Care	30% after Tier 1 ded. 50% after ded.		\$200 copay, then 30%, no ded. 50% after ded.		
Hospital Services	30% after ded.	50% after ded.	30% after ded.	50% after ded.	50% after ded.
PRESCRIPTION DRUGS - PrudentRx applies					
Retail (Up to 30-day supply)	After ded. is met, then:				
Generic	\$10 copay		\$10 copay		Not covered
Preferred Brand	30% coinsurance; \$40 min./\$75 max.		30% coinsurance; \$40 min./\$75 max.		
Non-Preferred Brand	30% coinsurance; \$75 min./\$150 max.		30% coinsurance; \$75 min./\$150 max.		
Mail Order (31- to 90-day supply)	After ded. is met, then:				
Generic	\$30 copay		\$30 copay		Not covered
Preferred Brand	30% coinsurance; \$120 min./\$225 max.		30% coinsurance; \$120 min./\$225 max.		
Non-Preferred Brand	30% coinsurance; \$225 min./\$450 max.		30% coinsurance; \$225 min./\$450 max.		

*Subject to medical necessity review after 25 visits; combined in- and out-of-network.

Medical Plan Comparison - Multi-Tier Network Continued

PLAN FEATURES	STANDARD HSA PLAN			BASIC HSA PLAN		
	Tier 1 Maximum Savings	Tier 2 Standard Savings	Out-of-Network Lowest Savings	Tier 1 Maximum Savings	Tier 2 Standard Savings	Out-of-Network Lowest Savings
Plan Year Deductible	Aggregate \$1,650 Indiv. \$3,795 Fam.	Aggregate \$4,000 Indiv. \$9,200 Fam.	Aggregate \$6,500 Indiv. \$14,950 Fam.	Aggregate \$3,000 Indiv. \$6,900 Fam.	Aggregate \$6,000 Indiv. \$13,800 Fam.	Aggregate \$10,500 Indiv. \$24,150 Fam.
Medical Out-of-Pocket Maximum - Includes deductibles and/or copays	\$3,300 Indiv. \$7,590 Fam.	\$6,000 Indiv. \$13,800 Fam.	\$9,500 Indiv. \$21,850 Fam.	\$7,350 Indiv. \$16,600 Fam.	\$8,300 Indiv. \$16,600 Fam.	\$14,700 Indiv. \$33,810 Fam.
Rx Out-of-Pocket Maximum - Includes deductibles and/or copays	Included in the medical out-of-pocket max.		Not covered	Included in the medical out-of-pocket max.		Not covered
Member Coinsurance	20% after ded.	40% after ded.	50% after ded.	30% after ded.	50% after ded.	50% after ded.
Preventive Care - 1 exam every Plan Year	Covered at 100%	Covered at 100%	50% after ded.	Covered at 100%	Covered at 100%	50% after ded.
Primary Care Physician	After ded. is met, then \$25 copay	After ded. is met, then \$35 copay	50% after ded.	After ded. is met, then \$40 copay	After ded. is met, then \$75 copay	50% after ded.
Specialist	After ded. is met, then \$40 copay	After ded. is met, then \$50 copay	50% after ded.	After ded. is met, then \$70 copay	After ded. is met, then \$105 copay	50% after ded.
CVS Health Virtual Care - On-Demand	\$0 after Tier 1 ded.		Not covered	\$0 after Tier 1 ded.		Not covered
MinuteClinic Benefit	\$0 after Tier 1 ded.		Not covered	\$0 after Tier 1 ded.		Not covered
CVS Health Virtual Care and MinuteClinic Behavioral Health	\$25 after Tier 1 ded.		Not covered	\$40 after Tier 1 ded.		Not covered
Retail Clinic	\$15 after ded.		50% after ded.	\$15 after ded.		50% after ded.
Lab and X-ray Services	20% after ded.	40% after ded.	50% after ded.	30% after ded.	50% after ded.	50% after ded.
Physical/Occupational/Speech Therapy*	20% after ded.	40% after ded.	50% after ded.	30% after ded.	50% after ded.	50% after ded.
Urgent Care	After ded. is met, then \$40 copay	After ded. is met, then \$50 copay	50% after ded.	After ded. is met, then \$70 copay	After ded. is met, then \$105 copay	50% after ded.
Emergency Room: - Emergency Care - Non-Emergency Care	20% after Tier 1 ded. 50% after ded.			30% after Tier 1 ded. 50% after ded.		
Hospital Services	20% after ded.	40% after ded.	50% after ded.	30% after ded.	50% after ded.	50% after ded.
PRESCRIPTION DRUGS - PrudentRx applies						
Retail (Up to 30-day supply)	After ded. is met, then:			After ded. is met, then:		
Generic	\$10 copay		Not covered	\$10 copay		Not covered
Preferred Brand	30% coinsurance; \$40 min./\$75 max.			30% coinsurance; \$40 min./\$75 max.		
Non-Preferred Brand	30% coinsurance; \$75 min./\$150 max.			30% coinsurance; \$75 min./\$150 max.		
Mail Order (31- to 90-day supply)	After ded. is met, then:			After ded. is met, then:		
Generic	\$30 copay		Not covered	\$30 copay		Not covered
Preferred Brand	30% coinsurance; \$120 min./\$225 max.			30% coinsurance; \$120 min./\$225 max.		
Non-Preferred Brand	30% coinsurance; \$225 min./\$450 max.			30% coinsurance; \$225 min./\$450 max.		

*Subject to medical necessity review after 25 visits; combined in- and out-of-network.

Medical Plan Comparisons – Non-APCN+ Service Area

	FLEXIBLE FIVE PLAN	BASIC PLAN		STANDARD HSA PLAN		BASIC HSA PLAN	
PLAN FEATURES	In-Network	In-Network	Out-of- Network	In-Network	Out-of- Network	In-Network	Out-of- Network
Plan Year Deductible	Aggregate \$5,000 Indiv. \$11,500 Fam.	Embedded \$3,000 Indiv. \$6,900 Fam.	Embedded \$10,500 Indiv. \$24,150 Fam.	Aggregate \$1,650 Indiv. \$3,795 Fam.	Aggregate \$6,500 Indiv. \$14,950 Fam.	Aggregate \$3,000 Indiv. \$6,900 Fam.	Aggregate \$10,500 Indiv. \$24,150 Fam.
Medical Out-of-Pocket Maximum - Includes deductibles and/or copays	\$8,700 Indiv. \$18,400 Fam.	\$7,350 Indiv. \$16,600 Fam.	\$14,700 Indiv. \$33,810 Fam.	\$3,300 Indiv. \$7,590 Fam.	\$9,500 Indiv. \$21,850 Fam.	\$7,350 Indiv. \$16,600 Fam.	\$14,700 Indiv. \$33,810 Fam.
Rx Out-of-Pocket Maximum - Includes deductibles and/or copays	Included in the medical out-of-pocket max.	Included in the medical out-of-pocket max.	Not covered	Included in the medical out-of-pocket max.	Not covered	Included in the medical out-of-pocket max.	Not covered
Member Coinsurance	30% after ded.	30% after ded.	50% after ded.	20% after ded.	50% after ded.	30% after ded.	50% after ded.
Preventive Care - 1 exam every Plan Year	Covered at 100%	Covered at 100%	50% after ded.	Covered at 100%	50% after ded.	Covered at 100%	50% after ded.
Primary Care Physician	30% after ded.	\$40 copay	50% after ded.	After ded. is met, then \$25 copay	50% after ded.	After ded. is met, then \$40 copay	50% after ded.
Specialist	30% after ded.	\$70 copay	50% after ded.	After ded. is met, then \$40 copay	50% after ded.	After ded. is met, then \$70 copay	50% after ded.
CVS Health Virtual Care - On-Demand	0% after ded.	\$0	Not covered	\$0 after ded.	Not covered	\$0 after ded.	Not covered
MinuteClinic Benefit	0% after ded.	\$0	Not covered	\$0 after ded.	Not covered	\$0 after ded.	Not covered
CVS Health Virtual Care and MinuteClinic Behavioral Health	30% after ded.	\$40	Not covered	\$25 after ded.	Not covered	\$40 after ded.	Not covered
Retail Clinic	30% after ded.	\$15	50% after ded.	\$15 after ded.	50% after ded.	\$15 after ded.	50% after ded.
Lab and X-ray Services	30% after ded.	30% after ded.	50% after ded.	20% after ded.	50% after ded.	30% after ded.	50% after ded.
Physical/Occupational/Speech Therapy*	30% after ded.	30% after ded.	50% after ded.	20% after ded.	50% after ded.	30% after ded.	50% after ded.
Urgent Care	30% after ded.	\$70 copay	50% after ded.	After ded. is met, then \$40 copay	50% after ded.	After ded. is met, then \$70 copay	50% after ded.
Emergency Room: - Emergency Care - Non-Emergency Care	30% after ded. 50% after ded.	\$200 copay, then 30%, no ded. 50% after ded.		20% after ded. 50% after ded.		30% after ded. 50% after ded.	
Hospital Services	30% after ded.	30% after ded.	50% after ded.	20% after ded.	50% after ded.	30% after ded.	50% after ded.

PRESCRIPTION DRUGS - PrudentRx applies

Retail (Up to 30-day supply)							
After ded. is met, then:				After ded. is met, then:		After ded. is met, then:	
Generic	\$10 copay	\$10 copay	Not covered	\$10 copay	Not covered	\$10 copay	Not covered
Preferred Brand	30% coinsurance; \$40 min./\$75 max.	30% coinsurance; \$40 min./\$75 max.		30% coinsurance; \$40 min./\$75 max.		30% coinsurance; \$40 min./\$75 max.	
Non-Preferred Brand	30% coinsurance; \$75 min./\$150 max.	30% coinsurance; \$75 min./\$150 max.		30% coinsurance; \$75 min./\$150 max.		30% coinsurance; \$75 min./\$150 max.	
Mail Order (31- to 90-day supply)				After ded. is met, then:		After ded. is met, then:	
Generic	\$30 copay	\$30 copay	Not covered	\$30 copay	Not covered	\$30 copay	Not covered
Preferred Brand	30% coinsurance; \$120 min./\$225 max.	30% coinsurance; \$120 min./\$225 max.		30% coinsurance; \$120 min./\$225 max.		30% coinsurance; \$120 min./\$225 max.	
Non-Preferred Brand	30% coinsurance; \$225 min./\$450 max.	30% coinsurance; \$225 min./\$450 max.		30% coinsurance; \$225 min./\$450 max.		30% coinsurance; \$225 min./\$450 max.	

*Subject to medical necessity review after 25 visits; combined in- and out-of-network.

Medical/Rx Bi-Weekly Contributions

		FLEXIBLE FIVE PLAN	BASIC PLAN	STANDARD HSA PLAN	BASIC HSA PLAN
Personal Level (PL)	Coverage Tier	Bi-Weekly Rates for All Employees			
PL-2	EE Only	\$11.37	\$14.65	\$23.00	\$14.37
	EE + Spouse	\$19.90	\$25.64	\$40.26	\$25.15
	EE + Child(ren)	\$17.06	\$21.98	\$34.50	\$21.56
	EE + Family	\$26.16	\$33.70	\$52.91	\$33.06
PL-3	EE Only	\$35.15	\$43.96	\$71.08	\$43.12
	EE + Spouse	\$61.50	\$76.93	\$124.39	\$75.47
	EE + Child(ren)	\$52.72	\$65.94	\$106.62	\$64.68
	EE + Family	\$80.83	\$101.11	\$163.48	\$99.18
PL-4	EE Only	\$37.44	\$46.89	\$75.72	\$46.00
	EE + Spouse	\$65.52	\$82.06	\$132.52	\$80.50
	EE + Child(ren)	\$56.16	\$70.34	\$113.59	\$69.00
	EE + Family	\$86.11	\$107.85	\$174.17	\$105.79
PL-5	EE Only	\$37.89	\$47.45	\$76.62	\$46.55
	EE + Spouse	\$66.30	\$83.04	\$134.10	\$81.45
	EE + Child(ren)	\$56.83	\$71.17	\$114.94	\$69.82
	EE + Family	\$87.14	\$109.13	\$176.24	\$107.05
PL-6	EE Only	\$56.28	\$70.43	\$113.82	\$69.09
	EE + Spouse	\$98.48	\$123.25	\$199.19	\$120.90
	EE + Child(ren)	\$84.42	\$105.65	\$170.73	\$103.63
	EE + Family	\$129.43	\$161.99	\$261.79	\$158.90
PL-7	EE Only	\$97.02	\$120.85	\$196.23	\$118.55
	EE + Spouse	\$169.79	\$211.48	\$343.40	\$207.46
	EE + Child(ren)	\$145.53	\$181.27	\$294.34	\$177.82
	EE + Family	\$223.15	\$277.95	\$451.32	\$272.65
Title Holders	EE Only	\$113.26	\$145.79	\$197.75	\$143.01
	EE + Spouse	\$249.17	\$320.73	\$435.04	\$314.62
	EE + Child(ren)	\$203.87	\$262.41	\$355.94	\$257.41
	EE + Family	\$339.78	\$437.36	\$593.24	\$429.03

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.

If you and your spouse are both employed by Infosys, you have the option to enroll in medical benefits either separately as employee-only coverage or together as family coverage. If you enroll together, the spouse with the higher PL must cover the spouse with the lower PL and any dependent children.



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. Once you access this site, select "2025" and then "Advanced Control Plan." 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. Once you log in to the Aetna Member website, click on "Pharmacy" and then click the "search medications" box under "Estimate Medication Costs."

PrudentRx Copay Program (All Medical Plans)

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 you 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. If you are enrolled in the Flexible Five, Standard HSA, or Basic HSA Plan, you must meet your deductible before the \$0 cost applies to you.

Ways to Save Money on Prescription Drugs



Caremark Cost Saver powered by GoodRx — Cost Saver makes sure you get the lowest possible cost for your prescription medications. All you have to do is present your member ID card when you pick up your prescriptions. We'll manage the rest for you by automatically applying the lowest available discount price.



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 **1-888-219-9153** to receive a 30-day supply at your regular retail copay. *Maintenance Choice is no longer available in the state of Oklahoma.*



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.



CVS Health Virtual Care

CVS Health Virtual Care is included in your medical plan and gives you access to 24/7 on-demand care and mental health services. Learn more at [CVS.com/virtual-care/](https://www.CVS.com/virtual-care/), or view a virtual care video at www.youtube.com/watch?v=UakhKt6oiWA.

- **On-Demand Care:** Access 24/7 care with licensed providers for common illnesses and infections (cough, colds, flu, ear, sinus, skin, urinary), and one-time medication refills
- **Mental Health Services:** Talk with a licensed therapist by appointment 7 days a week including evenings, and get help with medication management 24/7 from an on-demand provider

MinuteClinic Benefit

The MinuteClinic Benefit is included in your medical plan and gives you affordable, convenient access to in-person or virtual care for a variety of conditions, illnesses, and injuries. Learn more at www.CVS.com/minuteclinic/.

- Get in-person care at one of 1,150+ MinuteClinic locations, or get virtual care from home or wherever you are
- \$0 copay for Basic Plan, or discounted rates for Flexible Five, Standard HSA, and Basic HSA (no charge after deductible is met)
- Book an appointment online or via the kiosks within CVS store locations
- Get women's health care, including prescriptions for birth control and other medications, when medically appropriate

Save Time. Save Money. Compare Care.

When you need care, where you go depends on the type of care you need. In a true emergency, call 911 or go to the emergency room (ER). For everything else, you'll save time and money by comparing care options based on quality, cost, and convenience.

Quick Care Options	 PCP	 CVS Health Virtual Care and MinuteClinic Benefit	 Urgent Care	 Emergency Room
	Care from the doctor who knows you best	See a doctor whenever, wherever	Serious conditions that aren't life-threatening	Life and limb-threatening emergencies
Average Cost	Varies by plan	Varies by plan	Varies by plan	Varies by plan
Hours	Varies by location	Virtual Care: 24/7 MinuteClinic: varies by location	Varies by location - may be open nights and weekends	24/7
How to Connect	Contact your PCP	www.CVS.com/virtual-care/ www.CVS.com/minuteclinic/	www.aetna.com	www.aetna.com

✓ Indicates the recommended place for care for the following common conditions:

Broken bone			✓	✓
Chest pain				✓
Cough	✓	✓		
Chronic condition management	✓	✓		
Fever	✓	✓		
Muscle strain	✓			
Pink eye	✓	✓		
Shortness of breath				✓
Sinus problems	✓	✓		
Sore throat	✓	✓		
Sprain	✓		✓	
Urinary tract infection	✓	✓		

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
- Stroke
- End Stage Renal (Kidney) Failure
- Crohn's Disease
- Major Organ Transplant
- Cancer
- And more

Plan Features

 **Fixed Health Screening Services Rider:** The coverage pays \$75 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.

 **Guaranteed Issue*:** There are no health questions or physical exams required.

 **Family Coverage:** Coverage options are available for your spouse and children.**

 **Portable Coverage:** You can take your policy with you if you change jobs or retire.

U.S. health care spending averaged \$13,493 per person in 2022.

Centers for Medicare & Medicaid Services, National Health Expenditure Fact Sheet, 2023

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	\$1.46	\$2.45	\$2.40	\$3.87	18-24	\$1.57	\$2.62	\$2.63	\$4.20
25-29	\$1.88	\$3.10	\$3.20	\$5.08	25-29	\$1.97	\$3.24	\$3.38	\$5.35
30-34	\$2.50	\$4.04	\$4.40	\$6.90	30-34	\$2.67	\$4.30	\$4.75	\$7.43
35-39	\$3.42	\$5.48	\$6.16	\$9.59	35-39	\$4.00	\$6.35	\$7.31	\$11.32
40-44	\$4.62	\$7.32	\$8.47	\$13.09	40-44	\$5.63	\$8.82	\$10.49	\$16.12
45-49	\$6.11	\$9.60	\$11.37	\$17.48	45-49	\$7.86	\$12.22	\$14.87	\$22.74
50-54	\$7.72	\$12.05	\$14.49	\$22.22	50-54	\$10.57	\$16.34	\$20.22	\$30.80
55-59	\$9.28	\$14.42	\$17.58	\$26.88	55-59	\$13.51	\$20.76	\$26.04	\$39.56
60-64	\$16.27	\$25.17	\$31.04	\$47.32	60-64	\$24.65	\$37.73	\$47.79	\$72.44
65-69	\$22.00	\$33.97	\$42.06	\$64.05	65-69	\$35.19	\$53.76	\$68.44	\$103.64
70-74	\$30.66	\$47.25	\$58.76	\$89.41	70-74	\$50.10	\$76.43	\$97.66	\$147.77
75-79	\$37.40	\$57.52	\$71.97	\$109.38	75-79	\$59.02	\$89.94	\$115.21	\$174.23
80+	\$48.06	\$73.59	\$93.17	\$141.24	80+	\$81.00	\$123.00	\$159.05	\$240.06

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 piece is incomplete without insert: ABJ36146X-Insert-Infosys.

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

**If you elect coverage for your dependent children, you must provide notification to your employer when all of your dependent children exceed the dependent child age limit or no longer otherwise meet the definition of a dependent child. If you elect coverage for your spouse, you must provide notification to your employer if your spouse no longer meets the definition of a spouse.

This plan is not a replacement for medical insurance.



Scan or visit <https://allstatevoluntary.com/infosys/> for more details on Critical Illness, Accident, and Hospital Indemnity Insurance.

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 and Urgent Care Rider

Plan Features

 **Fixed Health Screening Services Rider: The coverage pays \$75 per covered person per calendar year if a covered health screening test is performed.**

 **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
\$3.11	\$5.46	\$6.26	\$8.41

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

 **Fixed Health Screening Services Rider: The coverage pays \$75 per covered person per calendar year if a covered health screening test is performed.**

 **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	\$5.42	\$11.41	\$9.52	\$17.35
Option 2 – \$3,000	\$10.78	\$22.81	\$18.45	\$33.83

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.

This piece is incomplete without brochure and inserts: ABJ36146X, ABJ36146X-Insert-Infosys; ABJ36145X, ABJ36145X-Insert-Infosys; and ABJ36147X, ABJ36147X-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 Benefits Corporation.

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

***If you elect coverage for your dependent children, you must provide notification to your employer when all of your dependent children exceed the dependent child age limit or no longer otherwise meet the definition of a dependent child. If you elect coverage for your spouse, you must provide notification to your employer if your spouse no longer meets the definition of a spouse.*

These plans are not replacements for medical insurance.

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	\$12.34		\$14.81	
Employee + Spouse	\$21.60		\$25.91	
Employee + Child(ren)	\$18.51		\$22.22	
Employee + Family	\$28.38		\$34.06	

*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 savings of 40% 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.
LightCare (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.
Essential Medical Eye Care	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



LGBTQ+ Inclusive Benefits

At Infosys, we are committed to providing inclusive and comprehensive benefits coverage for all of our employees. Below we have highlighted the benefits and services for our LGBTQ+ employees and their dependents.

Standard Benefits

Our medical plans are available to same-sex spouses, different-sex spouses, and domestic partnerships.

- Medical Benefits
 - Include gender-affirming care for plan members and their dependents
 - Cover HIV treatment and prevention
- Dental Care
- Vision Care

Additional Services and Benefits

The following are some of the benefits provided to our employees and their dependents.

- Employee Assistance Program
- Advocacy Services
- Virtual Care
- Group Legal Plan Services
- Short-Term and Long-Term Disability, as well as various Leave of Absence programs
- Voluntary Life and AD&D Insurance
- Critical Illness, Accident, and Hospital Indemnity Insurance

Need More Information?

Call Aetna Member Services at **1-888-219-9153**.



Wellness Programs

Focus on Your Health

Living a healthy lifestyle is key to improving and maintaining good health. The everyday choices we make can help us live healthier, happier, and more fulfilling lives both at work and at home. Infosys encourages you to make healthy living a priority with these wellness resources.

Start Your Wellness Journey

You can begin your wellness journey at any time. The perfect place to get started is the Infosys Aetna site (**www.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. Complete a Health Risk Assessment to learn about your health risks and how to lower them and receive a \$10 gift card.
3. Gain real-life tips for better well-being by signing up for Digital Coaching.
4. Enroll in the Aetna Enhanced Maternity Program powered by Maven to earn an incentive.
5. Enroll in the Critical Illness, Accident, and/or Hospital Indemnity plan and receive a \$75 benefit per covered person per year for having a covered health screening test.



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**.

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 Enhanced Maternity Program powered by Maven** 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 an incentive 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.
- **CVS HealthHUB** offers in-store and telehealth services for many common illnesses, chronic conditions, and mental health concerns. Visit **CVS.com/HealthHUB** to find a location near you.
- **Aetna Health App** lets you manage your benefits right from your phone. You can access plan summaries, view ID cards, pay claims, find providers, and more. Download it from the App Store or Google Play.
- **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.
- **Brightline** provides access to virtual mental health support for your kids and teens. Brightline provides personalized therapy, psychiatry, and coaching via video visits for kids, and a one-stop digital platform to track progress, see appointments, and check out expert-backed resources. Get started at **hellobrightline.com/aetna**.
- **Aetna Back and Joint powered by Hinge Health** is a digital exercise therapy program designed to help you reduce back and joint pain from the comfort of your home. You'll get exercise therapy tailored to your condition and a personal care team of experts at no additional cost to you. Apply at **hinge.health/infosys** or call **1-855-902-2777**.
- **Transform Oncology** offers resources and support when you are faced with a cancer diagnosis. The program gives you access to a personal navigator who can support you and your caretaker whenever you need it. It also includes a Guided Genetic Health program to help you determine if genetic counseling and testing are right for you. For more information, visit the online Aetna Cancer Support Center at **www.aetna.com/cancersupport**.
- **Transform Diabetes Care** offers resources and support, including coaching from Certified Diabetes Care and Education Specialists; two MinuteClinic vouchers for comprehensive diabetes visits; proactive screenings and other support at MinuteClinic locations; and more. For details, visit **www.aetna.com**.



Aetna Enhanced Maternity Program powered by Maven

Maven provides virtual care for Aetna members and their partners at no cost through the Aetna Enhanced Maternity Program. Maven provides resources such as 24/7 virtual appointments, classes, and content for pregnancy and postpartum.

Your no-cost membership includes:

- A personal Care Advocate who serves as a trusted guide to help you navigate the Maven platform and connect you with providers throughout your journey
- Unlimited video chat and messaging with doctors, nurses, and coaches across 35+ specialties, including OB-GYNs, midwives, high-risk obstetricians, nutritionists, and lactation consultants
- Provider-led virtual classes and vetted articles tailored to your journey

Scan the QR code or visit mavenclinic.com/join/aetnamaternity-OP to join at no cost to you. Or you can download the Maven Clinic app.



[Scan here for more details](#)

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 8 (eight) weeks must be continuous. No intermittent leave is allowed. For more details, please refer to: **InfyMe > Policy Portal > Geo Specific > Americas > USA.**

Employee Assistance Program (EAP)

Aetna's EAP offers up to 6 (six) 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
- Stress management
- Work/life balance
- Family issues
- Grief and loss
- Depression and anxiety
- Self-esteem and personal development
- Child and elder care
- And so much more!

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).

Health Savings Account (HSA)

When you enroll in the Standard HSA or Basic HSA medical 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	2025 ANNUAL IRS CONTRIBUTION LIMIT
Employee Only	\$4,300
Employee + Spouse Employee + Child(ren) Employee + Family	\$8,550

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 <https://inspirafinancial.com>.

HSA Service Fees

If your HSA reaches a zero or negative balance, Inspira Financial will close your account. Once you separate from the Company, your HSA will be converted into a retail account. A complete list of fees can be found on the Inspira Financial website at <https://inspirafinancial.com>.

Note: You will need a valid Social Security number (SSN) to open a Health Savings Account with Inspira Financial.

Here's How the HSA Works



After you enroll in the Standard HSA or Basic HSA Plan, you can set up your HSA through Inspira Financial. 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 health care 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 Inspira Financial to pay for expenses at the point of sale. You can also pay out of pocket and then reimburse yourself from your account by making a withdrawal. Inspira Financial debit cards are good for 5 years. You may also request additional debit cards for your dependent(s) and/or spouse.



Your HSA works like a savings account. Any unused money will roll over to the next year. Your account may 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.

Flexible Spending Accounts (FSAs)

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

Health Care FSA

The Health Care FSA allows you to set aside pre-tax dollars to pay for eligible out-of-pocket medical, prescription, dental, and vision expenses throughout the plan year.

New this year, Infosys will start your account with an employer contribution of \$100. You can then decide how much to contribute through payroll deductions up to the annual IRS limit of \$3,300 for 2025.

NEW for 2025-26

Infosys will make an annual \$100 employer contribution to your Health Care FSA.

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

Dependent 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)
- 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, marriage, divorce, loss/gain of job, dependent becoming ineligible (child reaches age 13), change in childcare cost or coverage*, etc.

You may incur FSA expenses throughout the plan year (April 1 – March 31). You will receive an FSA debit card (Health Care FSA only) from Inspira Financial 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. Inspira Financial debit cards are good for 5 years. You may also request additional cards for your dependent(s) and/or spouse. All claims must be submitted by June 30, 2026. 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.

**Applies only to those who had elected Dependent Care FSA in recent enrollment.*

PLAN	ANNUAL IRS CONTRIBUTION LIMITS	INFOSYS CONTRIBUTION	EXAMPLES OF COVERED EXPENSES
Health Care FSA	\$250 to \$3,300**	\$100	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)	N/A	Daycare, summer camp, adult daycare, adult private sitters, in-home care, and nursery school

****Total IRS contribution limits include employer and employee contributions.**
Visit www.irs.gov for a complete list of eligible expenses.

Inspira Financial

For more information, please contact Inspira Financial at <https://inspirafinancial.com> or 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.

You have all you need to manage commuter benefits on the Inspira Financial member website at <https://inspirafinancial.com>. After enrolling in the online commuter benefits program, you can:

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

You may contribute up to \$325 per month for mass transit and up to \$325 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	\$325 per month for mass transit expenses \$325 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	BENEFIT AMOUNT
Employee	Available in amounts from 1x to 6x your annual earnings (not to exceed \$1,000,000) <i>Guarantee Issue:</i> Lesser of 3x your annual earnings or \$500,000 <i>Age Reduction:</i> Benefits reduce to 50% of original amount at age 70 <i>AD&D:</i> Same as Voluntary Life amount
Spouse	Available in \$5,000 increments (not to exceed \$250,000 or 50% of the employee's election) <i>Guarantee Issue:</i> \$30,000 <i>AD&D:</i> 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) <i>Guarantee Issue:</i> N/A <i>AD&D:</i> 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	\$0.042	\$0.050	\$0.067	\$0.076	\$0.084	\$0.126	\$0.218	\$0.420	\$0.671	\$1.184	\$1.789	\$1.789

Child(ren) Rate Per \$1,000 of Coverage: \$0.042

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

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 coverage with the approval of Evidence of Insurability (EOI). Employees currently enrolled in the Voluntary Life plan can opt-up one level up to the Guarantee Issue amount without having to provide EOI.

Employees not currently enrolled in the Spouse Life plan can elect coverage with the 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.

Basic Life and AD&D Insurance coverage will cease on your termination date.

Voluntary Life and AD&D coverage will cease on the last day of the month following the termination date.



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 when first eligible 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. Vanguard is the record-keeper, and you may visit vanguard.com/register for more details.



Annual Deferral Limits for 2025

- Base employees can contribute up to the annual IRS limit of \$23,500.
- 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 \$7,500. The catch-up contribution limit for employees age 60–63 is up to \$11,250.

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 097583)*** – 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 \$23,500, plus \$7,500 as a catch-up contribution (if age 50 or older) for the plan year 2025.
- **Infosys Limited Tax Savings 401(k) Safe Harbor Plan (Plan Number 097582)** – All base employees are eligible. Base employees with an annual salary (base + target performance bonus at 100% payout) of \$155,000 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 097583)*** – 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 097582)** – 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 \$155,000 or more will qualify for an employer match in 2025 only if they are non-highly compensated employees (NHCEs). According to the IRS, NHCEs are employees who earned less than \$155,000 in 2024. The matching contribution will continue as long as you remain an NHCE. If your status changes to HCE as per your 2025 W2, the matching contribution will cease for the 2026 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 vanguard.com/register. 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 a service associate, call **1-800-523-1188**.

*The Infosys Limited Tax Savings 401(k) Profit Sharing Plan (Plan Number 097583) is not available to Vanguard employees.

Pet Insurance

MetLife Pet Insurance can help take the worry out of covering the cost of unexpected veterinary care for your dog or cat. The plan can help reimburse you for covered vet visits, accidents, illnesses, and more. It can also help keep your pet safe and healthy with preventive care like X-rays and ultrasounds.

WHAT IS COVERED

- | | | |
|-----------------------|-------------------------------|-------------------------|
| ✓ Accidental injuries | ✓ Ultrasounds | ✓ Congenital conditions |
| ✓ Illnesses | ✓ Hospital stays | ✓ Chronic conditions |
| ✓ Exam fees | ✓ X-rays and diagnostic tests | ✓ Alternative therapies |
| ✓ Surgeries | ✓ Hip dysplasia | ✓ Holistic care |
| ✓ Medications | ✓ Hereditary conditions | ✓ And much more! |

Key Benefits

- **Flexible coverage:** You choose the level of coverage that works best for you and your pet.
- **Your choice of providers:** You can visit any licensed vet, specialist, or emergency clinic in the U.S.

How It Works

1. Take your pet to the vet and pay the bill.
2. Submit the bill and claim documents via mobile app, online portal, email, fax, or mail.
3. Receive reimbursement by check or direct deposit.

To enroll or receive a quote, call **1-800-GET-MET8 (1-800-438-6388)** or visit **www.metlife.com/getpetquote**. For questions on policies or claims, visit **<https://mypets.metlife.com/Account/Login>** and use Group #: 118121.



Scan here to view a plan video

Auto and Home Insurance

As an Infosys Limited employee, you have access to Auto and Home Insurance through Farmers GroupSelect. This program provides special savings, outstanding customer service, and a full suite of products to meet your diverse insurance needs. In addition to auto and homeowners insurance, it offers condo, renters, personal excess liability, boat, motorcycle, recreational vehicle, and personal property policies.

The program offers benefits and savings including a group discount, automatic payment discounts, good driving rewards, multi-policy discounts, and more.

You may apply for these policies at any time by calling **1-800-438-6381** or visiting **<https://myautohome.farmers.com>**. Your group discount code is A3G.



Scan here for more details



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. **Both plans offer Diversity, Equity, and Inclusion Benefits, as well as driving privilege protection and restoration for DWI. The Plus plan also includes expanded family law benefits.**

ULTIMATE ADVISOR™	ULTIMATE ADVISOR PLUS™
Covers most common legal issues, including: ✓ 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 ✓ Diversity, Equity, and Inclusion Benefits, including: • Domestic partnership agreements • Surrogacy agreements • Gender identifier changes • Post-nuptial agreements • Egg/sperm donor agreements ✓ Driving privilege protection and restoration for DWI	Upgrade your plan for more coverage and services including: ✓ Immigration services ✓ Caregiving services for parents and grandparents ✓ Child custody, support, and visitation ✓ Financial planning education ✓ Tax services ✓ Trusts ✓ Family Law Benefits, including: • Contested and uncontested child support enforcement (adding defendant coverage) • Uncontested alimony and child support modification • Contested alimony and child support modification (8 hours) • Restraining order for insured and named insured

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 Notices

About This Guide

This guide highlights your benefits. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including covered expenses, exclusions, and limitations, please refer to the individual Summary Plan Descriptions (SPDs), plan document, and/or certificate of coverage for each plan. Your SPDs can be obtained for free by calling **214-306-2100**.

Enclosed are important notices about your rights under your health and welfare plan (Infosys Health and Welfare Plan), the "Plan." The information in the accompanying guide provides updates to your existing SPDs as of April 1, 2025 and is intended to be a Summary of Material Modification.

If any discrepancy exists between this guide and the official documents, the official documents will prevail. Infosys Limited reserves the right to amend or terminate any of its plans or policies, make changes to the benefits, costs, and other provisions relative to benefits at any time with or without notice, subject to applicable law.

Reminder of Availability of Privacy Notice

This is to remind plan participants and beneficiaries of the Infosys Limited Health and Welfare Plan (the "Plan") that the Plan has issued a Health Plan Privacy Notice that describes how the Plan uses and discloses protected health information (PHI). You can obtain a copy of the Infosys Limited Health and Welfare Plan Privacy Notice upon your written request to the Human Resources Department, at the following address:

Infosys Limited, Human Resources
2400 North Glenville Drive, Suite C150
Richardson, TX 75082

If you have any questions, please contact the Infosys Limited Human Resources Office at **214-306-2100**.

Patient Protection Notice

Infosys Limited Health and Welfare Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider

who participates in our network and who is available to accept you or your family members.

Until you make this designation, Aetna will designate one for you.

For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Aetna at **888-219-9153**.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Aetna or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in-network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Aetna at **888-219-9153**.

Women's Health and Cancer Rights Act

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. If you would like more information on WHCRA benefits, call your plan administrator at **888-219-9153**.

Newborns' and Mothers' Health Protection Act Disclosure

Group health plans and health insurance issuers generally may not, under Federal law, 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 section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

USERRA

Your right to continued participation in the Plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your Plan participation will not be interrupted, and you will continue to pay the same amount as if you were not absent.

If the absence is for more than 31 days and not more than 24 months, you may continue to maintain your coverage under the Plan by paying up to 102% of the full amount of premiums. You and your dependents may also have the opportunity to elect COBRA coverage. Contact Human Resources for more information.

Also, if you elect not to continue your health plan coverage during your military service, you have the right to be reinstated in the Plan upon your return to work, generally without any waiting periods or pre-existing condition exclusions, except for service-connected illnesses or injuries, as applicable.

Important Notice from Infosys Limited About Your Prescription Drug Coverage and Medicare



Medicare Part D Notice of Creditable Coverage

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 all of the Aetna Medical plans is, 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 through December 7th.

However, if you lose (or are losing) 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.

Your Infosys Limited coverage pays for other medical expenses in addition to prescription drugs. This coverage provides benefits before Medicare coverage does (i.e., the plan pays primary). You and your covered family members who join a Medicare prescription drug plan will be eligible to continue receiving prescription drug coverage and these other medical benefits. Medicare prescription drug coverage will be secondary for you or the covered family members who join a Medicare prescription drug plan.

If you do decide to join a Medicare drug plan and voluntarily drop your current medical and prescription drug coverage from the plan, be aware that you and your dependents may not be able to get this coverage back until the next annual enrollment or you experience a qualifying life event.

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 19 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 for personalized help. See the inside back cover of your copy of the "Medicare & You" handbook for their telephone number.
- 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.ssa.gov, or
- Call **1-800-772-1213**. TTY users should call **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, 2025

Name of Entity/Sender: Infosys Limited

Contact: Benefit Manager, Human Resources



Address: 2400 North Glenville Drive,
Suite C150

Richardson, TX 75082
Phone Number: **214-306-2100**

Your ERISA Rights

As a participant in the Infosys Limited benefit plans, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA), as amended. ERISA provides that all plan participants shall be entitled to receive information about their plan and benefits, continue group health plan coverage, and enforce their rights. ERISA also requires that plan fiduciaries act in a prudent manner.

Receive Information About Your Plan and Benefits

You are entitled to:

- Examine, without charge, at the plan administrator's office, all plan documents—including pertinent insurance contracts, trust agreements, and a copy of the latest annual report (Form 5500 Series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration;
- Obtain, upon written request to the plan's administrator, copies of documents governing the operation of the plan, including insurance contracts and copies of the latest annual report (Form 5500 Series), and updated Summary Plan Description. The administrator may make a reasonable charge for the copies.
- Receive a summary report of the plan's annual financial report. The plan administrator is required by law to furnish each participant with a copy of this Summary Annual Report.

Continued Group Health Plan Coverage

You are entitled to:

- Continued 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 or your dependents may have to pay for such coverage. Review the Summary Plan Description governing the plan on the rules governing your COBRA continuation coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the plans. The people who operate your plans are called "fiduciaries," and they have a duty to act prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a benefit is denied or ignored, in whole or in part, you have a right to:

- Know why this was done;
- Obtain copies of documents relating to the decision without charge; and
- Appeal any denial.

All of these actions must occur within certain time schedules.

Under ERISA, there are steps you can take to enforce your rights. For instance, you may file suit in a federal court if:

- You request a copy of plan documents or the latest annual report from the plan and do not receive them within 30 days. In such a case, the court may require the plan administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator;
- You have followed all the procedures for filing and appealing a claim (as outlined earlier in this summary) and your claim for benefits is denied or ignored, in whole or in part. You may also file suit in a state court;
- You disagree with the plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order; or
- The plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights. You may also seek assistance from the U.S. Department of Labor.

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, the court may order you to pay these costs and fees, for example, if the court finds your claim frivolous.

Assistance With Your Questions

If you have questions about how your plan works, contact the Human Resources Department. If you have any questions about this statement or your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office listed on EBSA's website:

<https://www.dol.gov/agencies/ebsa/about-ebsa/about-us/regional-offices>.

Or you may write to the:
Division of Technical Assistance and Inquiries
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue, NW
Washington, DC 20210

You may also obtain certain publications about your rights and responsibilities under ERISA by calling the Employee Benefits Security Administration at: **1-866-444-3272**. You may also visit the EBSA's website on the Internet at: <https://www.dol.gov/agencies/ebsa>.

General Notice of Continuation Coverage Rights Under COBRA

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law,



the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end.

For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What Is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When Is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to Infosys Limited Human Resources.

How Is COBRA Continuation Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified

beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability Extension of 18-Month Period of COBRA Continuation Coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second Qualifying Event Extension of 18-Month Period of Continuation Coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child.

This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are There Other Coverage Options Besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I Enroll in Medicare Instead of COBRA Continuation Coverage After My Group Health Plan Coverage Ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll

in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

NOTE: <https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start>

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below.

For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/agencies/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.healthcare.gov.

Keep Your Plan Informed of Address Changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information

For further information regarding the plan and COBRA continuation, please contact:

Infosys Limited Benefits Supervisor
2400 North Glenville Drive, Suite C150

Richardson, TX 75082

Summaries of Benefits and Coverage (SBCs)

Availability Notice

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

The SBC is available on the web at: www.aetna.com. A paper copy is also available, free of charge, by calling **214-306-2100** (a toll-free number).

Notice Regarding Wellness Program

Reasonable Alternative Standard Notice for Health Contingent Wellness Programs

Your health plan is committed to helping you achieve your best health.

If you think you might be unable to meet a standard under this wellness program, you might qualify for an opportunity to complete the activity by different means. Contact us at **214-306-2100** and we will work with you (and, if you wish, with your doctor) to find a wellness program that is right for you in light of your health status.



Protections From Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Infosys Limited may use aggregate information it collects to design a program based on identified health risks in the workplace, Infosys wellness program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program. Anyone who receives

your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) you and Aetna in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and

retaliation, please contact Infosys' Human Resources at **214-306-2100**.

HIPAA 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 the Infosys Limited group health 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 30 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 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact Infosys Human Resources at **214-306-2100**.

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, 2024. Contact your State for more information on eligibility –

1. **ALABAMA** – Medicaid Website:
<http://myalhipp.com/>
Phone: 1-855-692-5447
2. **ALASKA** – Medicaid The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility:
<https://health.alaska.gov/dpa/Pages/default.aspx>
3. **ARKANSAS** – Medicaid Website:
<http://myarhipp.com/>
Phone: 1-855-MyARHIPP
(855-692-7447)
4. **CALIFORNIA** – Medicaid Health Insurance Premium Payment (HIPP) Program
Website: <http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov
5. **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://hcpf.colorado.gov/child-health-plan-plus>
CHP+ Customer Service:
1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI):
<https://www.mycohibi.com/>
HIBI Customer Service: 1-855-692-6442
6. **FLORIDA** – Medicaid Website:
<https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html>
Phone: 1-877-357-3268
7. **GEORGIA** – Medicaid GA HIPP Website:
<https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 678-564-1162, Press 1
GA CHIPRA Website:
<https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
Phone: 678-564-1162, Press 2
8. **INDIANA** – Medicaid Health Insurance Premium Payment Program
All other Medicaid
Website: <https://www.in.gov/medicaid/>
<http://www.in.gov/fssa/dfr/>
Family and Social Services Administration
Phone: 1-800-403-0864
9. **IOWA** – Medicaid and CHIP (Hawki) Medicaid Website:
<https://hhs.iowa.gov/programs/welcome-iowa-medicaid>
Phone: 1-800-338-8366
Hawki Website:
<https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki>
Hawki Phone: 1-800-257-8563
HIPP Website:
<https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp>
HIPP Phone: 1-888-346-9562
10. **KANSAS** – Medicaid Website:
<https://www.kancare.ks.gov/>
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660
11. **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: KIHIP.PROGRAM@ky.gov
KCHIP Website: <https://kynect.ky.gov>
Phone: 1-877-524-4718
Kentucky Medicaid Website:
<https://chfs.ky.gov/agencies/dms>
12. **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)
13. **MAINE** – Medicaid Enrollment Website:
https://www.mymaineconnection.gov/benefits/s/?language=en_US
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage:
<https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: 1-800-977-6740
TTY: Maine relay 711
14. **MASSACHUSETTS** – Medicaid and CHIP Website:
<https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840
TTY: 711 Email: masspremassistance@accenture.com
15. **MINNESOTA** – Medicaid Website:
<https://mn.gov/dhs/health-care-coverage/>
Phone: 1-800-657-3672
16. **MISSOURI** – Medicaid Website:
<http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 573-751-2005
17. **MONTANA** – Medicaid Website:
<http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084
Email: HHSHIPProgram@mt.gov
18. **NEBRASKA** – Medicaid Website:
<http://www.ACCESSNebraska.ne.gov>
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178
19. **NEVADA** – Medicaid Website:
<http://dhcnp.nv.gov>
Medicaid Phone: 1-800-992-0900
20. **NEW HAMPSHIRE** – Medicaid Website:
<https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext. 15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
21. **NEW JERSEY** – Medicaid and CHIP Medicaid Website:
<http://www.state.nj.us/humanservices/dmaha/clients/medicaid/>
Phone: 1-800-356-1561
CHIP Premium Assistance Phone: 609-631-2392
CHIP Website:
<http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710 (TTY: 711)
22. **NEW YORK** – Medicaid Website:
https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831
23. **NORTH CAROLINA** – Medicaid Website:
<https://medicaid.ncdhhs.gov/>
Phone: 919-855-4100
24. **NORTH DAKOTA** – Medicaid Website:
<https://www.hhs.nd.gov/healthcare>
Phone: 1-844-854-4825
25. **OKLAHOMA** – Medicaid and CHIP Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742
26. **OREGON** – Medicaid Website:
<http://healthcare.oregon.gov/Pages/index.aspx>
Phone: 1-800-699-9075



27. **PENNSYLVANIA** – Medicaid and CHIP Website:
<https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>
 Phone: 1-800-692-7462
 CHIP Website:
<https://www.pa.gov/en/agencies/dhs/resources/chip.html>
 CHIP Phone: 1-800-986-KIDS (5437)
28. **RHODE ISLAND** – Medicaid and CHIP Website: <http://www.eohhs.ri.gov/>
 Phone: 1-855-697-4347, or
 401-462-0311 (Direct Rlte Share Line)
29. **SOUTH CAROLINA** – Medicaid Website:
<https://www.scdhhs.gov>
 Phone: 1-888-549-0820
30. **SOUTH DAKOTA** – Medicaid Website:
<http://dss.sd.gov>
 Phone: 1-888-828-0059
31. **TEXAS** – Medicaid Website:
<https://www.hhs.texas.gov/services/fina>
32. **UTAH** – Medicaid and CHIP Medicaid Utah's Premium Partnership for Health Insurance (UPP) Website:
<https://medicaid.utah.gov/upp/>
 Email: upp@utah.gov
 Phone: 1-888-222-2542
 Adult Expansion Website:
<https://medicaid.utah.gov/expansion/>
 Utah Medicaid Buyout Program Website:
<https://medicaid.utah.gov/buyout-program/>
 CHIP Website: <https://chip.utah.gov/>
33. **VERMONT** – Medicaid Website:
<https://dvha.vermont.gov/members/medicaid/hipp-program>
 Phone: 1-800-250-8427
34. **VIRGINIA** – Medicaid and CHIP Website:
<https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>
- <https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-program>
 Phone: 1-800-440-0493
35. **WASHINGTON** – Medicaid Website:
<https://www.hca.wa.gov/>
 Phone: 1-800-562-3022
36. **WEST VIRGINIA** – Medicaid and CHIP Website: <https://dhhr.wv.gov/bms/http://mywvhipp.com/>
 Medicaid Phone: 304-558-1700
 CHIP Toll-free phone:
 1-855-MyWVHIPP (1-855-699-8447)
37. **WISCONSIN** – Medicaid and CHIP Website:
<https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
 Phone: 1-800-362-3002
38. **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, 2024, 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



Important Contacts

BENEFIT	CARRIER/VENDOR	GROUP NUMBER	CONTACT INFORMATION
Medical and Prescription	Aetna	883499	1-888-219-9153 www.aetna.com
Concierge Health Services	Aetna	883499	1-888-219-9153 www.aetna.com
Aetna One Flex	Aetna	883499	1-855-346-7095 www.aetna.com
Aetna Enhanced Maternity Program powered by Maven	Maven	883499	1-800-272-3531 mavenclinic.com/join/aetnamaternity-OP
Aetna Discount Program	Aetna	883499	1-888-219-9153 www.aetna.com
CVS Health Virtual Care	CVS		www.CVS.com/virtual-care/
MInuteClinic	CVS		www.CVS.com/minuteclinic/
Critical Illness, Accident, and Hospital Indemnity	Allstate Benefits	96246	1-866-828-8501 https://allstatevoluntary.com/infosys/ https://mybenefits.allstate.com
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/Resources for Living	Username: Infosys Password: EAP	1-888-238-6232 www.resourcesforliving.com
Health Savings Account (HSA)	Inspira Financial		1-888-678-8242 https://inspirafinancial.com
Health Care and Dependent Care Flexible Spending Accounts (FSAs)	Inspira Financial		1-888-678-8242 https://inspirafinancial.com
Commuter Benefits	Inspira Financial		1-888-678-8242 https://inspirafinancial.com
Life and AD&D	The Hartford	805982	1-888-563-1124
Disability	The Hartford	805982	1-888-301-5615
FMLA	Alight		1-844-816-6793 https://infosys.myleaveproservice.com
401(k) Program	Vanguard	097583 or 097582	1-800-523-1188 vanguard.com/register
Pet Insurance	MetLife	118121	1-800-GET-MET8 (1-800-438-6388) https://mypets.metlife.com/Account/Login www.metlife.com/getpetquote
Auto and Home Insurance	Farmers GroupSelect	Discount Code: A3G	1-800-438-6381 https://myautohome.farmers.com
Legal Insurance	ARAG	Access Code: 18383inf	1-800-247-4184 www.ARAGlegal.com/myinfo



NOTE: Actual plan provisions for Infosys ("the Company") benefits are contained in the appropriate plan documents, including the Summary Plan Description (SPD) and incorporated benefit/carrier booklets. The Benefit Enrollment Guide is a summary only and does not describe each benefit option. This Benefit Enrollment Guide provides updates to your existing SPD as of the first day of plan year, which describes your health and welfare benefits in greater detail. Until the Company provides you with an updated SPD, this guide is intended to be a Summary of Material Modification (SMM) and should be retained with your records along with your SPD. As always, the official plan documents determine what benefits are available to you. If any discrepancy exists between this guide and the official documents, the official documents will prevail. The Company reserves the right to amend or terminate any of its plans or policies, make changes to the benefits, costs, and other provisions relative to benefits at any time with or without notice, subject to applicable law.

