



BENEFIT SUMMARY 2016

Dana Kepner Company, Inc.



Dana Kepner Company, Inc.

BENEFIT SUMMARY

Dana Kepner Company Benefit Highlights

- PPO (self-insured) Medical Plan (all areas)
Administered by Regional Care, Inc. (RCI)
- PPO Provider Networks
 - Colorado = Cofinity Network
 - Arizona = Arizona Foundation for Medical Care
 - Texas IHP = Integrated Health Plans (Health Smart Preferred)
 - Montana = Health Infonet (First Choice Health)
 - Nevada = Health Smart Preferred
- New Benefit! - Teladoc
- Kaiser HMO Medical Plan (Denver metro area only)
- Beta & Delta Dental Plans
- Vision Service Plan (VSP)
- Prescription Plan (“WellDyneRx” offers both a pharmacy and a mail order option)
- Select Flex – Administered by RCI (Cafeteria Plan/Section 125)
- UNUM Provident Insurance Co.- Term Life, AD&D Insurance, Voluntary Life Insurance, Long Term Disability, Voluntary Long Term Disability Buy-up
- Short Term Disability – Dana Kepner
- 401(k) Plan – Wells Fargo Retirement
- Generous holiday allowance
- Vacation and Personal Time Benefits
- Bereavement Leave Pay
- Yearly Flu Shots

Eligibility waiting periods:

Eligible, full-time employees working 30 or more hours per week are eligible for benefits first of the month following 30 days of employment



**2016 EMPLOYEE BENEFIT PLAN
PPO MEDICAL BENEFITS ADMINISTERED THROUGH
REGIONAL CARE, INCORPORATED**

Note: The maximums listed below are the total for Network and Non-Network expenses. For example, if a maximum of 60 days is listed twice under a service, the Calendar Year maximum is 60 days total, which may be split between Network and Non-Network providers.

(To read more: refer to Summary Plan Description)

DESCRIPTION	PPO Network Provider	NON-PPO Network Provider
Annual Maximum (Unlimited Lifetime)	Unlimited	Unlimited
Calendar Year Annual Deductible Individual Family	\$750 deductibles must be met \$1500 before benefits are paid	\$750 deductibles must be met \$1500 before benefits are paid
The Calendar Year deductible is waived for the following Covered Charges: - Pre-Admission Testing - Second Surgical Opinion	Eligible charges will be paid at 80% for all services for employees and their eligible dependents that reside outside a network service area (Wyoming only).	
Annual Out-of-Pocket Maximum: Individual Family	\$3,000 \$5,500	\$3,000 \$5,500

Eligible charges will be paid at 80% for all services for employees and their eligible dependents that reside outside a network service area (Wyoming only).

The plan will pay the designated percentage of covered charges until out of pocket amounts are reached, at which time the Plan will pay 100% of the remainder of covered charges for the rest of the Calendar Year unless stated otherwise.

The following charges do not apply toward the out-of-pocket maximum and are never paid at 100%.

- *Ambulance*
- *Cost containment penalties*
- *Expenses paid at 100% or 50%*
- *Non-covered expenses*
- *Penalty*
- *Skilled nursing*

**COVERED SERVICES AT 80% for NETWORK PROVIDERS, OR
PAID AT 70% FOR NON-NETWORK PROVIDERS**

- **Hospital Services: room and board, intensive care unit, nursery, in patient ancillary**
- **Out-Patient Hospital: surgery, radiology, laboratory services, out-patient services**
- **Ambulatory Surgical Facility**
- **Birthing Center Facility**
- **Emergency Services: hospital, physician, urgent care services**
- **Skilled Nursing Facility: Paid at 50% for In-Network Providers, after deductible the facility's semi-private room rate within 14 days of a 3-day stay 120 days Calendar Year maximum.**
- **Physician Services: inpatient visits, hospital in-patient/out-patient services, radiologists, pathologists, anesthesiologist**
- **Physician Office Services: office visits, injections without office visit, injectables for home use, office surgery, office services**
- **Home Health Care**
- **Outpatient Private Duty Nursing**
- **Hospice Care (In-Patient Hospice Care Facility) – 12-month maximum benefit period.**
- **Bereavement Counseling: Within 3 months following death for immediate family members \$500 Lifetime maximum**
- **Accident Expenses**
- **Ambulance Service: Ground \$150; Air-\$500 per trip maximum**
- **Chemotherapy**
- **Jaw Joint/TMJ: \$2,000 Lifetime maximum**
- **Occupational Therapy**
- **Speech Therapy**
- **Physical Therapy**
- **Durable Medical Equipment**
- **Prosthetics**
- **Orthotics**
- **Pain Clinics, Facilities, Centers**
- **Acupuncture: 6 visits per calendar year maximum, \$500 Calendar Year maximum.**

- **Chiropractic (Spinal Manipulation):** 3 visits per week for the first 4 weeks, 2 visits per week (next 8 weeks) 1 visit per week (next 4 weeks) for a total maximum of 16 weeks per calendar year.
- **Each two (2) days of partial hospitalization will count as one (1) day inpatient care.** “Partial Hospitalization” means continuous treatment at a hospital or treatment facility for at least four (4) hours but not more than sixteen (16) hours in any twenty-four (24) hour period.
- **Preventive Care:** routine well adult care includes office visits, pap smear, mammogram, prostate screening and x-rays, routine well newborn care, routine well child care-includes office visits, x-rays and immunizations through age 18.
- **Organ transplants:** \$10,000 for transportation, lodging, and meals lifetime maximum
- **Pregnancy:** dependant daughters are not covered, unless complications as defined.



Dana Kepner Company, Inc.

2016 EMPLOYEE BENEFIT PLAN
NEW BENEFIT! Teladoc

Teladoc is a convenient and affordable option for quality care. Teladoc is a new way to access qualified doctors through the convenience of your phone or computer. This benefit is **completely free** for employees on the RCI PPO medical plan!

WHEN CAN I USE TELADOC?	GET THE CARE YOU NEED	MEET OUR DOCTORS
<p>Teladoc does not replace your primary care physician. It is a convenient and affordable option for quality care.</p> <ul style="list-style-type: none">• When you need care now• If you're considering the ER or urgent care center for a non-emergency issue• On vacation, on a business trip, or away from home• For short-term prescription refills	<p>Teladoc doctors can treat many medical conditions, including:</p> <ul style="list-style-type: none">• Cold & flu symptoms• Allergies• Bronchitis• Urinary tract infection• Respiratory infection• Sinus problems• And more!	<p>Teladoc is simply a new way to access qualified doctors. All Teladoc doctors:</p> <ul style="list-style-type: none">• Are practicing PCPs, pediatricians, and family medicine physicians• Average 15 years experience• Are U.S. board-certified and licensed in your state• Are credentialed every three years, meeting NCQA standards
<p>With your consent, Teladoc is happy to provide information about your Teladoc consult to your primary care physician.</p>		

Visit the Teladoc website at www.Teladoc.com and click "Set Up Account" to get started!



Dana Kepner Company, Inc.

**2016 EMPLOYEE BENEFIT PLAN
PPO PLAN - PRESCRIPTIONS
Through “WellDyneRx “**

(To read more: refer to List of Participating WellDyneRx Pharmacies)

DESCRIPTION	BENEFIT
PPO Pharmacy (30 or 90 day supply) (See directory of participating chains)	20% co-payment generic 20% co-payment brand name <i>Employee pays only co-payment at the pharmacy</i>
Non-PPO Pharmacy (30 or 90 day supply)	30% co-payment generic (after medical deductible is met) 30% co-payment brand name (after medical deductible is met) <i>Employee pays up front then receives reimbursement after receipts are submitted to RCI</i>
Mail Order Pharmacy (90 day supply) <u>Additional savings on maintenance medications</u>	20% co-payment generic 20% co-payment brand name No shipping and handling fees

NOTE: Dana Kepner will pay for Cost of Generic Drugs only – if there is not a Generic drug available – then the plan will pay the difference for that Brand name prescription. If you choose ***not*** to take the generic drug – when there is a generic available, then the plan will ***not*** pay the difference between the generic and the brand name prescription.



Dana Kepner Company, Inc.

**2016 EMPLOYEE BENEFIT PLAN
KAISER HMO MEDICAL BENEFITS
(Denver Metro Area Only)**

DESCRIPTION	HMO
Covered Providers	Colorado Permanente Medical Group, P.C. (See Provider Directory for complete list)
Lifetime Maximum	No Lifetime Maximum
Annual Deductible Individual Family	\$750 \$2,250
Annual Out-of-Pocket Maximum Individual Family	<i>(includes deductible, medical and Rx copays)</i> \$1,250 \$2,500
Routine Office Visits Specialist After Hours/Urgent Care	\$15 per visit co-pay \$25 per visit co-pay \$25 per visit co-pay, member pays 10% after deductible for any procedures performed
Prescription Drug	\$10 per prescription for generic/\$25 brand; up to a 30 day supply
Inpatient Hospitalization Emergency Room	Member pays 10% after deductible Member pays 10% after deductible
Outpatient Surgery Ambulance	Member pays 10% after deductible Member pays 10% up to \$500 per trip
Vision (eye exam only)	\$15 co- pay –hardware not included



Dana Kepner Company, Inc.

**2016 EMPLOYEE BENEFIT PLAN
VOLUNTARY DENTAL BENEFITS
BETA HEALTH ASSOCIATION AND DELTA DENTAL**

DESCRIPTION	Beta Health: Alpha Dental (ADP) and CarePOS	Delta Dental		
	In-Network Coverage Only Employee Pays	Delta PPO Dentist Employee Pays	Delta Premier Dentist Employee Pays	Out-of-Network Employee Pays
Calendar Year Maximum	No Maximum	\$1,500		
Annual Deductible	None	\$25 per person, max \$75 per family (Deductible applies to Type II and III services only)		
Type I - Preventive Services (Cleanings, examinations, etc.)	Copays Vary	0%, no deductible In-network preventive from a PPO dentist don't apply toward the annual maximum	20%, of allowable charges, no deductible	20%, of allowable charges, no deductible
Type II - Basic Services (X-rays, fillings extractions, etc.)	Copays Vary	0% after deductible	20% of allowable charges after deductible	20% of allowable charges after deductible
Type III - Major Services (Root canal therapy, crowns, bridges, etc.)	Copays Vary	50% (waiting periods may apply)	50% of allowable charges after deductible (waiting periods may apply)	50% of allowable charges after deductible (waiting periods may apply)
Orthodontia	Copays under the Alpha plan, discounts under the CarePOS plan	No coverage		

Alpha and Beta Dental plans are not available in WY.

Please refer to the plan document and fee schedule for more information.



Dana Kepner Company, Inc.

**2016 EMPLOYEE BENEFIT PLAN
VOLUNTARY VISION BENEFITS**

Summary of Covered Benefits	VSP	
	In-Network	Out-of-Network
Eye Exam Frequency	\$20 copay	Up to \$45 allowance
	12 months	
Lenses		
Single	\$20 copay	Up to \$30 allowance
Bifocal	\$20 copay	Up to \$50 allowance
Trifocal	\$20 copay	Up to \$65 allowance
Frequency	12 months	
Frames		
	Up to \$130 allowance, then 20% discount on remaining balance	Up to \$70 allowance
Frequency	24 months	
Contact Lenses (elective)	Up to \$130 allowance	Up to \$105 allowance
Contact Lenses (medically necessary)	Covered at 100%	Up to \$210 allowance
Frequency	12 months	

Please refer to the plan document and fee schedule for more information.



Dana Kepner Company, Inc.

**2016 EMPLOYEE BENEFIT PLAN
CAFETERIA PLAN/SECTION 125
“SELECT-FLEX”, ADMINISTERED BY REGIONAL CARE, INC. (RCI)**

(To read more: refer to *Select Flex Summary Plan Description*)

A Flexible Benefit Plan (Flex Plan) is a Plan made possible by Section 125 of the Internal Revenue Code. Flex Plans enable employees to set aside pre-tax money from their paychecks to pay for:

- Employer-provided group insurance premiums;
- Out-of-pocket health care expenses; and,
- Dependent child day care expenses.

By participating in the Flex Plan you may significantly lower your taxes. You will not pay Federal, State, Social Security or Medicare tax on the money you allocate to your Flex Plan.

Consider the following:

- ***Group Insurance Premiums*** – All medical, dental and vision premiums will be set-up automatically on a pre-tax basis, unless otherwise directed by the employee. Your premiums will be withheld pre-tax, which ultimately lowers your taxable income.
- ***Health Care FSA*** - If you elect this option, you will be able to pay for out-of-pocket health care expenses with pre-tax dollars. Through the company, you may set aside an annual amount up to **\$2,500** from your gross pay. This amount will be deposited into your FSA. After you incur an eligible health care expense, submit your payment receipt and the claim for reimbursement. This plan is administered by RCI; **you** will be sent a reimbursement check for eligible expenses **weekly**.
- ***Dependent Care FSA*** - This account works like the Health Care FSA. However, you set up this account to pay for your dependent day care expenses (e.g. Day care, nanny, etc.). You may set aside up to **\$5,000** per year.

IMPORTANT - Due to I.R.S. regulations, any money left in your FSAs after all claims have been processed for that Plan Year up to \$500.00 may be rolled over into the following year. Any amount over the \$500.00 must be forfeited. Therefore, it is very important that you make conservative Annual Elections. (You will find more detailed information in your Summary Plan Description.)



Dana Kepner Company, Inc.

**2016 EMPLOYEE BENEFIT PLAN
LIFE INSURANCE/AD&D/STD/LTD**

DESCRIPTION	BENEFIT
Basic Term Life (Company Paid)	One time annual earnings to a maximum of \$50,000
AD&D (Company Paid) (Accidental Death & Dismemberment)	One time annual earnings to a maximum of \$50,000
Voluntary Term Life (Employee Option to Buy-Up)	<p>Employee benefits available in \$10,000 increments to the lesser of 5X salary up to \$500,000.</p> <p>Spouse benefits available in \$5,000 increments to \$500,000 up to 100% of the employee election.</p> <p>Child benefits available in \$2,000 increments to \$10,000 with children less than 6 months, \$1,000.</p>
(To read more: see <i>Short Term Disability document</i>)	
Short Term Disability (Employee option to purchase)	If you are totally disabled, and elect voluntary short-term disability coverage, you may be eligible to receive 60% of your earnings up to a weekly maximum of \$1,250. Disability benefits, if approved, begin on the 31 st day and end on the 90 th day of disability.
(To read more: see <i>Group Disability Insurance</i>)	
Long Term Disability (Company Paid)	A core monthly benefit of <u>\$1,000</u> , or the lesser amount of <u>60% of your monthly salary if less than \$20,000</u> . This has a 90-day elimination period.
Voluntary Long Term Disability (Employee option to Buy-Up)	If you are disabled, and you elect the voluntary long-term disability buy-up coverage, you may be eligible to receive 60% of your earnings up to a monthly maximum of \$5,000. Disability benefits, if approved, begin on the 91 st day of disability.

Please refer to the plan document for more information.



Dana Kepner Company, Inc.

**FACTS ABOUT DANA KEPNER COMPANY'S
401(k) PLAN
WELLS FARGO RETIREMENT PLAN SERVICES**

Plan Year	January 1 through December 31
Participant Eligibility	Must be a Dana Kepner employee. Waiting Period: Thirty days to the first of the following month.
Dates of Enrollment	Thirty days to the first day of the following month.
Enrollment Contributions	Deferral contributions are payroll deducted. Maximum contribution is 100% of your annual salary or \$16,500 (whichever is lesser). Minimum contribution is 1%.
Match	Dana Kepner's 401(k) <i>discretionary match</i> is as follows: <ul style="list-style-type: none">• Years 1 through 5 of employment: each \$1.00 you contribute (up to 5% of your salary) is matched with \$.25.• Years 6 or more of employment: each \$1.00 you contribute (up to 5% of your salary) is matched with \$.50.
Vesting Schedule	Dana Kepner's 401(k) vesting schedule is: <ul style="list-style-type: none">• 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	Allowed (see following page for qualifying reasons) <u>Amount:</u> Up to 50% of vested account balance (min. loan, \$1,000, max. loan \$50,000). <u>Interest Rate:</u> 2% over prime interest rate <u>Payable</u> through payroll deductions - max. repayment time is 5 years



Dana Kepner Company, Inc.

**FACTS ABOUT DANA KEPNER COMPANY'S
401(k) PLAN (continued)
WELLS FARGO RETIREMENT PLAN SERVICES**

Approved Reasons in order to obtain a loan:

Purchase of primary residence
Purchase of a vehicle
School tuition
Medical/Dental expenses
Funeral costs of a family member
Legal expenses

Statements

Provided quarterly. Account information is available 24 hours per day through Wells Fargo website (www.wellsfargo.com/retirementplan) or the Benefits Helpline 1-800-728-3123



Dana Kepner Company, Inc.

2016 EMPLOYEE BENEFIT PLAN EMPLOYEE COSTS

DESCRIPTION	COST																							
<u>Group PPO Medical Plan</u> <u>(Regional Care, Inc.) and</u> <u>Kaiser Permanente (Colorado Only)</u>	<p style="text-align: center;"><u>Monthly</u> <u>Pre-Tax</u></p> <table> <tr> <td></td><td colspan="2">Non-Smoker</td><td colspan="2">Smoker</td></tr> <tr> <td></td><td>Employee</td><td>Family</td><td>Employee</td><td>Family</td></tr> <tr> <td>Monthly Cost</td><td>157.72</td><td>702.34</td><td>257.72</td><td>802.34</td></tr> <tr> <td><u>Your per payroll Cost</u></td><td>72.79</td><td>324.16</td><td>118.95</td><td>370.31</td></tr> </table>					Non-Smoker		Smoker			Employee	Family	Employee	Family	Monthly Cost	157.72	702.34	257.72	802.34	<u>Your per payroll Cost</u>	72.79	324.16	118.95	370.31
	Non-Smoker		Smoker																					
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Monthly Cost	157.72	702.34	257.72	802.34																				
<u>Your per payroll Cost</u>	72.79	324.16	118.95	370.31																				
<u>Dental Benefits – Optional</u> <u>Beta Dental – Low plan</u> Basic – Employee Only Basic – Employee & Spouse Basic – Employee & Child(ren) Basic – Family	<p style="text-align: center;"><u>Monthly</u> <u>Pre-Tax</u></p> <p style="text-align: center;">\$12.75 per month \$22.75 per month \$30.75 per month \$36.75 per month</p>																							
<u>Dental Benefits – Optional</u> <u>Delta Dental High plan</u> High– Employee Only High – Employee & Spouse High – Employee & Child(ren) High – Family	<p style="text-align: center;"><u>Monthly</u> <u>Pre-Tax</u></p> <p style="text-align: center;">\$36.51 per month \$69.13 per month \$74.34 per month \$119.99 per month</p>																							
<u>VSP Vision Benefits – Optional</u> Employee Only Employee + 1 Employee & Children Family	<u>Monthly Pre-Tax</u> \$7.96 \$12.74 \$13.00 \$20.96	<u>Per Payroll Pre-Tax</u> \$3.67 \$5.88 \$6.00 \$9.67																						

EMPLOYEE COSTS (continued)

<u>Voluntary STD</u> (DK sponsored) 60% of your earnings (maximum weekly benefit is \$1,250)	<u>Monthly</u> Flat rate of \$5.00 per month.																																												
<u>Voluntary LTD</u> (UNUM Provident Insurance Co) Dana Kepner provides all employees with a benefit of 60% of their monthly salary, to a max. of \$1,000, in core LTD insurance. You may choose to purchase additional Long Term Disability	<u>Monthly</u> Employee cost per month for LTD coverage per \$1000.00 Age less than 40 .0033 40-49 .0061 50-54 .0070 55-59 .0077 60-64 .0086 65+ .0091																																												
<u>Voluntary Life</u> (UNUM Provident Insurance Co) Dana Kepner provides to each employee one times your annual salary, not to exceed \$50,000 in term life insurance and AD&D coverage. You may choose to buy additional life insurance using the following tables to figure your cost: Age: 0-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-69 70-74 75+	<u>Monthly (rate per \$1,000)</u> <table><tr><th>Non-Tobacco</th><th>Tobacco</th><th>Spouse</th></tr><tr><th>Per \$10,000</th><th>Per \$10,000</th><th>Per \$5,000</th></tr><tr><td>1.01</td><td>1.49</td><td>0.57</td></tr><tr><td>1.01</td><td>1.49</td><td>0.57</td></tr><tr><td>1.05</td><td>1.57</td><td>0.61</td></tr><tr><td>1.38</td><td>2.22</td><td>0.83</td></tr><tr><td>1.92</td><td>3.38</td><td>1.19</td></tr><tr><td>3.30</td><td>5.31</td><td>1.85</td></tr><tr><td>4.68</td><td>9.00</td><td>2.91</td></tr><tr><td>7.68</td><td>12.77</td><td>4.44</td></tr><tr><td>11.61</td><td>18.07</td><td>7.69</td></tr><tr><td>20.17</td><td>29.91</td><td>13.04</td></tr><tr><td>35.96</td><td>51.94</td><td>22.95</td></tr><tr><td>72.37</td><td>93.38</td><td>45.54</td></tr></table>			Non-Tobacco	Tobacco	Spouse	Per \$10,000	Per \$10,000	Per \$5,000	1.01	1.49	0.57	1.01	1.49	0.57	1.05	1.57	0.61	1.38	2.22	0.83	1.92	3.38	1.19	3.30	5.31	1.85	4.68	9.00	2.91	7.68	12.77	4.44	11.61	18.07	7.69	20.17	29.91	13.04	35.96	51.94	22.95	72.37	93.38	45.54
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Child(ren) per \$2,000: 0.53 up to \$10,000



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2016 HOLIDAY PAID TIME OFF

- Friday, January 1, 2016 – New Year's Day
- Monday, May 30, 2016 – Memorial Day
- Monday, July 4, 2016 – Independence Day
- Monday, September 5, 2016 – Labor Day
- Thursday, November 24, 2016 – Thanksgiving
- Friday, November 25, 2016 – Day after Thanksgiving
- Thursday, December 22, 2016 – Christmas Eve observed
- Friday, December 23, 2016 – Christmas Day observed
- Thursday, December 29, 2016 – New Year's Eve observed
- Friday, December 30, 2016 – New Year's Day observed

Paid Vacation Time:

Months Employed:

0-60 months (5 completed years)

- 10 days per year Accrues at 3.08 hours per pay period

61-120 months (10 completed years)

- 15 days per year Accrues at 4.62 hours per pay period

121+ months (10+ years)

- 20 days per year Accrues at 6.16 hours per pay period

Personal Time:

- 6 days per year Accrues at 1.85 hours per pay period

Unused personal time benefits may be carried over with NO maximum. Under no circumstance will there be a cash value for these days on or before termination.



Dana Kepner Company, Inc.

2016 EMPLOYEE BENEFIT PLAN PROVIDER CONTACTS

Medical Group: DKEPN Administered through: Regional Care, Inc. (RCI) 905 West 27 th Street Scottsbluff, NE 69361	<u>Customer Service:</u> Aileen Davis 1-800-795-7772 Facsimile: (308) 635-2018 <u>Pre-certification for hospital admissions: (RCI):</u> 1-800-647-0638
Pharmacy Group Number: RXWDKEPN Bin #008878 Processor: ProCareRx (Utilizing WellDyneRx Pharmacy Network) <i>Mail order prescriptions are also available!</i>	Member Services: Jennifer McIntyre –720-895-3127 1-888-479-2000 Pharmacy Help Desk: 1-800-699-3542
PPO Networks Cofinity Managed Care (CO) Group #DKEPN/SLN361 PO Box 241322 Denver, CO 80222 AHP-Accountable Health Plans of America (TX) Group #DKEPN P.O. Box 90613 Arlington, TX 76006 Arizona Foundation for Medical Care (AZ) Group #DKEPN PO Box 2909 Phoenix, AZ 85062 HealthSmart (NV) Group # DKEPN 2002 W. Loop # 289 Suite 121 Lubbock, TX 79407 Health Infonet (MT) P.O. Box 20559 Billings, MT 59104	303-504-5727 1-800-457-2345 www.cofinity.net 1-800-613-1124 (for TX) www.ihplan.com 602-252-4042 1-800-624-4277 www.azfmc.com 800-687-0500 www.healthsmart.net (406) 256-6556, or outside Billings, 1-888-256-6556 www.HealthInfoNetMT.com
Teladoc	Phone Number: 1-800-Teladoc Website: Teladoc.com Mobile Application: Teladoc.com/Mobile
Dental Group Numbers: Beta Dental – GP00016521 Delta Dental – 130474	Eligibility and Coverage Inquiries: 1-800-807-0706 http://www.betadental.com



Dana Kepner Company, Inc.

**2016 EMPLOYEE BENEFIT PLAN
PROVIDER CONTACTS (continued)**

VSP Vision Group Number: 30036554	Customer Care: 800-877-7195 https://www.vsp.com/
Kaiser Group Number 05603-01 Kaiser Permanente	Customer Service: (303) 338-3800 Appointment Call Center: (303) 338-4545 On-line information: www.kponline.org <ul style="list-style-type: none"> • Request Appointments • Consult a nurse or pharmacist • Join health discussion groups • Locate up-to-date information • Find out more about Kaiser
Cafeteria Plan/Section 125 Administered through: “Select-Flex” Regional Care, Inc. (RCI) 905 West 27 th Street Scottsbluff, NE 69361	Claim and Reimbursement Status Questions: 1-800-795-7772 Facsimile: (308) 635-2018
Wells Fargo Retirement Services (Your own retirement account, using your Social Security number.)	1-800-728-3123 Website Address www.wellsfargo.com/retirementplan
Human Resource Manager Ann Englehart -Corporate office	1-800-332-3079 303-446-3976 Fax: 303-446-3947