



# EMPLOYEE BENEFITS



Benefit plans effective  
January 1, 2017–December 31, 2017



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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 2017 plan year (through December 31, 2017). 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
- Note: 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, 2017.** 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: a PPO plan and a high deductible health plan (HDHP) through Allegiance and an HMO plan through Kaiser Permanente. The PPO & HDHP plans 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](http://www.askallegiance.com). The HMO plan is in-network only except for emergency care. Locate a Kaiser Permanente network provider at [www.kp.org](http://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 additional information on coverage and exclusions.

<b>Summary of Covered Benefits</b>	<b>PPO</b>		<b>HDHP</b>		<b>HMO</b>
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only
<b>Calendar Year Deductible</b> Individual/Family	\$750/\$1,500	\$750/\$1,500	\$2,600/\$5,200	\$5,200/\$10,400	\$750/\$2,250
<b>Out-of-Pocket Maximum</b> Individual/Family	Includes deductible and coinsurance \$3,000/\$5,500	\$3,000/\$5,500	Includes deductible and coinsurance \$5,200/\$10,400	\$10,400/\$20,800	Includes deductible, copays, and coinsurance \$1,250/\$2,500
<b>Preventive Care</b>	100% covered	40% after ded.	100% covered	40% after ded.	Plan pays 100%
<b>Physician Services</b> MDLive/E-Visits Primary Care Physician Specialist Urgent Care	\$40 20% after ded. 20% after ded. 20% after ded.	N/A 40% after ded. 40% after ded. 40% after ded.	\$40 20% after ded. 20% after ded. 20% after ded.	N/A 40% after ded. 40% after ded. 40% after ded.	Phone: \$0 copay Video: \$15/\$25 copay \$15 copay <sup>1</sup> \$25 copay <sup>1</sup> \$25 copay <sup>1</sup>
<b>Lab/X-Ray</b> Diagnostic Lab/X-Ray  High-Tech Services (MRI, CT, PET)	20% after ded.  20% after ded.	40% after ded.  40% after ded.	20% after ded.  20% after ded.	40% after ded.  40% after ded.	Lab: 100% Covered, X-Ray: 10% after ded.  10% after ded.
<b>Hospital Services</b> Inpatient Outpatient	20% after ded. 20% after ded.	40% after ded. 40% after ded.	20% after ded. 20% after ded.	40% after ded. 40% after ded.	10% after ded. 10% after ded.
<b>Emergency Room</b>	20% after ded.	20% after ded.	20% after ded.	20% after ded.	10% after ded.
<b>Hearing Aids</b> (covered once every three years up to \$1,500 per ear)	20% after ded.	40% after ded.	20% after ded.	40% after ded.	Applicable exam copay
<b>Chiropractic Care</b>	20% after ded.	40% after ded.	20% after ded.	40% after ded.	Not Covered
<b>Prescription Drugs</b> Generic Preferred Brand Non-Preferred Brand Specialty Mail Order (up to 90-day supply)	20% <sup>2, 3, 4</sup> 20% <sup>2, 3, 4</sup> 20% <sup>2, 3, 4</sup> 20% <sup>2, 3, 4</sup> 20%	40% after ded. <sup>4, 5</sup> 40% after ded. <sup>4, 5</sup> 40% after ded. <sup>4, 5</sup> 40% after ded. <sup>4, 5</sup> Not Covered	20% after ded. <sup>2</sup> 20% after ded. <sup>2</sup> 20% after ded. <sup>2</sup> 20% after ded. <sup>2</sup> 20% after ded. <sup>2</sup>	40% after ded. <sup>5</sup> 40% after ded. <sup>5</sup> 40% after ded. <sup>5</sup> 40% after ded. <sup>5</sup> Not Covered	\$10 copay \$25 copay Not Covered 20% up to \$250 2x retail copay

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

<sup>2</sup> 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.

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

<sup>4</sup> Member responsibility up to \$1,000

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

# 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 view a list of WellDyne's Preventive Drug List please see Human Resources.

## 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.

## Health Reform Law Individual Mandate

**You and your family members are required to have health insurance or pay a penalty to the government.** In 2017, the penalties are \$695 per adult and \$347.50 per child, or 2.5% of your income, whichever is greater. Some people may qualify for an exemption to this fee.

**The Dana Kepner Company medical plans meet all of the health reform law requirements to satisfy the individual mandate.** Dana Kepner Company pays a substantial amount of your coverage.

Learn more about the health reform law requirements at [www.healthcare.gov](http://www.healthcare.gov).



# Telemedicine & Virtual Visits

## MDLive PPO & HDHP

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 through an urgent care center, your primacy care physician's office, you will pay \$40 per consultation for the MDLive service.**

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. To set up an account visit [www.MDLive.com](http://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 below:

MDLive Physician 24/7/365	Primary Care Physician (PCP)	Urgent Care Center	Emergency Room
<p>If you need care from the convenience of your home or office, connect via phone or online video to a MDLive physician anytime of the day or night.</p> <p><b>Contact a MDLive physician for:</b></p> <ul style="list-style-type: none"><li>• Cold and flu symptoms</li><li>• Bronchitis</li><li>• Allergies</li><li>• Pink eye</li><li>• Respiratory infection</li><li>• Urinary tract infection</li></ul>	<p>You can continue accessing care through your PCP and, with your consent, MDLive will share information about your consult with your PCP.</p> <p><b>Visit a physician for:</b></p> <ul style="list-style-type: none"><li>• Preventive care and annual check ups</li><li>• Annual flu shot and other immunizations</li><li>• Care for which you have been continually under the direction of your PCP</li></ul>	<p>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.</p> <p><b>Visit an urgent care for:</b></p> <ul style="list-style-type: none"><li>• Sore throats</li><li>• Rashes</li><li>• Minor broken bones (e.g., finger)</li><li>• Small cuts</li></ul>	<p>In the case of a true medical emergency, go to the ER or call 911 immediately.</p> <p><b>Seek immediate attention at an ER for:</b></p> <ul style="list-style-type: none"><li>• Chest pain</li><li>• Sudden weakness or trouble talking</li><li>• Difficulty breathing</li><li>• Spinal injuries</li><li>• Severe head injury</li><li>• Major broken bones</li></ul>

## Kaiser Permanente Plan E-Visits

Similar to MDLive, employees enrolled in the Kaiser Permanente HMO can have an E-Visit 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](http://www.kp.org) and go to My Health Manager.

# 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](http://www.deltadentalco.com), [www.alphadentalplan.com](http://www.alphadentalplan.com), or [www.betadental.com/BlueExpert/](http://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.

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

<sup>1</sup> Preventive services from a PPO Dentist do not apply to the annual benefit max

<sup>2</sup> A 12-month waiting period applies to major services

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

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

# Dental Insurance Plans

Summary of Covered Benefits	Blue Expert Dental Plan/Beta
	In-Network
<b>Calendar Year Deductible</b>	\$0
<b>Preventive Services</b>	
Periodic Oral Evaluation	\$27 copay
<b>Restorative Services</b>	
Resin based (1 tooth surface)	\$83 copay
<b>All Other Dental Services</b>	Discounts apply
<b>Annual Benefit Maximum</b>	None (unlimited access to discounts)
<b>Orthodontia</b> (child and adult)	Discounts apply
<b>Lifetime Orthodontia Maximum</b>	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](http://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
<b>Eye Exam</b> (every 12 months)	\$20 copay	\$45 reimbursement
<b>Standard Lenses</b> (every 12 months) Single/Bifocal/Trifocal	\$20 copay	\$30/\$50/\$65 reimbursement
<b>Frames</b> (every 24 months)	Up to \$130 allowance, and then 20% discount off over remaining balance	\$70 reimbursement
<b>Contact Lenses</b> (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 2017 annual IRS contribution maximums listed below.

• **Employee-only coverage—\$3,400**

• **All other coverage tiers—\$6,750**

Employees age 55+ by December 31, 2017, may contribute additional funds to their HSA (up to \$1,000 in 2017)

## Dana Kepner Will Help You Start Saving

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)

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

# Flexible Spending Accounts

Dana Kepner Company offers two flexible spending account (FSA) options—the 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](http://www.askallegiance.com) to: view your account balance(s), calculate tax savings, view eligible expenses, download forms, view transaction history, and more.

If you fund an HSA, you cannot contribute pre-tax dollars to the health care flexible spending account.

## Health Care FSA

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 \$2,600 for the 2017 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 2017 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 2017 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 and dependent 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:

- **For the health care FSA, at the end of the plan year, you can roll over \$500 from your health care FSA to use in future years. Any amount in excess of \$500 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 contribution(s) 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](mailto:answers@HealthAdvocate.com), or by visiting [www.healthadvocate.com](http://www.healthadvocate.com). 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 15). 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 (100% employee paid)

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 (100% employee paid)

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 stage 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 1% to 100% 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](http://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

## **2017 Holidays**

Dana Kepner Company will be closed on the following days:

- Memorial Day—May 29, 2017
- Independence Day—July 3, 2017 & July 4, 2017
- Labor Day—September 4, 2017
- Thanksgiving Day—November 23, 2017 & November 24, 2017
- Christmas—December 25, 2017 & December 26, 2017

## **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**

Dana Kepner Company provides employee and travel assistance programs through Unum at [no cost](#).

### **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.

# 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
	Per Pay Period	Per Pay Period	Per Pay Period	Per Pay Period
Employee Only	\$74.77	\$120.92	\$46.15	\$92.31
Employee + Spouse	\$313.85	\$360.00	\$230.77	\$276.92
Employee + Child(ren)	\$309.23	\$355.38	\$230.77	\$276.92
Employee + Family	\$332.77	\$378.92	\$253.85	\$300.00

Coverage Level	Beta Health Association Dental Plans	Delta Dental Plan	Vision Plan
	Per Pay Period	Per Pay Period	Per Pay Period
Employee Only	\$5.88	\$16.85	\$3.67
Employee + Spouse	\$10.50	\$31.91	\$5.88
Employee + Child(ren)	\$14.19	\$34.31	\$6.00
Employee + Family	\$16.96	\$55.38	\$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		Long-Term Disability Buy-Up Calculation Worksheet				
Age	Employee Rate Per \$100 of Covered Salary	Coverage Amount		\$100 Increments	Rate	Per Pay Period Cost
<25	\$0.152	Employee	\$_____	/ \$100 x	\$_____ =	\$_____
25–29	\$0.152					
30–34	\$0.152					
35–39	\$0.152					
40–44	\$0.282					
45–49	\$0.282					
50–54	\$0.323					
55–59	\$0.355					
60–64	\$0.397					
65–69	\$0.420					
70+	\$0.420					

# 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	\$0.245
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	\$0.241			
Spouse	\$0.127			
Child	\$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.

Age	Critical Illness Non-Tobacco Rates		Coverage Level	Accident Rates	
	Per \$5,000	Per \$5,000		Per Pay Period	Employee Only
<25	\$2.03	\$2.72			\$5.79
25–29	\$2.17	\$3.09			\$9.36
30–34	\$2.61	\$4.08			\$10.81
35–39	\$3.28	\$5.65			\$14.39
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.

## Ann Englehart, Human Resources Department

Phone: (303) 446-3976 / (800) 332-9079

Fax: (303) 446-3974

Email: [aenglehart@danakepner.com](mailto:aenglehart@danakepner.com)

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

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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