



# ***Your Perdue Benefits***

Quality. Choice. Value.

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*An Overview of Your Benefit Options*

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*And You. Healthier Together.*



*A Family Commitment to Quality Since 1920®*



*Natural*  
FOOD HOLDINGS

# Your 2018 Benefits

Perdue's Open Enrollment period is just around the corner. Now is the time to consider whether your current benefits package still meets the health and financial needs of you and your family.

## Open Enrollment takes place September 11 through October 20, 2017.

During this time, you will have the opportunity to learn about new and existing benefit plans. **All associates must elect, change or waive benefit coverage for 2018; your current benefits will NOT automatically renew.** All changes or elections made during Open Enrollment become effective January 1, 2018. If you do not select your benefits during Open Enrollment, your current benefits will expire on December 31, 2017.

### ***"Opt Out" Option***

You also have the option to forego benefit coverage, if you prefer. Perdue allows you to opt out without having to show proof of other coverage. If you choose not to participate in Open Enrollment (for example, by not meeting with a benefits counselor), by default you will be considered declining your coverage for 2018.

**As with your other choices, this remains in effect for the entire plan year, unless you have an approved change in your work or family status.**

Associates must notify Human Resources no later than 30 days after loss of other coverage and/or change in family status (such as marriage, divorce, birth or adoption of children) in order to make changes to your plan.

*Please see the enclosed insert for details on how to enroll.*

This enrollment guide presents highlights of each of the benefits available for 2018. We hope you will use this information to make informed decisions that make the most sense for you and your family.

Perdue provides a full range of benefits that address your needs, now and in the future.

### FOR YOUR HEALTH

- ▶ Medical Insurance
- ▶ Prescription Drug Benefits
- ▶ Dental Insurance
- ▶ Vision Insurance
- ▶ Employee Assistance Program

### FOR YOUR FINANCIAL PROTECTION

- ▶ Life Insurance
- ▶ Disability Insurance
- ▶ Flexible Spending Accounts
- ▶ The Perdue Savings Plan

Visit [www.mynfbenefits.com](http://www.mynfbenefits.com) for more details.

## Your Eligibility

You are eligible for benefits if you are a full-time associate working 30 or more hours per week and have satisfied your benefits waiting period.

## Dependent Eligibility

***Your eligible dependents may include:***

- Your legal opposite-sex or same-sex spouse (unless you are legally separated).
- Your children up to age 26, regardless of marital or student status, even if they are eligible for other insurance coverage.
- Your children over age 26 who are physically or mentally disabled may be eligible (see Summary Plan Description for more details).
- Individuals who are neither your spouse nor child(ren) whereby you have legal guardianship.

***Dependent Documentation Requirements:***

- Birth certificates are required for newborns and dependents with a different last name than yours.
- Statements of Eligibility are required for disabled children.
- A marriage certificate is required for a spouse with a different last name than yours.
- Social Security numbers are required for all dependents.
- Court orders for dependents who are under your guardianship.
- Dates of Birth are required for all dependents.

Note: "Children" include your natural children, stepchildren, children under your legal guardianship and legally adopted children. A child may still qualify for coverage even though he or she does not reside in your household if you are divorced.

Only those dependents meeting the eligibility requirements can enroll for coverage. Check with your benefits counselor or your local Human Resources department for more information regarding dependent eligibility.

### SOCIAL SECURITY NUMBERS

Under the healthcare reform law, most U.S. citizens and legal residents are required to obtain qualifying health coverage. Those without appropriate health insurance coverage, and who do not qualify for an exemption, may incur a tax penalty.

Perdue is required to provide Social Security numbers to the IRS and issue a Health Coverage Form to you to verify you are satisfying this requirement under healthcare reform. In order for us to be in compliance, it is a requirement that you provide us with Social Security numbers for yourself and each dependent you plan to enroll in the Perdue Health Plan.

This statement is to be filed with your 2017 taxes. The information provided on these statements will be used to substantiate whether or not you were employed full-time, whether you were offered "acceptable" and "affordable" coverage, as well as whether or not you and your dependents enrolled in coverage.

During this enrollment process, Perdue has an obligation to remind you of your responsibility to report Social Security numbers to the plan in order to prevent any potential penalties when filing your taxes for 2017.

Perdue is making the following changes to *Your Perdue Benefits* for 2018:

## 1. New Healthcare Plans

In addition to your current medical plan, we are offering two new Medical/Rx plan options through Carefirst and Express Scripts, Advantage 10 and Essential 20:

- New deductibles
- New coinsurance structure
- New out-of-pocket limits
- New prescription drug plan designs bundled with new medical plans
- New rates will correspond with Medical/Rx plan options

## 2. New Medical Cards

New medical cards will be issued by Carefirst for ALL associates.

## 3. New Associate Dental Plan Contribution Rates

See your rate sheet for details.

## 4. Long-term Disability (LTD) Plan Changes

Hourly non-production associates will now be offered LTD with age-banded rates and five year maximum coverage duration (additional information on rates will be provided at time of enrollment).

## 5. New Unum Voluntary Whole Life Insurance Offering

- During this year's enrollment period, associates will have an opportunity to purchase guaranteed coverage for voluntary whole life insurance through Unum without having to answer any medical questions.
- The Voya whole life insurance offering will be frozen, and all new enrollments will be covered under the new Unum insurance carrier.
- Associates with existing Voya whole life insurance coverage can have concurrent Voya and Unum policies.

## 6. NY Paid Family Leave

Associates in NY will be eligible to take paid family leave with job protection and continuation of healthcare for bonding, care of family member or military deployment beginning January 1, 2018. More information to come.

## 7. New Dependent Life Benefit

This year, we are offering standalone spouse and standalone child dependent life coverage rather than the combined spouse/child coverage offered in the past.



The Your Perdue Benefits Medical Plans offer easy access to qualified medical providers. You can elect one of three Perdue Health Plan options. All plans offer care under the national CareFirst BCBS BluePreferred PPO Plan. The plans include prescription drug coverage through Express Scripts at no additional cost.

You may elect the new Essential 20 or Advantage 10 plans outlined below or the existing NFH Basic page outlined on the next page.

CAREFIRST BCBS BLUEPREFERRED PPO PLANS				
	ESSENTIAL 20 PLAN		ADVANTAGE 10 PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible (Single/Family)	\$1,200 / \$2,400	\$2,400 / \$4,800	\$600 / \$1,500	\$1,500 / \$3,000
Medical Coinsurance (Associate Share)	20% after deductible	30% after deductible	10% after deductible	30% after deductible
Out-of-Pocket Maximum (Medical and Prescription Drugs)	\$6,000 / \$12,000	\$12,000 / \$24,000	\$5,000 / \$10,000	\$10,000 / \$17,000
What You Pay for Services				
Office Visit	20% after deductible	30% after deductible	10% after deductible	30% after deductible
Preventive Care	Paid at 100%	30% after deductible	Paid at 100%	30% after deductible
Hospitalization	20% after deductible	30% after deductible	10% after deductible	30% after deductible
Emergency Room - True Emergency	20% after deductible		10% after deductible	
Urgent Care	20% after deductible	50% after deductible	10% after deductible	50% after deductible
PRESCRIPTION DRUG COVERAGE				
	ESSENTIAL 20 PLAN		ADVANTAGE 10 PLAN	
Retail Pharmacy (30-Day Supply)				
Generic - Non-Specialty	20% coinsurance \$8 min copay / \$16 max copay		\$10 copay	
Generic - Specialty	20% coinsurance \$16 min copay / \$32 max copay		\$20 copay	
Preferred Brand - Non-Specialty	20% coinsurance \$30 min copay / \$60 max copay		\$30 copay	
Preferred Brand - Specialty	30% coinsurance \$50 min copay / \$100 max copay		\$60 copay	
Mail Order (90-Day Supply)				
Generic - Non-Specialty	20% coinsurance \$16 min copay / \$32 max copay		\$20 copay	
Generic - Specialty	20% coinsurance \$16 min copay / \$32 max copay		\$20 copay	
Preferred Brand - Non-Specialty	30% coinsurance \$50 min copay / \$100 max copay		\$60 copay	
Preferred Brand - Specialty	30% coinsurance \$50 min copay / \$100 max copay		\$60 copay	

Visit [www.mynfhbenefits.com](http://www.mynfhbenefits.com) for more details on the medical plans. Refer to the enclosed rate sheet for premium contributions.

## Medical Plan Contact Information

**Claims Administrator:** CareFirst BlueCross BlueShield (BCBS)

**Member Website:** [www.CareFirst.com/Perdue](http://www.CareFirst.com/Perdue)

**Member Services:** 844-405-2160

**Provider Network:** BlueCard PPO/EPO

# Medical Insurance

As an alternative to the new Essential 20 or Advantage 10 plans on the previous page, you may choose the existing NFH Basic plan. Plan details are outlined below.

CAREFIRST BCBS BLUEPREFERRED PPO		
	NFH BASIC	
	In-network	Out-of-network
Deductible	\$600 individual / \$1,200 family	\$1,200 individual / \$2,400 family
Out-of-Pocket Maximum	\$1,800 individual / \$3,600 family	\$3,600 individual / \$7,200 family
Drug Card Out-of-Pocket Maximum	\$4,800 individual / \$9,600 family	
What You Pay for Services		
	In-network	Out-of-network
Office Visit	\$30 copay	40% coinsurance
Preventive Care	Paid at 100%	40% coinsurance
Hospitalization	20% coinsurance	40% coinsurance
Emergency Room - True emergency	20% coinsurance	20% coinsurance
Urgent Care	\$30 copay	40% coinsurance
PRESCRIPTION DRUG COVERAGE		
	NFH BASIC	
Retail Pharmacy		
Generic	You pay \$10 copay for 31-day supply	
Preferred Brand	You pay \$30 copay for 31-day supply	
Non-preferred Brand	You pay \$60 copay for 31-day supply	
Select Non-preferred Brand	You pay \$60 copay for 31-day supply	
Specialty	Same as cost-share above, depending on drug category (30-day supply)	
Home Delivery Service		
Generic	1x copay for 31 days; 2x copay for 93 days	
Preferred Brand	1x copay for 31 days; 2x copay for 93 days	
Non-preferred Brand	1x copay for 31 days; 2x copay for 93 days	
Select Non-preferred Brand	1x copay for 31 days; 2x copay for 93 days	
Specialty	Same as cost-share above, depending on drug category (30-day supply)	
Diabetes Home Delivery Service		
Insulin, syringes and diabetic supplies	You pay \$10 copay	

Visit [www.mynfhbenefits.com](http://www.mynfhbenefits.com) for more details on the medical plans. Refer to the enclosed rate sheet for premium contributions.

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# Dental and Vision Insurance

## Dental Insurance

Maintaining good oral health is essential to maintaining good overall health. The Your Perdue Benefits Dental Plans provide coverage for a wide range of dental services and supplies through Delta Dental. You may choose from one of three coverage options.

DELTA DENTAL			
	Basic Dental	Dental Plus	Dental Plus Orthodontics
<b>Deductible</b> (Single/Family)	\$25/\$75	\$50/\$150	\$50/\$150
<b>Annual Maximum</b>	\$750	\$1,500	\$1,500
What You Pay for Services			
<b>Preventive Services</b> (2 per year, 6 months apart)	Paid at 100%	Paid at 100%	Paid at 100%
<b>Basic Services</b>	50% after deductible	20% after deductible	20% after deductible
<b>Major Services</b>	No Coverage	50% after deductible	50% after deductible
<b>Orthodontics*</b> (Straightening of teeth for children up to age 26)	No Coverage	No Coverage	50%
<b>Orthodontics Deductible</b>	N/A	N/A	\$50 per child
<b>Orthodontics Lifetime Maximum</b> (Plan pays)	N/A	N/A	\$1,000

*\* You will be reimbursed up to \$1,000 for orthodontics; however, generally 50% of the cost of orthodontics is paid when the bands are placed on the teeth, and the remaining 50% is paid 12 months later.*

## Vision Insurance

Eyesight is a precious thing, and the Your Perdue Benefits Vision Plan helps you keep your eyes healthy and protected. The plan covers services at one of the more than 40,000 EyeMed Vision Care network providers.

EYEMED VISION			
	In-Network	Out-of-Network	Frequency
<b>Vision Exam</b>	100%	Up to \$48 allowance	Once every 12 months
<b>Standard Plastic Lenses</b> Single Vision Bifocal Trifocal	100% after \$20 copay 100% after \$20 copay 100% after \$20 copay	Up to \$28 allowance Up to \$44 allowance Up to \$72 allowance	Once every 12 months
<b>Lens Options</b> Ultra Violet Coating Tint (Solid and Gradient) Standard Scratch Resistant Standard Polycarbonate Standard Progressives (add-on to bifocal) Standard Anti-Reflective Other Add-Ons	\$15 \$15 \$15 \$40 \$85 \$45 20% discount	N/A N/A N/A N/A N/A N/A N/A	
<b>Frames</b>	Up to \$150 allowance; 20% discount on balance over \$150	Up to \$55 allowance	
<b>Standard Contact Lens Fit &amp; Follow Up Exam</b>	100% after \$55 copay	N/A	
<b>Premium Contact Lens Fit &amp; Follow Up Exam</b>	Members receive 10% off retail	N/A	
<b>Contact Lenses</b> Conventional (in lieu of eyeglass lenses) Disposable (in lieu of eyeglass lenses) Medically Necessary	Up to \$125 allowance; 15% discount on balance over \$125  Up to \$125 allowance  100%	Up to \$100 allowance  Up to \$100 allowance  Up to \$200 allowance	Once every 12 months

Visit [www.mynfhbenefits.com](http://www.mynfhbenefits.com) for more details on the dental and vision plans. Refer to the enclosed rate sheet for premium contributions.

# Life Insurance

When the unexpected occurs, it is important to have the security of benefits that protect what you have worked hard to accomplish.

## Basic Life Insurance

Perdue will help protect your family's income by providing Basic Life Insurance at no cost to you. Your Basic Life Insurance benefit may vary depending on your benefit group.

## Accidental Death & Dismemberment Insurance

Accidental Death and Dismemberment (AD&D) Insurance provides you or your family with a benefit if you die, are dismembered or are disabled due to an accident at work, home or anywhere you travel. Contributions for AD&D Insurance are deducted from your paycheck on a before-tax basis. Your AD&D Insurance options may vary depending on your benefit group.

## Optional Life Insurance

You may also choose to purchase Optional Life Insurance coverage as a supplement to the Company-paid benefit. Contributions for Optional Life Insurance are deducted from your paycheck on an after-tax basis. Your Optional Life Insurance options may vary depending on your benefit group. You may be required to provide evidence of insurability.

## Dependent Life Insurance

Dependent Life Insurance provides coverage for your spouse and/or dependent children. Contributions for Dependent Life Insurance are deducted from your paycheck on an after-tax basis. You are automatically the beneficiary for dependent life benefits. Evidence of insurability may be required.

### Reminder

*Please take this time to update or change your life insurance beneficiaries. You can elect different beneficiaries for Life Insurance and AD&D Insurance.*

## HOW MUCH LIFE INSURANCE DO YOU NEED?

Many financial experts recommend you have at least five to eight times your household income in life insurance. To calculate the level sufficient to cover your needs, you should consider your current income and how much it costs to maintain your family's standard of living. You should also consider your current expenses and your family's future financial needs, such as the following:

### Current Expenses

- Home Mortgage
- Car Payments
- Credit Card Debt
- Other Debt

### Future Needs

- Child Care
- College Tuition
- Spouse's Retirement
- Routine Household Expenses

After you add your financial responsibilities, how does the sum compare with your current coverage?



A disabling injury or illness that keeps you out of work could have a devastating impact on your income, jeopardizing your ability to cover normal household expenses. With the right disability insurance, your income is protected, relieving you of the anxiety of depleting your savings to pay your bills.

## Short Term Disability Insurance

Short Term Disability Insurance provides a percentage of your pay if you are ill or injured and cannot work. Coverage options may vary depending on your benefit group.

Short Term Disability Insurance is an optional benefit for ALL associates, with the cost shared between the Company and the associate.

If you are currently enrolled and want to continue your Short Term Disability coverage, you must actively enroll during Open Enrollment to receive income replacement in the event of a medical leave of absence. Contributions will be deducted from your paycheck beginning January 1, 2018.

**IMPORTANT:** *If you are out of work for a period of time due to an illness or injury, and you do not have Short Term Disability coverage, you will be without pay during that time. This could have a significant impact on your financial situation or ability to maintain any financial responsibilities.*

## Long Term Disability Insurance

You may also purchase Long Term Disability Insurance to protect your finances when your disability continues beyond the period covered by the Short Term Disability plan. Coverage options vary depending on your benefit group.

*Please note: Prudential requires a minimum number of enrollees in some plans. If the minimum is not met, some policies may not be issued. If the policy is not issued, your paycheck will not be deducted.*

# New York's Paid Family Leave Law

New York's Paid Family Leave Benefits Law (the "NYPFL Law") is a paid family leave program effective January 1, 2018. Starting on that date, New York associates will be eligible for up to eight (8) weeks of compensation, benefits and job-protected leave in any 52-week period, and the duration and benefit amounts of the paid family leave ("PFL") are set to increase annually, effective January 1 of each year through 2021.

PFL can be used for any of three reasons: (1) care for a close relative with a serious health condition, (2) bond with the associate's newborn, newly adopted, or newly-placed child within the first 12 months, (3) for purposes identified under the federal Family and Medical Leave Act ("FMLA") when their spouse, child, domestic partner or parent is on active duty or has been notified of an impending call or order to active duty.

New York associates will receive additional information through an upcoming mailing.

# Flexible Spending Accounts

Flexible Spending Accounts (FSAs) enable you to put aside money for important expenses and help you reduce your income taxes at the same time. Perdue offers a Health Care FSA and a Dependent Care FSA through Connect Your Care (CYC), a partnered vendor of CareFirst BlueCross BlueShield.

## How Flexible Spending Accounts Work

1. Each year during Open Enrollment, you decide how much to set aside for health care and/or dependent care expenses.
2. Your contributions are deducted from your paycheck on a pre-tax basis in equal installments throughout the calendar year.
3. As you incur health care or dependent care expenses throughout the year, you'll need to submit a claim form to be reimbursed from your account. When you use your health care payment card to pay for Health Care FSA expenses, you will not be paying out of pocket, therefore you do not need to file a claim and wait for reimbursement. Please remember to retain all itemized receipts. You may need to provide appropriate documentation upon request.

Please note that these accounts are separate — you may choose to participate in one, both or neither. You cannot use money from the Health Care FSA to cover expenses eligible under the Dependent Care FSA or vice versa.

**You must actively re-enroll in the FSAs each year. You are not automatically re-enrolled.**

PLAN	ANNUAL MAXIMUM CONTRIBUTION	EXAMPLES OF COVERED EXPENSES*
Health Care FSA	\$2,500	Copays, deductibles, prescription drugs, orthodontia, etc.
Dependent Care FSA	\$5,000	Day care, nursery school, elder care, etc.

\* See IRS Publications 502 and 503 for a complete list of covered expenses.

### Reminder

*Remember to calculate your expenses conservatively when making your FSA elections. IRS regulations require that you forfeit any money left in your account after the claims submission deadline.*

# The Perdue Savings Plan

You are eligible to participate in the Perdue Savings Plan if you are a non-union associate or in a job class covered by a collective bargaining agreement that provides you to participate in the Plan. If you are uncertain whether you are eligible to participate in this plan, contact Wells Fargo at 1-800-728-3123.

- Determine how much to save
- Tax-deferred contribution
- Company Match
- Convenient payroll deductions
- Variety of investment options

Contact Wells Fargo at 1-800-728-3123 or [www.wellsfargo.com/retirement](http://www.wellsfargo.com/retirement) to enroll, review, make any necessary changes and assign a beneficiary to the Perdue Savings Plan. It's that easy to save for the future. Enroll in the plan today.

### Reminder

*As a plan distinct from your health/life plans, you must **designate a separate beneficiary** for your Perdue Savings Plan.*

# GuidanceResources

## Employee Assistance Program (EAP)

GuidanceResources is available to you and your dependents at no cost to provide confidential support, resources and information in dealing with issues such as:

- Depression, stress & anxiety
- Marital & family conflicts
- Alcohol & drug abuse
- Grief & loss
- Savings for college
- Tax questions
- Getting out of debt
- Retirement planning
- Divorce & family law
- Bankruptcy
- Criminal actions
- Civil lawsuits

The program is available 24 hours a day, 7 days a week.  
Simply call 800-311-4327 or visit [guidanceresources.com](http://guidanceresources.com) using  
Company Web ID: PERDUE.

# Benefit Election Summary

Fill in the worksheet below to help you prepare for your enrollment session. **Please note, this worksheet is for reference purposes only; it is NOT an enrollment form.** You must enroll through a benefits counselor during your enrollment session. Your counselor will also provide rates for each of the benefits available and will help you calculate your total pay period deduction amount.

**Please come prepared with the Social Security numbers, dates of birth and addresses for any dependents.**

PLAN	ENROLL OR WAIVE	ADDITIONAL INFORMATION	PER PAY PERIOD DEDUCTION
<b>Medical</b> <input type="checkbox"/> Advantage 10 <input type="checkbox"/> Essential 20 <input type="checkbox"/> NFH Basic	<input type="checkbox"/> Enroll <input type="checkbox"/> Waive	<input type="checkbox"/> Associate Only <input type="checkbox"/> Associate + Spouse <input type="checkbox"/> Associate + 1 Child <input type="checkbox"/> Associate + Family	\$ _____
<b>Dental</b> <input type="checkbox"/> Basic Plan <input type="checkbox"/> Dental Plus Plan <input type="checkbox"/> Dental Plus with Orthodontia	<input type="checkbox"/> Enroll <input type="checkbox"/> Waive	<input type="checkbox"/> Associate Only <input type="checkbox"/> Associate + 1 <input type="checkbox"/> Associate + Family	\$ _____
<b>Vision</b>	<input type="checkbox"/> Enroll <input type="checkbox"/> Waive	<input type="checkbox"/> Associate Only <input type="checkbox"/> Associate + 1 <input type="checkbox"/> Associate + Family	\$ _____
<b>Basic Life</b>	N/A	<input type="checkbox"/> Associate Only	100% Company-paid
<b>Accidental Death &amp; Dismemberment</b>	<input type="checkbox"/> Enroll <input type="checkbox"/> Waive	Associate Coverage Amount \$ _____	\$ _____
<b>Optional Life</b>	<input type="checkbox"/> Enroll <input type="checkbox"/> Waive	Associate Coverage Amount \$ _____	\$ _____
<b>Dependent Life</b>	<input type="checkbox"/> Enroll <input type="checkbox"/> Waive	Spouse Coverage Amount \$ _____  Child Coverage Amount \$ _____	\$ _____
<b>Short Term Disability</b>	<input type="checkbox"/> Enroll <input type="checkbox"/> Waive	<input type="checkbox"/> Associate Only	\$ _____
<b>Long Term Disability</b>	<input type="checkbox"/> Enroll <input type="checkbox"/> Waive	<input type="checkbox"/> Associate Only	\$ _____
<b>Health Care Flexible Spending Accounts</b>	<input type="checkbox"/> Enroll <input type="checkbox"/> Waive	Annual Contribution: \$ _____ (Maximum Contribution Amount \$2,500)	\$ _____
<b>Dependent Care Flexible Spending Account</b>	<input type="checkbox"/> Enroll <input type="checkbox"/> Waive	Annual Contribution: \$ _____ (Maximum Contribution Amount \$5,000)	\$ _____
<b>Employee Assistance Program (EAP)</b>	N/A	<input type="checkbox"/> Covers Associate and All Family Members	100% Company-paid
<b>TOTAL PAY PERIOD DEDUCTION AMOUNT</b>			\$ _____



## Important Notice: About Perdue's Prescription Drug Coverage and Medicare Part D

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Perdue and prescription drug coverage available for people with Medicare. It also explains the options you have under Medicare Part D (prescription drug coverage) and can help you decide whether or not you want to enroll. At the end of this notice is information about where you can get help to make decisions about your prescription drug coverage.

- 1) Medicare Part D became available in 2006 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plans that offer prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
- 2) Perdue's prescription drug plan, administered by Express Scripts, is considered "creditable coverage". Creditable coverage means that your current plan's prescription drug coverage is as good as or better than Medicare Part D coverage.

Because your existing coverage is as good as or better than standard Medicare Part D, you can keep this coverage and not pay extra if you later decide to enroll in Medicare Part D prescription drug coverage. Individuals can enroll in a Medicare Part D when they first become eligible for Medicare and each year from October 15th through December 7th. Beneficiaries leaving employer/union coverage may be eligible for a two month Special Enrollment Period to sign up for a Medicare Part D. You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare Part D in your area. You should also know that if you drop or lose your coverage with Perdue and don't enroll in Medicare Part D after your current coverage ends, you may pay more (a penalty) to enroll in Medicare Part D later. If you go 63 days or longer without prescription drug coverage that's at least as good as Medicare Part D, your monthly premium will go up at least 1% per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium will always be at least 19% higher than what many other people pay. You'll have to pay this higher premium as long as you have Medicare Part D. In addition, you may have to wait until the following October to enroll.

If you decide to join a Medicare drug plan, your current Perdue coverage will not be affected. You can keep your coverage through Perdue and this plan will coordinate with your Part D coverage.

**NOTE: You will receive this notice annually and if this coverage through Perdue changes. For more information about this notice, your current prescription drug coverage or to request a copy of this notice, contact the Benefits Hotline at 800-997-3247.**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. For more information about Medicare Part D:

- Visit [www.medicare.gov](http://www.medicare.gov).

- Call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for Medicare Part D prescription drug coverage is available.

**Information about this extra help is available from the Social Security Administration (SSA) online at [www.socialsecurity.gov](http://www.socialsecurity.gov), or you call them at 1-800-772-1213 (TTY 1-800-325-0778).**

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

## Women's Health and Cancer Rights Act: Notice of Rights

The Women's Health and Cancer Rights Act of 1998 was enacted on October 21, 1998. It provides certain protection for breast cancer patients who elect breast reconstruction in connection with a mastectomy. Specifically, the act requires that health plans cover post-mastectomy reconstructive breast surgery if they provide medical and surgical coverage for mastectomies. Coverage must be provided for (1) reconstruction of the breast on which the mastectomy has been performed; (2) surgery and reconstruction of the other breast to produce a symmetrical appearance; and (3) prostheses and physical complications of all stages of mastectomy, including lymph edema. The benefits required under the Women's Health and Cancer Rights Act must be provided in a manner determined by the attending physician in consultation with the patient. These benefits are subject to the health plan's regular deductibles and co-payments. This notice will be provided annually.

## Access to Obstetric or Gynecological Care

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

# Important Notices

## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible

for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2017. Contact your State for more information on eligibility –**

ALABAMA – Medicaid	INDIANA – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864	Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a> Phone: 1-800-462-1120
ALASKA – Medicaid	IOWA – Medicaid	MINNESOTA – Medicaid
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	Website: <a href="http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a> Phone: 1-888-346-9562	Website: <a href="http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a> Phone: 1-800-657-3739
ARKANSAS – Medicaid	KANSAS – Medicaid	MISSOURI – Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-785-296-3512	Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	KENTUCKY – Medicaid	MONTANA – Medicaid
Health First Colorado Website: <a href="https://www.healthfirst-colorado.com/">https://www.healthfirst-colorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="http://Colorado.gov/HCPF/Child-Health-Plan-Plus">Colorado.gov/HCPF/Child-Health-Plan-Plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570	Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084
FLORIDA – Medicaid	LOUISIANA – Medicaid	NEBRASKA – Medicaid
Website: <a href="http://flmedicaidprecovery.com/hipp/">http://flmedicaidprecovery.com/hipp/</a> Phone: 1-877-357-3268	Website: <a href="http://dhhs.louisiana.gov/index.cfm/sub-home/1/n/331">http://dhhs.louisiana.gov/index.cfm/sub-home/1/n/331</a> Phone: 1-888-695-2447	Website: <a href="http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx">http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx</a> Phone: 1-855-632-7633
GEORGIA – Medicaid	MAINE – Medicaid	NEVADA – Medicaid
Website: <a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a> - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507	Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711	Medicaid Website: <a href="https://dwss.nv.gov/">https://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900

# Important Notices

<b>NEW HAMPSHIRE – Medicaid</b> Website: <a href="http://www.dhhs.nh.gov/oi/documents/hip-papp.pdf">http://www.dhhs.nh.gov/oi/documents/hip-papp.pdf</a> Phone: 603-271-5218	<b>PENNSYLVANIA – Medicaid</b> Website: <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a> Phone: 1-800-692-7462	<b>VERMONT– Medicaid</b> Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
<b>NEW JERSEY – Medicaid and CHIP</b> Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710	<b>RHODE ISLAND – Medicaid</b> Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 401-462-5300	<b>VIRGINIA – Medicaid and CHIP</b> Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282
<b>NEW YORK – Medicaid</b> Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831	<b>SOUTH CAROLINA – Medicaid</b> Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	<b>WASHINGTON – Medicaid</b> Website: <a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program">http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</a> Phone: 1-800-562-3022 ext. 15473
<b>NORTH CAROLINA – Medicaid</b> Website: <a href="https://dma.ncdhhs.gov/">https://dma.ncdhhs.gov/</a> Phone: 919-855-4100	<b>SOUTH DAKOTA - Medicaid</b> Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	<b>WEST VIRGINIA – Medicaid</b> Website: <a href="http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx">http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx</a> Phone: 1-877-598-5820, HMS Third Party Liability
<b>NORTH DAKOTA – Medicaid</b> Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825	<b>TEXAS – Medicaid</b> Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	<b>WISCONSIN – Medicaid and CHIP</b> Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1-800-362-3002
<b>OKLAHOMA – Medicaid and CHIP</b> Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	<b>UTAH – Medicaid and CHIP</b> Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669	<b>WYOMING – Medicaid</b> Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531
<b>OREGON – Medicaid</b> Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075	<b>VERMONT– Medicaid</b> Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427	

To see if any other states have added a premium assistance program since January 31, 2017, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

## Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display

a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [opr@dol.gov](mailto:opr@dol.gov) and reference the OMB Control Number 1210-0137.

## Notice of Privacy Practices

A copy of the Notice of Privacy Practices for the Perdue Farms Inc. Medical Plan, the Perdue Farms Inc. Dental Plan and the Perdue Farms Inc. Health Care Flexible Spending Account Plan is available upon request and free of charge by contacting Corporate Benefits at 800-997-3247. The Notice describes the ways in which these plans may use and disclose your protected health information and certain rights you have with regard to your protected health information.

*NOTE: This brochure is intended to summarize the benefits you receive from Perdue Farms Inc. The actual determination of your benefits is based solely on the plan documents provided by the carrier of each plan. This summary is not legally binding, is not a contract, and does not alter any original plan documents. For additional information, please contact the Human Resources Department.*