



EMPLOYEE BENEFITS



Benefit plans effective
January 1, 2018–December 31, 2018



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Your Benefits

Dana Kepner Company offers a comprehensive benefits package consisting of:

- Medical insurance
- Dental insurance
- Vision insurance
- Flexible spending accounts
- Basic life and AD&D insurance
- Voluntary life and AD&D insurance
- Disability insurance
- Accident and critical illness insurance
- 401(k) Plan—Retirement
- Additional Benefits



Employee Benefits Overview

Benefits are an integral part of the overall compensation package provided by Dana Kepner Company. Within this Benefits Guide you will find important information on the benefits available to you for the 2018 plan year (through December 31, 2018). Please take a moment to review the benefits Dana Kepner Company offers to determine which plans are best for you.

Benefits Eligibility

Employees scheduled to work at least 30 hours per week are eligible for benefits on the first day of the month following 30 days of employment.

Many of the plans offer coverage for eligible dependents, including:

- Your legal spouse
- Your children to age 26, (including a stepchild, legally-adopted child, a child placed with you for adoption, or a child for whom you are the legal guardian)
- Your dependent children of any age who are physically or mentally unable to care for themselves (**Please see official plan documents for full eligibility definitions.**)

Enrollment

You can sign up for benefits or change your benefit elections at the following times:

- First day of the month following 30 days of employment (as a newly-hired employee)
- During the annual benefits open enrollment period
- Within 30 days of experiencing a qualifying life event

The choices you make at this time will remain the same through December 31, 2018. If you do not sign up for benefits during your initial eligibility period or during the open enrollment period, you will not be able to elect coverage until the following plan year.

Changing Your Benefits During the Year

Dana Kepner Company allows you to pay your portion of the medical, dental, and vision plan costs, and fund the flexible spending accounts, on a pre-tax basis. Thus, due to IRS regulations, once you have made your elections for the plan year, you cannot change your benefits until the next annual open enrollment period. The only exception is if you experience a qualifying life event. Election changes must be consistent with your life event.

To request a benefits change, notify Human Resources within 30 days of the qualifying life event. Change requests submitted after 30 days cannot be accepted.

Qualifying life events include, but are not limited to:

- Marriage, divorce, or legal separation.
- Birth or adoption of an eligible child.
- Death of your spouse or covered child.
- Change in your spouse's work status that affects his or her benefits.
- Change in your child's eligibility for benefits.
- Qualified Medical Child Support Order.

Medical Insurance Plans

Dana Kepner Company offers three medical plan options: the PPO plan, the high-deductible health plan (HDHP), and the HMO plan. The PPO & HDHP plans administered by Allegiance, offer in- and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose a network provider. Locate a PPO & HDHP provider at www.askallegiance.com. The HMO plan through Kaiser is in-network only except for emergency care. Locate a Kaiser Permanente network provider at www.kp.org.

The table below summarizes the key features of the medical plans. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for information on coverage and exclusions.

Summary of Benefits	Allegiance PPO		Allegiance HDHP		Kaiser HMO (Colorado only)
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only
Annual Deductible Individual/Family	\$750/\$1,500	\$750/\$1,500	\$2,700/\$5,400	\$5,400/\$10,800	\$750/\$2,250
Out-of-Pocket Maximum Individual/Family	Includes deductible and coinsurance \$3,000/\$5,500	Includes deductible and coinsurance \$3,000/\$5,500	Includes deductible and coinsurance \$5,200/\$10,400	Includes deductible, coinsurance, and copays \$10,400/\$20,800	Includes deductible, coinsurance, and copays \$1,250/\$2,500
Preventive Care	Plan pays 100%	40% after ded.	Plan pays 100%	40% after ded.	Plan pays 100%
Physician Services MDLive/E-Visits	\$40 copay	Not covered	\$40 copay	Not covered	Phone: \$0 copay; Video: \$15/\$25
Primary Care Visit	20% after ded.	40% after ded.	20% after ded.	40% after ded.	\$15 copay ¹
Specialist Visit	20% after ded.	40% after ded.	20% after ded.	40% after ded.	\$25 copay ¹
Urgent Care	20% after ded.	40% after ded.	20% after ded.	40% after ded.	\$25 copay ¹
Lab/X-Ray Diagnostic Lab	20% after ded.	40% after ded.	20% after ded.	40% after ded.	Plan pays 100%
Diagnostic X-Ray	20% after ded.	40% after ded.	20% after ded.	40% after ded.	10% after ded.
High-Tech Services (MRI, CT)	20% after ded.	40% after ded.	20% after ded.	40% after ded.	10% after ded.
Hospital Services Inpatient	20% after ded.	40% after ded.	20% after ded.	40% after ded.	10% after ded.
Outpatient	20% after ded.	40% after ded.	20% after ded.	40% after ded.	10% after ded.
Emergency Room	20% after ded.		20% after ded.		10% after ded.
Hearing Aids⁶	20% (ded. waived)	40% (ded. waived)	20% after ded.	40% after ded.	Applicable exam copay
Chiropractic Care	20% after ded. ⁷	40% after ded. ⁷	20% after ded. ⁷	40% after ded. ⁷	\$15 copay ⁸
Prescription Drugs Generic	20% ^{2, 3, 4}	40% after ded. ^{4, 5}	20% after ded. ²	40% after ded. ⁵	\$10 copay
Preferred Brand	20% ^{2, 3, 4}	40% after ded. ^{4, 5}	20% after ded. ²	40% after ded. ⁵	\$25 copay
Non-Preferred Brand	20% ^{2, 3, 4}	40% after ded. ^{4, 5}	20% after ded. ²	40% after ded. ⁵	Not covered
Specialty	20% ^{2, 3, 4}	40% after ded. ^{4, 5}	20% after ded. ²	40% after ded. ⁵	20% up to \$250
Mail Order (90-day supply)	20%	Not covered	20% after ded. ²	Not covered	2x retail copay

¹ Member pays 10% after deductible for covered services received during an office visit, excluding lab tests.

² You are required to receive the generic drug when the generic drug is available. If you request a brand over a generic, this plan will only pay 80% of the generic equivalent and you will be responsible for the difference.

³ The medical deductible does not apply when an in-network pharmacy is used.

⁴ Member responsibility up to \$1,000.

⁵ Member pays 100% up front and submits claim to WellDyneRx for reimbursement. The member is reimbursed the difference of the contracted amount and their portion of cost share.

⁶ Covered once every three years up to \$1,500 per ear.

⁷ Limit of 32 visits per year.

⁸ Limit of 30 visits per year.

What is a High-Deductible Health Plan (HDHP)?

An HDHP is a medical plan that only begins paying for covered services after the member meets their annual deductible. The only exception is preventive medical and prescription care, which is covered at 100% (no deductible, no coinsurance, no copay) when an in-network provider is used. For all other services, if a network provider is used, the member will pay a discounted rate. After meeting their annual deductible, the member pays coinsurance until they meet their annual out-of-pocket maximum. Once they meet their out-of-pocket maximum, expenses are paid 100% by the plan for the remainder of the plan year. The out-of-pocket maximum is the most the member will pay for health care services in a year (including prescriptions) as long as the member uses in-network providers.

To access WellDyneRx's Preventive Drug List, please visit www.welldynerx.com.

Preventive Care

All the medical plans cover in-network preventive care at 100%. This includes routine screenings and checkups, as well as counseling to prevent illness, disease, or other health problems.

Talk to your primary care physician to find out which screenings, tests, and vaccines are right for you, when you should get them, and how often. Please be aware that you will be responsible for the cost of any non-preventive care services you receive at your preventive care exam.

Affordable Care Act Individual Mandate

You and your family members are required to have health insurance or pay a penalty to the government. Learn more about the Affordable Care Act requirements at www.healthcare.gov.



Telemedicine & Virtual Visits

When facing an unexpected medical condition, you may think of going to the emergency room first. But this may not be your best choice. At the emergency room (ER) true emergencies are treated first and other cases must wait—sometimes for several hours. **In addition, it will cost you more to get care at the ER than at an urgent care center, your primacy care physician's office, or through telemedicine or a virtual visit.**

MDLive PPO & HDHP—Allegiance

Dana Kepner Company provides MDLive for employees enrolled in the PPO & HDHP. MDLive provides access to U.S. board-certified doctors 24/7/365 on the phone. You will pay \$40 per consultation for the MDLive service. To set up an account visit www.MDLive.com and click on *Set Up Account*. See the table below for when and how to use MDLive.

MDLive allows you to talk to a doctor anytime (home, work, away on vacation, etc.). MDLive does not replace your primary care physician, but should be used when you need immediate care for non-emergent medical issues. MDLive physicians are able to prescribe short-term medication for a wide range of conditions when medically appropriate and they can even send your prescription directly to your regular pharmacy that you use for other prescriptions under the health plan. If it's not a true emergency, you have choices on where and how to get care as shown in the table below.

Kaiser Permanente Plan E-Visits

Similar to MDLive, employees enrolled in the Kaiser Permanente HMO have access to E-Visits with a Kaiser Permanente Registered Nurse provided at **no cost** for a telephonic visit and \$15/\$25 copay for a video visit.

E-Visits should be used for non-emergency medical needs. To schedule an E-Visit, log on to www.kp.org and go to *My Health Manager*.

When to Get Care			
Least Expensive	Primary Care Physician (PCP)	Urgent Care Center	Emergency Room
If you need care from the convenience of your home or office, connect via phone or online video to a telemedicine or Virtual Visit physician anytime of the day or night. Contact a telemedicine or Virtual Visit physician for: <ul style="list-style-type: none">• Cold and flu symptoms• Bronchitis• Allergies• Pink eye• Respiratory infection• Urinary tract infection	You can continue accessing care through your PCP and, with your consent, the telemedicine or Virtual Visit provider will share information about your consult with your PCP. Visit a physician for: <ul style="list-style-type: none">• Preventive care and annual check ups• Annual flu shot and other immunizations• Care for which you have been continually under the direction of your PCP	Sometimes you may need care fast. If your primary care physician is unavailable, try a network urgent care center, which will be faster and less expensive than the ER. Visit an urgent care for: <ul style="list-style-type: none">• Sore throats• Rashes• Minor broken bones (e.g., finger)• Small cuts	In the case of a true medical emergency, go to the ER or call 911 immediately. Seek immediate attention at an ER for: <ul style="list-style-type: none">• Chest pain• Sudden weakness or trouble talking• Difficulty breathing• Spinal injuries• Severe head injury• Major broken bones

Dental Insurance Plans

Dana Kepner Company offers three dental plan options: a PPO plan through Delta Dental, as well as the Alpha Dental Plan (ADP) and the Blue Expert Dental Plan through Beta Health Association.

The PPO plan offers in- and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose a network provider. The ADP and Blue Expert Dental plans are in-network only. Locate a Delta Dental or Beta Health Association network provider at www.deltadentalco.com, www.alphadentalplan.com, or www.betadental.com/blueexpert/.

The table below summarizes the key features of the dental plan. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Delta Dental PPO Plan		
	PPO Dentist	Premier Dentist	Non-Participating Dentist ³
Calendar Year Deductible Individual Family		\$25 \$75	
Annual Benefit Maximum		\$1,500	
Preventive Services	Plan pays 100% ¹	20% deductible waived	20% deductible waived
Basic Services	100% after deductible	20% after deductible	20% after deductible
Major Services	50% after deductible ²	50% after deductible ²	50% after deductible ²
Orthodontia Services	Not covered		

¹ Preventive services from a PPO Dentist do not apply to the annual benefit max

² A 12-month waiting period applies to major services

³ You will be responsible for any amount in excess of the usual and customary charges

Summary of Covered Benefits	Alpha Dental Plan	
	In-Network	
Calendar Year Deductible	\$0	
Preventive Services Routine Office Visit Periodic Oral Evaluation Cleaning (child or adult)	\$5 copay \$0 copay \$15 copay	
Restorative Services Amalgam Filling (1 tooth surface) Amalgam Filling (2 tooth surface)	\$37 copay \$47 copay	
All Other Dental Services	Discounts apply	
Annual Benefit Maximum	None (unlimited access to discounts)	
Orthodontia Services (child and adult)	Discounts apply	
Lifetime Orthodontia Maximum	None (unlimited access to discounts)	

Dental Insurance Plans

Summary of Covered Benefits	Blue Expert Dental Plan/Beta
	In-Network
Calendar Year Deductible	\$0
Preventive Services Periodic Oral Evaluation	\$27 copay
Restorative Services Resin based (1 tooth surface)	\$83 copay
All Other Dental Services	Discounts apply
Annual Benefit Maximum	None (unlimited access to discounts)
Orthodontia (child and adult)	Discounts apply
Lifetime Orthodontia Maximum	None (unlimited access to discounts)

Vision Insurance Plan

Dana Kepner Company offers a vision insurance plan through VSP. You have the freedom to choose any vision provider. However, you will maximize the plan benefits when you choose a network provider. Locate a VSP **Choice network** provider at www.vsp.com.

The table below summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Vision Plan	
	In-Network	Out-of-Network
Eye Exam (every 12 months)	\$20 copay	\$45 reimbursement
Standard Lenses (every 12 months) Single/Bifocal/Trifocal	\$20 copay	\$30/\$50/\$65 reimbursement
Frames (every 24 months)	Up to \$130 allowance, and then 20% discount off over remaining balance	\$70 reimbursement
Contact Lenses (every 12 months in lieu of standard lenses) Elective	Up to \$130 allowance	\$105 reimbursement

Health Savings Account (HSA)

If you enroll in the Allegiance high-deductible health plan (HDHP), you may be eligible to open and fund a health savings account (HSA).

An HSA is a personal health care savings account that you can use to pay out-of-pocket health care expenses with pre-tax dollars. Your contributions are tax-free, and the money remains in the account for you to spend on eligible expenses no matter where you work or how long it stays in the account.

HSA Eligibility

You are eligible to fund an HSA if:

- You are enrolled in the Allegiance HDHP

You are not eligible to fund an HSA if:

- You are covered by a non-HSA eligible plan, a health care FSA, or a health reimbursement arrangement
- You are claimed as a dependent on someone else's tax return
- You are enrolled in Medicare or TRICARE for Life
- You have received Veterans Administration Benefits in the last three months (unless the condition for which treatment received was service related)

Contributing to an HSA

Contributions to an HSA (including the Dana Kepner Company contributions) cannot exceed the 2018 annual IRS contribution maximums listed below.

- **Employee-only coverage—\$3,450**
- **All other coverage tiers—\$6,900**

Employees age 55+ by December 31, 2018, may contribute additional funds to their HSA (up to \$1,000 in 2018)

Dana Kepner Will Help You Save

If you are enrolled in the HDHP, Dana Kepner Company will match your HSA contribution up to following amounts:

- **Employee-only coverage—maximum match is \$200 per year**
- **Employee + spouse and child(ren) tiers—maximum match is \$400 per year**
- **Employee + family—maximum match is \$500 per year**

The match dollars will be deposited over each pay period (26 per year)

Note: You must open your HSA through Health Equity in order to receive the contribution

Flexible Spending Accounts

Dana Kepner Company offers three flexible spending account (FSA) options—the health care FSA, the limited purpose health care FSA, and the dependent care FSA—which allow you to pay for eligible health care and dependent care expenses with pre-tax dollars. The FSAs are administered by Allegiance. Log into your account at www.askallegiance.com to: view your account balance(s), calculate tax savings, view eligible expenses, download forms, view transaction history, and more.

Health Care FSA (not allowed if you fund an HSA)

The health care FSA allows you to set aside money from your paycheck on a pre-tax basis (before income taxes are withheld) to pay for eligible out-of-pocket expenses, such as deductibles, copays, and other health-related expenses, that are not paid by the medical, dental, or vision plans. Over-the-counter (OTC) medications are not eligible for reimbursement without a prescription. **The health care FSA maximum contribution is \$2,650 for the 2018 plan year.**

Limited Purpose Health Care FSA (if you fund an HSA)

If you fund an HSA, you are not eligible to fund a health care FSA. However, you can fund a limited purpose health care FSA, which can only be used to reimburse dental and vision expenses. **The health care FSA maximum contribution is \$2,650 for the 2018 plan year.**

Dependent Care FSA

The dependent care FSA allows you to set aside money from your paycheck on a pre-tax basis for day care expenses to allow you and your spouse to work or attend school full time. Eligible dependents are children under 13 years of age, or a child over 13, spouse, or elderly parent residing in your house who is physically or mentally unable to care for himself or herself. Examples of eligible expenses are day care facility fees, before- and after-school care, and in-home babysitting fees (income must be reported by your care provider). **You may contribute up to \$5,000 to the dependent care FSA for the 2018 plan year if you are married and file a joint return or if you file a single or head of household return.** If you are married and file separate returns, you can each elect \$2,500 for the 2018 plan year.

How Does an FSA Work?

You decide how much to contribute to each FSA on a plan year basis up to the maximum allowable amounts. Your annual election will be divided by the number of pay periods and deducted evenly on a pre-tax basis from each paycheck throughout the year.

You will receive a debit card from Allegiance, which can be used to pay for eligible health care expenses at the point of service. If you do not use your debit card, or if you have dependent care expenses to be reimbursed, submit a claim form and a bill or itemized receipt from the provider to Allegiance. Keep all receipts in case Allegiance requires you to verify the eligibility of a purchase.

Things to Consider Before Contributing to an FSA:

- At the end of the plan year, you can roll over \$500 from both your health care FSA and your limited purpose FSA to use in future years. Any amount in excess of \$500 in either FSA will be forfeited.
- Dependent care FSA dollars are use it or lose it (no roll over allowed). However, you have an additional 90 days to incur and be reimbursed for expenses after the end of the plan year.
- You cannot take income tax deductions for expenses you pay with your FSA(s).
- You cannot stop or change your FSA contributions during the plan year unless you experience a qualifying life event.

Health Advocate

Member Advocacy Services

Health Advocate is available at no cost to you for assistance with the following. **This is only available to those enrolled in a medical plan offered by Dana Kepner Company:**

- Help you find a doctor or hospital
- Answer questions about your benefits
- Resolve claims and billing issues
- Clarify the total and out-of-pocket costs for services
- Assist with referrals and prior authorization
- Assist with prescription drugs
- Help you navigate health care reform
- Schedule appointments
- Answer questions about test results, treatments, and medications
- Assist with second opinions and transferring medical records

Contact Health Advocate by calling 866-695-8622, by emailing answers@HealthAdvocate.com, or by visiting www.healthadvocate.com/danakepner. You can also download the Health Advocate app for support anywhere you are.

Health Cost Estimator

Save money on your healthcare expenses by comparing prices for medical procedures right in your area. The Health Cost Estimator and pricing support is available online, on your mobile device, or by calling 866-695-8622.

- Get pricing estimates for doctors, hospitals and other facilities nationwide
- Compare costs for hundreds of medical services by ZIP Code
- View provider quality and safety scores
- Read patient reviews

Help for the Whole Family

You, your spouse, dependent children, parents and parents-in-law can all use the service.





Life and AD&D Insurance

Basic Life and AD&D Insurance

Life and accidental death and dismemberment (AD&D) insurance is an important element of your income protection planning, especially for those who depend on you for financial security. For your peace of mind, Dana Kepner Company automatically provides basic life and AD&D insurance through Unum to all benefits-eligible employees at no cost. If you die as a result of an accident, your beneficiary would receive both the life benefit and the AD&D benefit. You have the option to purchase voluntary life and AD&D insurance.

- **Employee life/AD&D benefit:** 1x annual earnings up to a maximum of \$50,000.

Please be sure to keep
your beneficiary
designations up to date.

Voluntary Life and AD&D Insurance

Dana Kepner Company provides you the option to purchase voluntary life and AD&D insurance for yourself, your spouse, and your dependent children through Unum. You must purchase voluntary coverage for yourself in order to purchase coverage for your spouse and/or dependents. Voluntary life rates are age-banded (listed on page 18). Benefits will reduce to 65% at age 70 and to 50% at age 75.

If you elect coverage when first eligible, you may purchase up to the guarantee issue amount(s) without completing a statement of health (evidence of insurability). If you do not enroll when first eligible, and choose to enroll during a subsequent annual open enrollment period, you will be required to submit evidence of insurability for any amount of coverage. Coverage will not take effect until approved by Unum.

- **Employee:** \$10,000 increments up to \$500,000 or 5x annual salary, whichever is less.
Guarantee issue: \$50,000.
- **Spouse:** \$5,000 increments up to 100% of the employee's election. Not to exceed \$500,000.
Guarantee issue: \$25,000.
- **Dependent children:** Birth to 6 months: \$1,000; 6 months to age 26: \$2,000 increments up to \$10,000.
Guarantee issue: \$10,000.

Disability Insurance

Short-Term Disability Insurance

Dana Kepner Company provides you the option to purchase short-term disability (STD) insurance administered by Dana Kepner Company. STD insurance is designed to help you meet your financial needs if you become unable to work due to an illness or injury.

- **Benefit:** 60% of base weekly pay up to \$1,250
- **Taxability:** You will pay taxes on this benefit
- **Elimination period:** 31 days
- **Benefit duration:** Up to 8 weeks

STD Rate
\$5.00 per month

Long-Term Disability Insurance—Base Plan

Dana Kepner Company automatically provides long-term disability (LTD) insurance through Unum to all benefits-eligible employees at no cost. LTD insurance is designed to help you meet your financial needs if your disability extends beyond the short-term disability period.

- **Benefit:** 60% of base monthly pay up to \$1,000
- **Taxability:** You will pay taxes on this benefit
- **Elimination period:** 90 days
- **Benefit duration:** To age 65

Long-Term Disability Insurance—Buy-Up Plan

Dana Kepner Company provides you the option to purchase additional LTD coverage, if needed. See the rate table on page 17.

- **Benefit:** 60% of base monthly pay up to \$5,000
- **Taxability:** You will not pay taxes on the buy-up portion of the LTD benefit (you will pay taxes on the first \$1,000 from the base plan)
- **Elimination period:** 90 days
- **Benefit duration:** To age 65

Voluntary Group Accident Insurance

Dana Kepner Company provides you the option to purchase voluntary group accident insurance through Unum. Accident insurance can help prepare you for the unexpected by helping to offset the out-of-pocket medical expenses that can result from a covered accidental injury. Accident insurance pays you a specified amount for specific injuries resulting from a covered accident. You can use this money in any way you like, for example: deductibles, child care, groceries, utilities—any purpose that can help you meet your personal, financial, or household needs. Please refer to the official plan documents for a full list of covered injuries and expenses. **You may only enroll in this coverage during the open enrollment period.**

Examples of covered injuries include:

- Broken bones
- Burns
- Torn ligaments
- Cuts repaired by stitches
- Eye injuries
- Coma due to a covered injury
- Ruptured discs
- Concussion

Some covered expenses include:

- Emergency room treatment
- Outpatient surgery facility
- Doctor office visit
- Hospitalization
- Prosthetics
- Ambulance
- Chiropractic visit
- Physical therapy

Voluntary group accident insurance costs

Listed in the table on page 18 are the per pay period rates for voluntary group accident insurance. The amount you pay for voluntary group accident insurance is deducted from your paycheck on a post-tax basis.

Voluntary Group Critical Illness Insurance

Dana Kepner Company provides you the option to purchase voluntary group critical illness insurance through Unum. This plan provides a lump sum benefit upon the diagnosis and treatment of a covered illness. If you elect coverage for yourself, you can elect coverage for your spouse and child(ren) waiting period and pre-existing conditions limitations apply. The coverage amount will reduce to 50% at age 70 for both the employee and the spouse. **You may only enroll during the open enrollment period.**

Covered conditions include:

- Heart attack
- Major organ failure
- Permanent paralysis
- End-stage renal (kidney) failure
- Benign brain tumor
- Stroke
- Cancer

Coverage options:

- **Employee:** \$5,000 or \$10,000
- **Spouse:** \$5,000
- **Children (under age 26):** Automatically covered for 25% of employee election

A wellness benefit is automatically included in the plan. This benefit will pay \$50 per covered person per calendar year if a covered health screening test is performed, including: blood tests, stress tests, colonoscopies, or mammograms. Please refer to the official plan documents for a full list of covered tests.

Voluntary group critical illness insurance costs

Listed in the table on page 18 are the per pay period rates for voluntary group critical illness insurance. The amount you pay for voluntary group critical illness insurance is deducted from your paycheck on a post-tax basis. **Your rate is locked in once you elect coverage. You will not age into different brackets.**

401(k) Retirement Plan

Whatever your state in life, it's important to prepare for your future financial security. With the 401(k) retirement plan, Dana Kepner Company works together with you to build your retirement income.

You may contribute any percentage of your earnings to your 401(k) account up to the IRS annual limit. The money is deducted from your paycheck before you pay federal and most state and local taxes on your earnings, so you save by paying less in taxes now.

Employer Matching Contribution

As an added incentive to save for your retirement, Dana Kepner Company will provide a discretionary match to your salary deferral election.

- **Employed 1-5 Years:** Each \$1.00 you contribute (up to 5% of your salary) is matched with \$0.25
- **Employed 6 Years or More:** Each \$1.00 you contribute (up to 5% of your salary) is matched with \$0.50

Vesting Schedule

Years of Vested Service	Percent Vested
0-2 years of service	0%
2-3 years of service	20%
3-4 years of service	40%
4-5 years of service	60%
5-6 years of service	80%
6+ years of service	100%

Loans

Loans from your 401(k) are allowed. See below for criteria and qualifying reasons.

- **Amount:** Up to 50% of vested account balance (minimum loan \$1,000, maximum loan \$50,000)
- **Interest Rate:** 2% over prime interest rate. Payable through payroll deductions, maximum repayment time is 5 years

Statements

Statements will be provided quarterly. Account information is available anytime through the Wells Fargo website: www.wellsfargo.com/retirementplan.

Additional Benefits

Vacation

Regular, full-time employees will begin accruing vacation time upon hire according to the schedule below. Once the time is credited to the employee's vacation bank, the employee may use the time. An employee can accrue up to the maximum annual vacation cap based on the employee's years of service. At no time can the employee's vacation balance be more than the vacation cap. Request must be approved prior to taking time off.

- **Employed 0-60 Months (5 Completed Years):** 10 days per year, accrues at 3.08 hours per pay period.
- **Employed 61-120 Months (10 Completed Years):** 15 days per year, accrues at 4.62 hours per pay period.
- **Employed 121+ Months (10+ Completed Years):** 20 days per year, accrues at 6.16 hours per pay period.

2018 Holidays

Dana Kepner Company will be closed on the following days:

- New Year's Day—Monday, January 1, 2018
- Memorial Day—Monday, May 28, 2018
- Independence Day—Wednesday, July 4, 2018
- Labor Day—Monday, September 3, 2018
- Thanksgiving Day—Thursday, November 22, 2018 & Friday, November 23, 2018
- Christmas—Monday, December 24, 2018 & Tuesday, December 25, 2018
- New Year's Eve—Monday, December 31, 2018

Personal Time

Regular, full-time employees will begin accruing personal time upon hire at the rate of 1.85 hours per pay period. Once the time is credited to the employee's personal bank, the employee may use the time. Unused personal time may be carried over with NO maximum. There is no payout upon termination for unused personal time. Request must be approved prior to taking time off.

Employee and Travel Assistance Programs—Unum

Employee Assistance Program:

Confidential, professional assistance for a wide range of personal and work-related issues for you and your family — by telephone or online. There's no additional charge and you don't have to file a disability claim to use it.

Travel Assistance Program:

Worldwide emergency travel assistance when traveling 100 miles or more away from home in or out of the country. Covers business and personal travel. For further information please call (800) 872-1414. Dana Kepner Company provides employee and travel assistance programs through Unum at no cost.

Benefit Plan Costs

Medical, Dental, and Vision Insurance

Listed below are the per-pay-period costs for medical, dental, and vision insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis.

Coverage Level	PPO & HMO Plans Non-Smoker	PPO & HMO Plans Smoker	HDHP Non-Smoker	HDHP Smoker
Employee Only	\$77.01	\$123.17	\$47.54	\$93.69
Employee + Spouse	\$323.26	\$369.42	\$237.69	\$283.85
Employee + Child(ren)	\$318.51	\$364.66	\$237.69	\$283.85
Employee + Family	\$342.75	\$388.91	\$261.46	\$307.62

Your health plan is committed to helping you achieve your best health. Rewards for participating in the tobacco cessation program are available to all employees. If you think you might be unable to meet a standard for a reward under this tobacco cessation program, you might qualify for an opportunity to earn the same reward by different means. Contact Human Resources and they will work with you (and, if you wish, with your doctor) to find a tobacco cessation program with the same reward that is right for you in light of your health status.

Coverage Level	Beta Health Association Dental Plans	Delta Dental Plan	Vision Plan
Employee Only	\$5.88	\$16.14	\$3.67
Employee + Spouse	\$10.50	\$30.57	\$5.88
Employee + Child(ren)	\$14.19	\$32.87	\$6.00
Employee + Family	\$16.96	\$53.06	\$9.67

Long-Term Disability Insurance—Buy-Up Plan Costs

Listed below are the per-pay-period rates for long-term disability buy-up insurance. The amount you pay for long-term disability buy-up insurance is deducted from your paycheck on a post-tax basis.

Buy-Up LTD Rate	
Age	Employee Rate Per \$100 of Covered Salary
<39	\$0.152
40–49	\$0.282
50–54	\$0.323
55–59	\$0.355
60–64	\$0.397
65–69	\$0.420
70+	\$0.420

How to Calculate Your Monthly LTD Premium

- Divide your annual earnings by 12 to get to your monthly earnings. If your monthly earnings are greater than \$8,333, use \$8,333 as your monthly earnings.
- Divide that figure, your monthly earnings, by 100.
- Multiply the rate that corresponds with your age (see table) by 26 and divide by 12, to get a monthly rate.
- Multiply your monthly earnings from step 2 with your monthly rate from step 3.
- This figure represents your monthly premium cost.

Annual Earnings	Divide by 12	\$100 Increments	Age-Banded Rate	Monthly Cost
Employee \$ _____	/12 = _____	/\$100 = _____	x \$__ x 26 / 12 =	\$ _____

To calculate your per pay period cost, take your monthly premium from the far right box above and multiply it by 12, then divide by 26.

Voluntary Life and AD&D Insurance Costs

Listed below are the per-pay-period rates for voluntary life and AD&D insurance. The amount you pay for voluntary life and AD&D insurance is deducted from your paycheck on a post-tax basis. Spouse rates are based on the spouse age.

Voluntary Life Rates				
Age	Employee Non-Tobacco Rate Per \$10,000 of coverage	Employee Tobacco Rate Per \$10,000 of coverage	Spouse Rate Per \$5,000 of coverage	Child Rate Per \$2,000 of coverage
<24	\$0.420	\$0.618	\$0.235	
25–29	\$0.420	\$0.618	\$0.235	
30–34	\$0.438	\$0.651	\$0.254	
35–39	\$0.572	\$0.923	\$0.346	
40–44	\$0.798	\$1.403	\$0.494	
45–49	\$1.260	\$2.206	\$0.771	
50–54	\$1.943	\$3.738	\$1.209	
55–59	\$3.189	\$5.303	\$1.846	
60–64	\$4.823	\$7.505	\$3.194	
65–69	\$8.377	\$12.425	\$5.418	
70–74	\$15.046	\$21.577	\$9.535	
75+	\$30.060	\$38.788	\$18.918	

Voluntary AD&D Rates	
Employee Per \$10,000 of coverage	\$0.241
Spouse Per \$5,000 of coverage	\$0.127
Child Per \$2,000 of coverage	\$0.032

Voluntary Life Calculation Worksheet				
Coverage Amount		Increment	Rate	Per Pay Period Cost
Employee	\$	/ \$10,000 x	\$ _____ =	\$ _____
Spouse	\$	/ \$ 5,000 x	\$ _____ =	\$ _____
Children	\$	/ \$ 2,000 x	\$ _____ =	\$ _____

Critical Illness and Accident Insurance Costs

Listed below are the per-pay-period rates for critical illness and accident insurance. The amount you pay for critical illness and accident insurance is deducted from your paycheck on a post-tax basis.

Coverage Level	Accident Rates
	Per Pay Period
Employee Only	\$5.79
Employee + Spouse	\$9.36
Employee + Child(ren)	\$10.81
Employee + Family	\$14.39

Age	Critical Illness Non-Tobacco Rates	Critical Illness Tobacco Rates
	Per \$5,000	Per \$5,000
<25	\$2.03	\$2.72
25–29	\$2.17	\$3.09
30–34	\$2.61	\$4.08
35–39	\$3.28	\$5.65
40–44	\$4.34	\$7.94
45–49	\$5.70	\$10.68
50–54	\$7.29	\$14.01
55–59	\$9.37	\$17.63
60–64	\$11.77	\$21.00
65–69	\$13.15	\$21.85
70+	\$22.98	\$34.75

Important Contact Information

If you have any questions regarding your benefits or the material contained in this guide, please contact Human Resources.

Tracy Beal

Phone: (303) 446-3976
Email: tbeal@danakepner.com

Provider/Plan	Contact Number	Group Number	Website
Medical HMO— Kaiser Permanente	(303) 338-3800	05603-01	www.kp.org
Medical PPO and HDHP— Allegiance	(800) 877-1122	2001002	www.askallegiance.com
Pharmacy—WellDyneRx	(800) 479-2000	RXWDKEPN Bin# 008878	www.welldynerx.com
Dental—Beta	(800) 807-0706	GP00016521	www.betadental.com
Dental—Delta Dental	(800) 610-0201	130474	www.deltadentalco.com
Vision—VSP	(800) 877-7195	30036554	www.vsp.com
Telemedicine—MDLive (PPO & HDHP enrollees only)	(877) 753-7992	N/A	www.MDLive.com
Flexible Spending Accounts—Allegiance	(800) 877-1122	2001002	www.askallegiance.com
Advocacy Services—Health Advocate	(866) 695-8622	N/A	www.healthadvocate.com/danakepner
Health Savings Account—Health Equity	(866) 346-5800	N/A	www.healthequity.com
Accident and Critical Illness—Unum	(800) 635-5597	R0660985	www.unum.com
Employee Assistance Program—Unum	(800) 854-1446	N/A	www.unum.com
Travel Assistance Program—Unum	(800) 872-1414	N/A	www.unum.com
Retirement Services—Wells Fargo	(800) 728-3123	440787	www.wellsfargo.com/retirementplan

This summary of benefits is not intended to be a complete description of the terms and Dana Kepner Company insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan. In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although Dana Kepner Company maintains its benefit plans on an ongoing basis, Dana Kepner Company reserves the right to terminate or amend each plan, in its entirety or in any part at any time.

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