

Benefits Guide



2019



Explain My Benefits



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A Message from HR at Company

Company values our employees' hard work and loyalty. We strive to provide a comprehensive benefits package for you and your family. We encourage you to take time to review this Benefits Guide to educate yourself about your benefit options and choose the best coverage to fit your needs. Full details of the plans are contained in the summary plan description (SPD), which govern each plan's operation. A copy of each SPD may be obtained from the Human Resources Department.

Important Notice

_____ will no longer be offered through payroll deduction. Comparable benefits will be offered by _____ for the Accident, Critical Illness and Universal Life. _____ will offer a Guaranteed Issue of products. If you would like to keep your current policy with _____, you may do so via direct bill.



Who's Eligible for Benefits

If you are a new hire, you are eligible for coverage on the first day of the month following 30 days of employment. You must also work an "average" of 30 hours or more per week to be eligible for the benefits package described in this booklet.

DEPENDENT ELIGIBILITY

You may also enroll your eligible dependents in the same plans you choose for yourself. Eligible dependents for medical, dental and vision coverage include your spouse and your dependent children up to age 26.

LEVELS OF COVERAGE

You can choose the level of coverage most suitable to your needs from the following categories:

Medical

- ◆ Employee Only
- ◆ Employee + Family

Dental and Vision

- ◆ Employee Only
- ◆ Employee + Spouse
- ◆ Employee + Child(ren)
- ◆ Employee + Family

Keep in mind, you may select any combination of coverage categories. For example, you may select medical coverage for you and your family, but select dental coverage for only yourself. The only requirement is that an employee must select coverage for himself/herself in order to elect dependent coverage.

MAKING CHANGES DURING THE YEAR

The choices you make for your medical, dental, vision, life/AD&D and disability coverages when you first become eligible retain in effect for the entire plan year, which ends September 30. Your FSA plan year runs on a calendar year basis, January 1 - December 31. Once you are enrolled, you must wait until the next annual open enrollment period to change your benefits or add or remove coverage for dependents, unless you have a qualified change in family status as defined by the IRS.

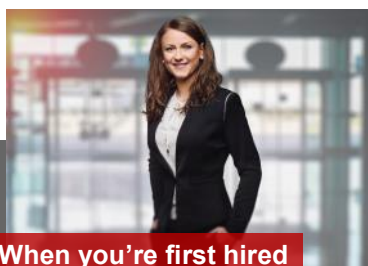
These changes in status events may include the following:

- ◆ Marriage, divorce, or legal separation
- ◆ Birth or adoption of a child
- ◆ Gain or Loss of other health coverage
- ◆ Death of covered dependent

Note: Any changes you make to your coverage must be consistent with the change in status.



WHEN TO ENROLL



When you're first hired

You may only enroll for coverage within 30 days of your eligibility date. If you do not enroll for coverage within 30 days of your eligibility date, you must wait for the next annual open enrollment period, unless you experience a qualified change in family status.



If you have a life change

Certain life events like birth or adoption of a child, change in marital status, death, or loss of coverage due to no fault of your own may allow you to change your coverage during the year.

If you have a family status change, you have 30 days to make changes to your coverage by notifying your HR manager.



At Open Enrollment

Annual Enrollment is your opportunity once each year to evaluate your benefit options and make selections for the following year.

Benefits selected at Annual Enrollment are effective August through July.

Open Enrollment Process

Mobile App



NEW! BENEFITS ENROLLMENT APP

Company has provided you a brand new app to manage your benefits that allows you to:

- ✓ Enroll in your benefits from your phone
- ✓ View your current benefits
- ✓ Watch benefit education videos, review benefit guides and plan summaries
- ✓ Receive important message notifications about your benefits

Benefits at your fingertips!



TO DOWNLOAD:

1. Visit the Apple or Android App Store
2. Search for: **Explain My Benefits**
3. Download the free app!
4. Enter company code: **company**

Logo.



Medical

STAY HEALTHY WITH MEDICAL COVERAGE

Nothing is more important the health of you and your family. That is why we offer you a comprehensive medical plan through Blue Cross Blue Shield of Louisiana (BCBSLA) that is designed to help you get the care you need at an affordable price. Available providers can be found on www.myhealthtoolkitla.com and click on "Find A Doctor/Hospital". Please review the chart below for a comparison of medical plan features.

Medical Plan		
	In-Network	Out-of-Network
Annual Deductible (Embedded)		
Employee	\$1,500	\$3,000
Family	\$3,000	\$9,000
Out-of-Pocket Maximum (Does not include deductible)		
Employee	\$3,500	\$10,000
Family	\$7,000	\$30,000
Coinsurance	80%	50%
Office Visits		
Primary Care	\$50 Copay	50% after ded.
Specialist	\$50 Copay	50% after ded.
Preventive Care (including preventive Lab & X-ray)	100% covered (deductible does not apply)	50% after ded.
Diagnostic Lab & X-ray	80% after ded.	50% after ded.
Urgent Care	80% after ded.	50% after ded.
Emergency Room	\$100% after \$500 Copay	50% after ded.
Hospital & Surgical Services	80% after ded.	50% after ded.
Prescription Drugs		
Retail (30-day)		
Generic	\$10 Copay	50% after ded.
Preferred	\$35 Copay	50% after ded.
Non-Preferred	\$60 Copay	50% after ded.
Mail Order (90-day)		
Generic	\$30 Copay	50% after ded.
Preferred	\$105 Copay	50% after ded.
Non-Preferred	\$180 Copay	50% after ded.

Examples	
Claim Example #1- Primary Care Doctor Office Visit	
Office Visit Charge	\$200
Applied to Deductible	\$0
Plan Pays	\$150
HRA Pays	\$0
Claimant Pays	\$50
Claim Example #2 - Preventive Care Visit	
Office Visit & Lab Charge	\$300
Applied to Deductible	\$0
Plan Pays	\$300
HRA Pays	\$0
Claim Example #3 - Emergency Room	
Emergency Room, Physician and Lab	\$2,000
Applied to Deductible	\$0
Plan Pays	\$1,500
HRA Pays	\$0
Claimant Pays	\$500
Claim Example #4 - Outpatient Surgery	
Total Eligible Expenses	\$10,000
Applied to Deductible	\$1,500
Applied to Coinsurance/ Out-of-pocket (80/20)	\$1,700
Plan Pays	\$6,800
HRA Pays	\$1,000
Claimant Pays	\$2,200

Payroll Deductions per Pay		
Coverage Tier	Weekly	Semi-Monthly
Employee Only	\$46.08	\$99.85
Employee & Family	\$100.21	\$217.12

Prescription Drugs

PRESCRIPTION DRUG COVERAGE FOR MEDICAL PLANS

Your prescription drug program will be coordinated through Blue Cross Blue Shield of Louisiana (BCBSLA). All Prescription Drug products on the Prescription Drug List are assigned as Generic, Preferred Brand and Non-Preferred Brand. You may find individualized information on your benefit coverage and search for network pharmacies simply by logging on to: www.myhealthtoolkitla.com or calling the Customer Care number at (877) 705-5427.

MAIL ORDER PRESCRIPTION DRUG BENEFITS

Your employer has chosen to provide a Mail Order Prescription Drug Program to you and your covered dependents. The copayment amounts are indicated on your Schedule of Coverage. When you mail your prescription orders to the address provided on the Mail Order Prescription Drug Program Claim Form, you must send in your payment. If you have any questions about the program or need to obtain a Mail Order Prescription Drug Program Claim Form, you may access the BCBSLA website.

NOTE: A prescription drug formulary is a list of select drugs and how they are covered. Formulary lists are subject to change at any time, so refer to the updates as often as possible. An updated formulary list can be obtained by contacting BCBSLA at (877) 705-5427.

GENERIC/OVER THE COUNTER VS. BRAND NAME

A generic drug is identical, bioequivalent, to a brand name drug in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use. Although generic drugs are chemically identical to their branded counterparts, they are typically sold at substantial discounts from the branded price.

- ◆ **Why Choose Generic?** - American are using prescription drugs to manage health conditions and prevent problems, and those drugs can be expensive.
- ◆ **A More Affordable Alternative** - Fortunately, there are simple things we all can do to help keep health care affordable. One way you can help is by asking your doctor or pharmacist about FDA-approved high-quality generic equivalents whenever you get a prescription.
- ◆ **Just as Effective** - These drugs have been reviewed by the FDA and have been determined to be just as effective as the name brand. Both medicines have the same chemically identical active ingredients, the same strength and the same dosage, but the generic drug costs less because drug companies spend more on marketing and advertising name-brand drugs.

Health Reimbursement Account (HRA)

For Company employees enrolling in the medical plan, you will be automatically set up with a Health Reimbursement Account (HRA) administered by BCBSLA. The HRA funded by Company will reimburse you or an enrolled family member for qualified in-network deductible expenses based on the table below. The money spend in your HRA counts toward meeting your deductible. After the deductible has been satisfied, the plan will pay 80% of covered expenses until you have reached your out-of-pocket maximum. If you are hired during the 2018-2019 plan year, your HRA funding will be prorated based on your date of hire.

BCBSLA PPO Plan			
	Member Responsibility	HRA Funding*	In-Network Medical Deductible
Employee Only	Employee Pays \$0 - \$500 (\$500 maximum)	HRA Pays \$501 - \$1,500 (HRA will pay up to \$1,000)	\$1,500 Deductible met
Employee + Family	Each Family Unit Pays \$0-\$500	HRA Pays \$501-\$3,000	\$3,000 Deductible met

*Prescription copays are not reimbursable under the HRA

How Does the HRA Work?

1. The provider will file all claims directly with BCBSLA.
2. BCBSLA will process the claim through the medical plan and apply any applicable deductible you or your family owe.
3. BCBSLA will reimburse any qualified deductible expenses through the HRA. Reimbursement will go directly to the provider. This payment is based on the benefits provided by your health plan and the amount of funds in your Health Reimbursement Account.
4. The provider will bill you directly for any remaining deductible or coinsurance amount owed.
5. An Explanation of Benefits (EOB) statement for the service(s) will be accessible to you online through www.myhealthtoolkitla.com.
6. Review your EOB to see what your "member responsibility" is after the HRA payment. This is the amount that you owe a provider and should match any bills received for service(s).
7. Promptly pay the provider the amount owed for coinsurance and/or deductible.

Flexible Spending Accounts (FSA)

Flexible Spending Accounts (FSAs) help you save on taxes for health care and dependent expenses. The FSAs administered by Blue Cross Blue Shield of Louisiana (BCBSLA) are:

- ◆ Health Care FSA
- ◆ Dependent Care FSA

HEALTH CARE FSA

Plan Year 1/1/2019-12/31/2019 - Annual Enrollment for FSA will be in November 2018.

No matter where you are in life, the Health Care FSA can help you save on taxes. You set aside pre-tax dollars from each paycheck to pay for health care expenses that your health plan doesn't cover. Basically, this means you don't have to pay taxes on any of the money you use to pay for these expenses. In many cases, that's a tax savings of 15-30%!

You are allowed to claim eligible out-of-pocket expenses for you, your spouse and anyone who qualifies as an eligible dependent under IRS rules. You can contribute up to \$2,600 per plan year which will be deducted in equal amounts each pay period.

Expenses Covered

In general, health care expenses can be reimbursed if they are incurred during the plan year and considered tax-deductible by the IRS. Some examples include:

- ◆ Deductibles, coinsurance and copays under the Medical, Dental and Vision Plans
- ◆ Prescription Drugs
- ◆ Crutches, Wheelchairs and Hearing Aids
- ◆ Chiropractor
- ◆ Smoking Cessation Programs
- ◆ Contact lenses, Eyeglasses and Eye Exams, Laser Eye Surgery
- ◆ Dental Services, Orthodontia
- ◆ Charges that exceed usual and customary (U&C) limits

Expenses Not Covered

Expenses that cannot be reimbursed through your Health Care FSA include expenses for:

- ◆ Cosmetic Surgery
- ◆ Health plan premiums for you or your spouse
- ◆ Weight reduction programs for general well being
- ◆ Fees for exercise, athletic or health club membership for well being
- ◆ Massage for general well being

This is not a complete list. Refer to your SPD for details on eligible and ineligible expenses.

If your employment ends prior to year-end, then you can continue to have access to your account deposits by continuing to submit claims incurred (with a date of service) prior to your employment termination date. You have 60 calendar days following your termination date to do so. Additionally, if you participate in the Health Care Spending Account, you may be eligible to continue your participation under COBRA. COBRA allows you to continue to make after-tax contributions to your account and also to submit reimbursement requests for claims incurred after your employment has ended (during your COBRA period of coverage)

PLAN CAREFULLY!

Under IRS rules:

- ◆ You can only change your FSA contributions during the year if you have a family status change.
- ◆ You lose any money you don't use between 1/1/2019 and 12/31/2019
- ◆ You will have 90 days to submit a claim for expenses from the previous plan year.
- ◆ You cannot transfer money from one account to another.



Flexible Spending Accounts

DEPENDENT CARE FSA

The Dependent Care FSA lets you set aside pre-tax dollars from each paycheck to pay for day care for your children under age 13, parents, grandparents, disabled spouse, or dependents who qualify as an eligible dependent under IRS rules.

- ◆ There are some special rules for participating
- ◆ The day care must be necessary so you can work
- ◆ If you are married, your spouse must be:
 - ◆ Employed
 - ◆ A full-time student at least five months during the year
 - ◆ Mentally or physically disabled and not able to care for himself/herself

You can contribute up to \$5,000 a year in the Dependent Care FSA. If you are married and you and your spouse file separate tax returns, the maximum you can contribute is \$2,500.

Our plan year for Dependent Care FSA is from 1/1/2019 - 12/31/2019. Please plan carefully.

Generally, you can use your Dependent Care FSA dollars to pay for:

- ◆ Licensed nursery schools and day care centers for children
- ◆ Licensed day care centers for disabled dependents
- ◆ Cost for family or adult day care facilities
- ◆ Dependent care provided by other individuals outside or inside your home (including your relatives over age 19 who you don't claim as a tax exemption)
- ◆ Dependent Care FSA may not be used for private school or education purposes such as private kindergarten

Reminder: You lose any money that you do not use during the plan year (January 1 - December 31). You will have 90 days to submit a claim for expenses for the previous plan year.

HOW FSA HELP YOU SAVE

Savings Example

Stephanie has a 4 year old son enrolled in day care. She contributes \$5,000 to the Dependent Care FSA. Here's how much she saves on day care costs by contributing pre-tax dollars to the account.

	Without the FSA	With the FSA
Stephanie's annual pay	\$40,000	\$40,000
What Stephanie puts into the Dependent Care FSA	\$0	-\$5,000
Stephanie's taxable pay	\$40,000	\$35,000
Taxes (15% federal, 7.65% Social Security & Medicare)	-\$9,460	-\$8,278
Stephanie's after-tax day care expenses	-\$5,000	\$0
Stephanie's take home pay	\$25,540	\$26,723
Amount Stephanie saves by using the account	\$0	\$1,183

Dependent Care FSA vs Federal Income Tax Credit

For some people, the federal income tax credit may save more money in taxes than the Dependent Care FSA.

However, instead of saving current taxes and increasing your take home pay, if you use the tax credit you take a credit on your federal income tax return at year end.

You should consult your tax advisor for help to determine whether to contribute to the Dependent Care FSA, take the income tax credit or some combination of the two.



Dental

ENHANCE YOUR SMILE WITH DENTAL COVERAGE

The AlwaysCare PPO dental plan is designed to help you maintain a healthy smile through regular preventive dental care and to fix any problems as soon as they occur. Because preventive care is so important, the plan covers these services in full with no deductible or copay. The plan allows you to see any provider, but you will receive the highest level of benefits when you utilize in-network providers. Please note that if you utilize an out-of-network provider, you may be balance billed for any amounts over the allowed amount. To find a network provider for your and your family, please visit AlwaysCare's website at www.alwayscarebenefits.com or contact them by phone at (888) 729-5433, ext. 2013.

AlwaysCare PPO Dental	
Plan Features	In-Network / Out-of-Network
Calendar Year Deductible	\$50 Individual \$150 Family
Diagnostic and Preventive Services (e.g. x-rays, cleanings, exams) Deductible Waived	100%
Basic and Restorative Services (e.g. fillings, extractions)	80% after deductible
Major Services (e.g. root canals, dentures, crowns, bridges)	50% after deductible
Calendar Year Maximum Per Person	\$2,000
Orthodontics	Not Covered

The AlwaysCare PPO Dental Plan also includes a dental carryover benefit!

Here's how it works...

If a member submits Qualifying Claims for Covered Expenses during a benefit year and receives benefits that are less than the \$800 Threshold Limit, the member will be credited a \$400 carryover benefit to be used in the next benefit year. If, in the next benefit year, a member reaches the maximum benefit, AlwaysCare will pay a benefit from the member's carryover account. The accrued carryover benefits stored in the carryover account may not be greater than

Payroll Deductions per Pay		
Coverage Tier	Weekly	Bi-Weekly
Employee Only	\$6.43	\$12.86
Employee & Spouse	\$13.77	\$27.54
Employee & Child(ren)	\$12.74	\$25.48
Employee & Family	\$21.24	\$42.48



Vision



EyeMed's Vision Insurance helps pay the cost of periodic vision examinations and necessary lenses and frames. The vision plan covers an annual eye exam, eyeglass lenses or contacts every 12 months, and frames are covered every 12 months. For a complete list of EyeMed providers near you, use the Provider Locator on www.eyemed.com and choose the INSIGHT network, or call 866-939-3633.

EyeMed Vision		
Benefits	In-Network	Out-of-Network (reimbursement)
Well Vision Exam (every 12 months)	\$10 copay	Up to 30
Materials Copay	See Below	See Below
Frames (once every 12 months)	\$130 allowance, 20% off amount over allowance	Up to \$65
Lenses (once every 12 months)		
Single Vision	\$10 copay	Up to \$25
Lined Bifocal	\$10 copay	Up to \$40
Lined Trifocal	\$10 copay	Up to \$60
Lenticular	\$10 copay	Up to \$60
Standard Progressive	\$75 copay	Up to \$40
Contact Lenses (instead of glasses, once every 12 months)		
Conventional	\$0 copay; \$125 allowance; 15% off retail price over \$125	Up to \$100
Disposable	\$0 copay; \$125 allowance Plus balance over \$125	Up to \$100

Payroll Deductions per Pay		
Coverage Tier	Weekly	Semi-Monthly
Employee Only	\$1.65	\$3.57
Employee & Spouse	\$3.13	\$6.79
Employee & Child(ren)	\$3.30	\$7.14
Employee & Family	\$4.85	\$10.50

Voluntary Benefits

What are Voluntary Benefits?

Voluntary Benefits are offered to strengthen your overall benefits package. You customize the benefit based on need and affordability.

- ◆ Ownership - Policies are fully portable and belong to you if you leave your employer, same price and plan
- ◆ Benefits are payroll deducted
- ◆ Cash benefits are paid directly to you, not to a hospital or doctor
- ◆ Benefits are paid regardless of any other coverage you may have
- ◆ Level premiums - Rates do not increase with age
- ◆ Guaranteed Renewable
- ◆ Designed to provide additional cash flow to assist with out of pocket medical costs and other bills



The Voluntary Benefits are being offered through.....

Accident

A plan that helps pay for the unexpected expenses that result from an accident

On and off the job coverage = 24 hours per day, 7 days a week

Family coverage available

Sports related injuries covered as well

Just a few examples of a benefit which is included in the plan:

- Emergency Room Visits - \$200
- Hospitalization - \$2,000 admission benefit, \$400 per day benefit
- Fractures - up to \$10,000
- Dislocations - up to \$8,000
- Health Screening Benefit - \$100 per insured per year
- See brochure for a complete list of benefits



Semi-Monthly Payroll Deductions	Employee	Employee & Spouse	Employee & Children*	Family*
	\$x.xx	\$x.xx	\$x.xx	\$x.xx

**Dependents up to age 26 can be covered regardless of student status.*

Universal Life

The amount of life insurance that is right for you depends on a variety of factors, including your age, family status, personal savings, financial commitments, etc. Company offers a variety of programs to meet your life insurance needs.



Universal Life with Long Term Care includes both a death benefit and a living benefit.

- Universal Life with Long Term Care is a permanent life insurance that is designed to match your needs throughout your lifetime. It pays a higher death benefit during your working years when expenses are high and you need maximum protection.
- The Universal Life with Long Term Care is priced to remain the same cost to you until age 100.
- The death benefit reduces at age 70 when the need for life insurance typically decreases.
- The Living Benefit, Long Term Care never reduces and is 4% of the original death benefit per month for up to 25 months.
- **If you use the Long Term Care benefit, your death benefit amount does not reduce due to the Benefit Restoration feature included.**
- Coverage available for spouse and children as well.

Special Underwriting for Initial Offering

Guaranteed Issue (Employee Only)

The lesser of the face amount purchased by \$16 per week or \$200,000



*If you previously waived this benefit, you **must** answer a few health questions and be approved for coverage.*

Life with Long Term Care example: \$100,000 Death Benefit

	Before Age 70	After Age 70
Long Term Care Benefit (LTC): Pays a monthly benefit equal to 4% of your death benefit for up to 25 months.	\$100,000	\$100,000
Benefit Restoration: Restores the death benefit that is reduced to pay for LTC.	\$100,000	\$33,333
Total Maximum Benefit: Long Term Care Benefits may double the value of your insurance	\$200,000	\$133,333

Rates

This benefit is customized by each employee so rates vary, but can start as little as a few dollars a week. **Your specific rate will be calculated of you in the electronic enrollment system.**

Basic Life and AD&D

Basic life insurance protects your family and other beneficiaries in the event of our death. If your death is due to a covered accident or injury, your beneficiary will receive an additional benefit through Accidental Death and Dismemberment (AD&D) coverage. Company provides you with \$20,000 of basic life and \$20,000 of accidental death coverage at no cost to you through Liberty Mutual. **Benefit reduces to 65% at age 65 and to 50% at age 70. Coverage under this policy would end on your date of termination.**

Important Reminder! Be sure to assign a beneficiary or living trust to ensure your assets are distributed according to your wishes.

Voluntary Life and AD&D

Employees who want to supplement their group life insurance benefits may purchase additional coverage. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through post-tax payroll deductions. Your cost automatically adjusts at each annual renewal to reflect the age-banded rates. You must purchase coverage on yourself in order to cover your spouse or children.

	Benefit*	Maximum	Guarantee Issue
Employee	\$10,000 increments	5x salary up to \$500,000	5x salary up to \$100,000
Spouse	\$5,000 increments	50% of employee's benefit up to \$100,000	50% of employee's benefit up to \$25,000
Child(ren)	\$2,000 increments	50% of employee's benefit up to \$10,000	50% of employee's benefit up to \$10,000

*Benefit reduces to 65% at age 65 and to 50% at age 70.

Monthly Employee Rates	
Age	Rate per \$10,000
<29	\$0.91
30-34	\$1.11
35-39	\$1.41
40-44	\$1.61
45-49	\$2.31
50-54	\$3.71
55-59	\$6.41
60-64	\$9.01
65-69	\$16.01
70+	\$28.11

Employee rate based upon employee age as of 10/1/18

Employee premium formula:

$\$10,000 \div \text{Desired Benefit Amount} = \text{Units per } \$10,000$
 $\text{Units} \times \text{Age Banded Rate} = \text{Monthly Premium}$

Monthly Spouse Rates	
Age	Rate per \$5,000
<29	\$0.46
30-34	\$0.56
35-39	\$0.70
40-44	\$0.80
45-49	\$1.16
50-54	\$1.86
55-59	\$3.20
60-64	\$4.50
65-69	\$8.00

Spouse rate based upon employee age as of 10/1/18

Spouse premium formula:

$\$5,000 \div \text{Desired Benefit Amount} = \text{Units per } \$5,000$
 $\text{Units} \times \text{Age Banded Rate} = \text{Monthly Premium}$

Monthly Chil(ren) Rates	
14 days to age 21 (25 if full-time student)	
\$4,000	\$0.68
\$10,000	\$1.70

Guarantee Issue: Employees are allowed up to the Guarantee Issue (GI) of life insurance without providing Evidence of Insurability (EOI). Spouses are allowed up to the GI amount of life insurance without providing EOI. The Guarantee Issue amount is only available when you are first eligible. EOI will be required on any amount after the employee's initial eligibility period or if you/your spouse wait to enroll after you become eligible as a new hire.

Beneficiary Designation: Your beneficiary designation is the person you name to receive your life insurance benefits in the event of your death. This includes any life insurance benefits payable under the voluntary life insurance plan available through your employer. Benefits payable for a dependent's death under the voluntary life insurance plan are payable to you if living; otherwise, benefits may, at the option of the insurance company, be payable to your surviving spouse or to the executors or administrators of your estate. It is important that your beneficiary designation be clear so that there will be no questions as to your meaning. It is also important that you name a primary and contingent beneficiary.

Disability

PAID SHORT TERM DISABILITY

Company paid Short Term Disability insurance protects a portion of your income if you become partially or totally disabled for a short period of time due a non-job related illness or injury. Certain exclusions as well as pre-existing condition limitations may apply. Company provides employees with 10 or more years of service Short Term Disability coverage at no cost through Liberty Mutual.

VOLUNTARY SHORT TERM DISABILITY

Employees with less than 10 years of service may purchase the same Short Term Disability benefits through payroll deduction. Pre-existing condition limitations and Evidence of Insurability may apply. Please see below for monthly premiums.

Company Paid Short Term Disability	
Benefit Begins	On 15th day of illness or injury
Income Replacement	60% of weekly earnings
Weekly Maximum	\$1,500
Benefit Duration	24 weeks
Pre-Existing Condition Limitation	3 month look back period/6 month exclusion period

Monthly Voluntary Short Term Disability Rates per \$10 of weekly benefit			
Age	Rate	Age	Rate
<45	\$0.390	55-59	\$0.664
45-49	\$0.397	60-64	\$0.772
50-54	\$0.483	65+	\$0.807

LONG TERM DISABILITY

Long Term Disability insurance protects a portion of your income if you become partially or totally disabled for longer than 180 days. Benefits begin the day after the elimination period is completed. Certain exclusions as well as pre-existing condition limitations may apply. Company provides Long Term Disability to employees at no cost to you.

Company Paid Long Term Disability	
Benefit Begins	After 180 days of illness or injury
Income Replacement	60% of monthly earnings
Monthly Maximum	\$6,000
Benefit Duration	Own occupation first 24 months Any occupation after 24 months to SSNRA
Pre-Existing Condition Limitation	6 month look back period / 12 month exclusion period
Mental Health / Substance Abuse & Self-Reported Claims	24 month coverage limitation



Employee Assistance Program (EAP)

Everyone needs help dealing with life's challenges from time to time. Through Employee Assistance Program (EAP) services provided by Liberty Mutual, you and your family can get help that's easy, convenient and confidential. Counselors are available 24 hours a day, seven days a week from anywhere in the United States.

Help when you need it...

The EAP offers assistance with day-to-day issues, so you can be at our best - at work and at home. Confidential assistance is available for concerns such as:

- | | |
|---|--|
| ◆ Financial Issues | Services available include: |
| ◆ Life Changes | ◆ Telephone consultation, available 24/7, with EAP professionals |
| ◆ Emotional and stress-related issues | ◆ Services for immediate and dependent family members |
| ◆ Conflicts at home or work | ◆ Referrals to local community resources if you need additional assistance |
| ◆ Gambling, Alcohol and drug dependencies | ◆ Up to 5 free face-to-face sessions with a counselor |
| ◆ Health and wellness issues | |

Best of all, EAP services are available at no cost to you and your family. If you need assistance beyond the scope of the EAP, the counselor will help you find an affordable solution. (You may be responsible for any fees that result from referrals out side of the EAP, including those associated with a medical benefit program.)

401(k) Plan

Planning for a healthy financial future is just as important as taking care of your physical health needs today. Putting money aside for your retirement is easy with Company's 401(k) Retirement Savings Plan, a workplace retirement plan that helps you save in a tax-advantaged way through Wells Fargo. Our plan makes it easy to save. Consider the following advantages:

- ◆ Plan entry dates are January 1st, April 1st, July 1st and October 1st.
- ◆ Employees age 21 years or older are eligible to enroll in the plan the 1st of the quarter following 3 months of continuous service. Employees who have completed 3 months of continuous service are automatically enrolled in the plan at a rate of 3%. You can change your contribution rate by the 1st day of the entry quarter. Your contribution will increase by 1% each year as of January 1st until your contribution rate reaches 6%, unless you opt out of the program. Any changes to contribution elections are effective first of the following month.
- ◆ You are able to save between 1% and 100% of your pay on a pre-tax basis through convenient payroll deductions. Contributions can be suspended, reactivated and/or the contribution percentage can be changed at any time once you are eligible to join the plan.
- ◆ Take advantage of the company match! Company will match \$0.75 for every \$1 of the employee's contributions up to 6% of his or her income. This is like free money to help your account grow faster.
- ◆ You may reduce the amount of your current taxable income by the amount you contribute. And you don't pay federal and, in most cases, state income taxes on any investment earnings as long as you remain in the plan.
- ◆ Employees may save up to \$18,000 annually through the plan in 2018. If you are age 50 or older, you are able to make "catch-up" contributions of an additional \$6,000 in 2018.
- ◆ You choose how to invest your contributions among the plan's investment options, and you may change these options at any time.
- ◆ You may obtain a loan from your personal retirement account, provided you meet the plan eligibility requirements. Loans must be initiated directly through Wells Fargo.

VESTING

Your right to your 401(k) account balance is called vesting. Company's matching contributions will vest at the rate of 100% after 3 months of continuous service. Your own contributions to your retirement account are always 100% vested and belong to you.

**For more information about your retirement plan benefit, please contact Wells Fargo.
Phone: 800-728-3122 Online: wellsfargo.com**

A copy of the plan SPD, and additional information, can be provided by contacting Company's Human Resource Department. You are encouraged to review this information before making any investment choices.



Customer Service Information

If you have any questions after you enroll, please call the benefit plan providers directly or log on to their websites.

Benefit	Telephone	Website / Email Address
Medical, Rx, HRA / 60488 Blue Cross Blue Shield of Louisiana	877-705-5427	www.myhealthtoolkitla.com
Dental / SECO1214 AlwaysCare	888-729-5433 ext. 2013	www.alwayscarebenefits.com
Vision / 9917725 EyeMed	866-939-3633	www.eyemed.com
Flexible Spending Accounts Blue Cross Blue Shield of Louisiana	877-705-5427	www.myhealthtoolkitla.com
Life, AD&D / 890-464602-01 Liberty Mutual	877-695-2789	www.mylibertyconnection.com
STD/LTD / 890-464602-01 Liberty Mutual	877-695-2789	www.mylibertyconnection.com
Employee Assistance Program (EAP) Liberty Mutual	877-695-2789	www.bensingerdupont.com/MLA
Voluntary Benefits		
Benefits Enrollment / VB Claims Help Explain My Benefits	888-734-6938, Option 1	service@explainmybenefits.com
General Assistance with all Benefits Wells Fargo Benefit Helpline	888-336-7463	benefithelpline@wellsfargo.com



Please Note: This guide provides information regarding the benefit program. More detailed information is available from the plan documents and administrative contacts. The plans and policies stated in this information are not a contract or a promise of benefits of any kind, and therefore, should not be interpreted as such.