

My
Health



My
Security



My
Well-being



My
Future



Benefit Open Enrollment

2018 Benefits Guide

Management Team Members

Tyson Cincinnati



We Care About You.

2018 Benefit Open Enrollment

October 16 – November 10, 2017

All Tyson Cincinnati (formerly AdvancePierre Foods) team members who are eligible for benefits will enroll in a new Tyson Foods benefits package this year. To choose the benefits coverage that is best for you and your family, **you must participate in a new Open Enrollment process**. Be sure to read this booklet and make your choices for 2018 by the November 10th deadline.

We Care About You.

At Tyson Foods, team members drive our business. We know our team members work hard every day to help the team succeed. In return, we offer competitive and compelling rewards that include competitive pay and benefits, a great work environment, career development opportunities, and a great culture. Open Enrollment is your chance to elect your benefits, and learn how they can help improve and protect your health, well-being, security, and future.

Your 2018 Benefit Options

Build a complete benefits package with the plans and services available to you for 2018!

New

Health Plan, Medical Services, & Tax Advantaged Accounts

• Non-Tobacco User Premium Incentive	5
<i>Team members and covered spouses who certify that they are tobacco free receive a health plan premium incentive.</i>	
• Traditional Preferred Provider Organization (PPO) Plan with the opportunity to enroll in the Health Care Flexible Spending Account (FSA)	6 & 11
• The Health Investment Plan - A qualified high deductible health plan with contributions to a Health Savings Account (HSA)	6, 7, & 12
<i>Both medical plan options have the same premiums, cover preventive care at 100%, and provide access to accounts that can be used to pay for health care expenses on a pre-tax basis! The HSA includes a contribution from Tyson.</i>	
• Telemedicine	6 & 16
• Spousal Surcharge	7
• Wellness Program	8
• Prescription Coverage	8 & 9
• Dental & Vision Coverage	10
<i>Your health plan cost includes core dental and vision coverage!</i>	
• Dependent Care Flexible Spending Account	11
• Advance Medical Expert Opinion Program	18
• Healthy Tots	18
• Online Health Resources	18
• Weight Management Coaching Program	18

New

Income Protection & Voluntary Benefits

• Basic Life & Accidental Death & Dismemberment (AD&D) Insurance	14
• Short Term Disability Insurance	14
• Long Term Disability Insurance	14
• Long Term Care Insurance	14
• Voluntary Benefits	14, 15, 16
• Term Life Insurance & AD&D	
• Whole Life Insurance	
• Hospital Indemnity Insurance	
• Critical Illness Insurance	
• Accident Insurance	

These plans are insured through Unum and provide income protection when you and your family need it most. During this Open Enrollment, you can enroll without having to answer medical questions for most benefit options!

New

Benefits for Balancing Your Lifestyle

• Legal Plan	17
• Commuter Program	17
• Autism & Learning Disability Support Program through Rethink	17
• Discount Programs	18
• Employee Assistance Program (EAP)	18



Learn how you can use any existing funds in your AdvancePierre Foods Health Reimbursement Account (HRA), Health Savings Account (HSA) or Flexible Spending Accounts (FSAs) on page 13.

Learn more about the differences your benefits can make in 2018 throughout this guide.

You MUST participate in Open Enrollment!

If you do not participate in an enrollment session, you will be automatically enrolled into certain coverages, and your eligible family members will not be covered.

Be sure to take advantage of the new options that work best for you, and make benefit elections based upon your needs. For eligible team members hired on or before October 3, 2017, Open Enrollment is your opportunity to do the following:

Elect or waive your health plan and voluntary benefits coverage. If you elect coverage, certify tobacco-use status and the spousal surcharge.

Open Enrollment is your only chance throughout the year to make elections or waive (without a qualifying change in status event). If you do not participate, you will be automatically enrolled into the coverages in the chart below.

Learn about your new benefit options.

Benefits are very important, but they are not always easy to understand. When electing your new options during Open Enrollment, you will have the opportunity to discuss your benefits and enroll with the help of an Aon Enrollment Counselor.

Elect coverage for your family members. Make sure that your family will be covered.

If you do not elect coverage for your dependents during Open Enrollment, they will NOT be covered in 2018. Elections will not carry over from 2017!


If you are adding a spouse or child(ren) who are not listed in the enrollment system when you enroll, you will have to provide documentation (see page 5) by November 10, 2017.

Add life insurance beneficiary information.

Be sure that your benefits will be distributed properly to your loved ones if anything were to happen to you. Beneficiary information will not carry over from 2017.

Participating in Open Enrollment

Team members will have the option to enroll with the help of an Aon Enrollment Counselor or through the online enrollment system between October 16 and November 10, 2017. The chart below outlines what will happen to your benefits coverage if you do not participate in Open Enrollment this year. This is a change from previous years. More detail on each of these coverage options is provided in the coming pages.

Coverage	If you do not participate in Open Enrollment...
Health Plan	You will be auto-enrolled in coverage for team member only: Traditional Preferred Provider Organization (PPO) medical plan, core dental, core vision. You will be considered a tobacco user and will pay the \$10/week surcharge in addition to the Medical Plan premium.
Spouse and/or Child Coverage	Family members will NOT be covered unless you elect plans for them during this enrollment.
Non-Tobacco User Premium Incentive	You will pay the tobacco premium surcharge (\$10/week).
Flexible Spending Account (Health Care and/or Dependent Care) or Health Savings Account Contributions	No contributions will be made for 2018.
 Voluntary Benefit Options	You will miss the opportunity to enroll in these new plans without having to provide evidence of good health for certain elections.



Documentation Requirements

Documentation is required only for team members who wish to waive medical coverage, waive the spousal surcharge, or add dependents who are not listed in the enrollment system during Open Enrollment.

Please refer to the email/fax cover sheet, and page 5 for details.

The cover sheet and the forms that are necessary for you to complete can be found on the Important Documents page at www.benefitsquest.com/tyson.

Eligibility for 2018 Benefits

New Hire Eligibility Requirements

Eligibility requirements for benefits at Tyson Foods are detailed below. If you are eligible for benefits through Tyson Foods, you will be able to cover your eligible family members. Please see the charts below, or speak with an Aon Enrollment Counselor about any eligibility questions you may have.

Your service with AdvancePierre will count toward the Tyson eligibility period.

Team Member Eligibility

All full-time team members working 30 or more hours per week are eligible for benefits beginning the 1st day of the month following 59 days of full-time employment.

For example:

Date of Hire	Benefit Effective Date
10/4/17 - 11/3/17	1/1/18
11/4/17 - 12/4/17	2/1/18

Newly Eligible Dependents

Spouse

Spouse of team member

Legally valid marriage (same or opposite gender), includes common law marriage in states where it is recognized

Children up to age 26

Children of team member or spouse

Includes natural-born or legally adopted children, stepchildren, and children for whom you are the legal guardian

Disabled children over age 26

Disabled children of team member or spouse

Includes children not capable of self-sustaining employment, whose disability began before age 26 (while a covered dependent)

Dependent Eligibility Review

During Open Enrollment, you will only be asked to provide documentation for eligible dependents that you are NEWLY adding to the enrollment system for 1/1/18. Please see the next page for a list of documents that you will be required to submit for newly added dependents. Any and all documentation is subject to review by Tyson Foods at any time.

Documentation Requirements

At this time, documentation is required only for team members who wish to waive medical coverage, waive the spousal surcharge, or add eligible family members that are not currently listed in the enrollment system when you enroll. Please refer to the email/fax cover sheet for details. The forms that are necessary for you to complete can be found on the Important Documents page at www.benefitsquest.com/tyson. You can also contact the Tyson Foods Benefits Center at 855-328-5291.

If you currently cover eligible dependents under your AdvancePierre Foods benefits, and they are listed in the enrollment system during Open Enrollment, you will not have to submit documentation for them at this time. Documentation may be subject to review in the future.

Team Member

If you want to waive the group health plan, you will need to submit:

- Current proof of other medical coverage*
*Other medical coverage must meet the minimum essential coverage requirements of the Affordable Care Act.

Spouse

If you want to cover a spouse who is not listed in the enrollment system during Open Enrollment, you will need to submit:

- Proof of current marital status:
 - Copy of marriage license/certificate AND (if married for one year or more)
 - A copy of the first page of your current year's filed federal or state tax return (please blackout financial information) OR
 - If you cannot provide a current joint tax return, contact the Tyson Benefits Center to determine other acceptable documentation such as proof of joint property/asset ownership (recent mortgage, credit card or bank statements, utility bills)
- Proof of the spouse's Social Security number or ITIN

If you are eligible to waive the spousal surcharge (refer to page 7 for details), you will need to submit the proper documentation depending on your election:

- A Tyson Foods Group Health Verification form completed by your spouse's employer, OR
- Verification on company letterhead that your spouse is not eligible for group health coverage, OR
- Other current proof that your spouse is not eligible for employer-sponsored coverage
- Spouse's personnel number if covering a spouse employed by Tyson

Dependent Children

If you want to cover a dependent child who is not listed in the enrollment system during Open Enrollment, you will need to submit:

- Acceptable proof of the dependent relationship such as a birth certificate or adoption paperwork AND
- Proof of the dependent's Social Security number or ITIN

If you want to cover a dependent step-child who is not listed in the enrollment system during Open Enrollment, you will need to submit the documentation listed above, AND:

- A copy of the marriage license/certificate and proof of current joint ownership to validate current marriage to the step-child's birth parent

Non-Tobacco User Premium Incentive

In order to record your and/or your spouse's tobacco status, you MUST complete an enrollment session either online or by phone.

Team members who certify that they are tobacco free will receive a \$10 per week incentive on health plan premiums. If you certify that your covered spouse is also tobacco free, you will receive an additional \$10 per week premium incentive for a total of \$20 for team member and spouse. If you do not certify during Open Enrollment by completing an enrollment session, you will not qualify for the incentive.

Definition of Tobacco Use

"Tobacco use" is smoking tobacco in such forms as a cigarette, pipe or cigar; or smokeless tobacco such as snuff or chewing tobacco (including betel nut), within the last 90 days. "Tobacco use" also includes use of nicotine products, including electronic cigarettes and nicotine replacement therapy (gum, lozenges, patches) within the last 90 days.

Quit for Life Tobacco Cessation Program

If you and/or your covered spouse are tobacco users, you can still qualify for the \$10 per week incentive by completing the Quit for Life program.

First: Enroll in the Quit for Life program by December 31, 2017; AND
Second: Complete the Quit for Life program by March 15, 2018; AND
Third: Complete and submit a Tobacco Use Certification form within two (2) months of the date you complete the program. Contact the Tyson Benefits Center.

If the deadlines above are met, you and/or your spouse will qualify for the incentive as of your Quit for Life program completion date for the remainder of 2018. You will also receive a refund through payroll deduction for any incentive amount you did not receive retroactive to January 1, 2018. If ALL three deadlines are not met, you will not qualify for the incentive.

Call Quit for Life at
866-QUIT-4-LIFE (866-784-8454)
or go to www.quitnow.net/TysonFoods to enroll.

My Medical Coverage at a Glance

Here is a quick comparison of the Traditional Preferred Provider Organization (PPO) Plan, and the Health Investment Plan with contributions to a Health Savings Account (HSA). Under each coverage option, the deductible must be met before the plan begins paying benefits. There will be no need for you to change your providers if they are in-network Blue Cross and Blue Shield providers. However, to transition to the Tyson coverage, you will have to present your new ID card in 2018. Claims are administered by BlueAdvantage of Arkansas, a division of Blue Cross and Blue Shield.

My Health & My Well-being

For a more detailed description of your medical plan options, please see the Summary Plan Descriptions or the Summaries of Benefits and Coverage on the enrollment site.



In-Network Preventive Services are 100% covered under both plans!

If you do not participate in Open Enrollment, you will be automatically enrolled in the Traditional PPO at the Team Member Only coverage level.

More information on the differences between the PPO and the Health Investment Plan can be found on pages 7 and 12, and at www.benefitsquest.com/tyson.

Medical Plan	Traditional PPO		Health Investment Plan with contributions to an HSA	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible (Medical)	\$1,100 individual \$2,100 family	\$1,100 individual \$2,100 family	\$1,700 team member only coverage \$3,300 family	\$1,700 team member only coverage \$3,300 family
Deductible (Prescription Drugs)	N/A	\$50	Combined with the plan's medical deductible	
Out-of-Pocket Maximum (Medical)	\$5,000 individual \$10,000 family	No Maximum	\$6,550 individual \$13,100 family	No Maximum
Out-of-Pocket Maximum (Prescription Drugs)	\$2,150 individual \$4,300 family (Separate from medical maximum)	No Maximum	Combined with the plan's medical out-of-pocket maximum	No Maximum
HSA Fund Contribution from Tyson	N/A		\$250 individual/\$500 family	
<div> For most of the services below, coinsurance only applies after the plan deductible is met. You will have to meet your deductible before either plan begins to share health care costs with you.</div>				
Telemedicine Visit	\$20 copay (deductible does not apply)	N/A	20% coinsurance of Plan Allowance	N/A
Primary Care Visit	\$35 copay (deductible does not apply)	50% coinsurance of Plan Allowance	20% coinsurance of Plan Allowance	50% coinsurance of Plan Allowance
Specialist Visit	20% coinsurance of Plan Allowance	50% coinsurance of Plan Allowance	20% coinsurance of Plan Allowance	50% coinsurance of Plan Allowance
Emergency Room	First 2 Visits: \$100 copay 3+ Visits: \$200 copay , then 20% of Plan Allowance	First 2 Visits: \$100 copay 3+ Visits \$200 copay , then 50% of Plan Allowance	First 2 Visits: \$100 copay 3+ Visits: \$200 copay , then 20% of Plan Allowance	First 2 Visits: \$100 copay 3+ Visits: \$200 copay , then 50% of Plan Allowance
Urgent Care	\$50 copay (deductible does not apply)	50% coinsurance of Plan Allowance	20% coinsurance of Plan Allowance	50% coinsurance of Plan Allowance
Hospital Stay	20% coinsurance of Plan Allowance	50% coinsurance of Plan Allowance	20% coinsurance of Plan Allowance	50% coinsurance of Plan Allowance
Diagnostics (X-rays, MRIs, etc.)	20% coinsurance of Plan Allowance	50% coinsurance of Plan Allowance	20% coinsurance of Plan Allowance	50% coinsurance of Plan Allowance

Tyson Foods offers several ways to reduce your out-of-pocket health care expenses, and assist you with your health needs:
Telemedicine • Accident Insurance • Critical Illness Insurance • Hospital Indemnity Insurance

Medical Plan Choices & Prescription Drug Services

How is the Health Investment Plan different than the Traditional PPO Plan?

In addition to having higher deductibles and medical out-of-pocket maximums, the Health Investment Plan works differently than the Traditional PPO Plan. The Health Investment Plan’s design is similar to the current AdvancePierre Foods HSA and HRA medical plans. Instead of paying copays for medical and prescription services under the Health Investment Plan, you will be asked to pay the full plan allowance (negotiated cost). **The plan will only begin to share costs with you after you meet your deductible. If you are enrolled in family coverage (team member + 1 or more family members), you must meet the full family deductible.** In order to assist with the plan’s deductible, Tyson Foods will make a financial contribution to the HSA (\$250/individual coverage, \$500/family coverage) that can be used for qualified healthcare expenses. **You can also contribute pre-tax dollars and invest your funds similar to a 401(k).** To learn more about the advantages of the HSA, see page 12.



Health Plan ID Card

After you elect your health plan coverage during Open Enrollment, you will receive a new ID card in the mail. Be sure to present your new ID card for medical, dental, vision and prescription drug services, beginning 1/1/18. If you need additional ID cards, contact the Tyson Benefits Center.

2018 Employer-Sponsored Coverage Surcharge

When does the spousal surcharge for employer-sponsored coverage apply?

You can cover your eligible spouse, but you will be charged a \$40 weekly surcharge if he/she is employed and is eligible for coverage through his/her own employer.

If your spouse is **not** employed or eligible for coverage through his/her own employer, you must call in or log in online to declare your intention to waive the surcharge. **You must also submit supporting documentation during Open Enrollment. If you fail to submit the documentation timely, the \$40 weekly surcharge will be applied.**

If you cover a spouse who is also employed by Tyson Foods, you are not subject to the spousal surcharge, but you must provide your spouse’s Tyson Personnel Number when enrolling. If your spouse is covered by both the Tyson Foods, Inc. Group Health Plan AND his/her employer’s plan, you will pay the \$40 weekly surcharge and coordination of benefits will apply.

2018 Bi-Weekly Health Plan Rates for Management Team Members

The PPO and the Health Investment Plan premiums are the same.

Coverage Level	Medical Plan Bi-weekly Rates				Dental Buy-Up Plan	Vision Buy-Up Plan
	Tobacco-free rates	If team member uses tobacco	If spouse uses tobacco	If spousal surcharge applies		
Team member only	Bi-weekly rates for both medical plans, the buy-up dental plan and the buy-up vision plan can be found in the emailed version of your enrollment guide. Rates will also be provided during your enrollment session.					
Team member + 1 child						
Team member + 2 children						
Team member + 3 children						
Team member + 4 children						
Team member + 5 or more children						
Team member + spouse						
Team member + spouse + 1 child						
Team member + spouse + 2 children						
Team member + spouse + 3 children						
Team member + spouse + 4 children						
Team member + spouse + 5 or more children						

New Wellness Program & Prescription Coverage

New Wellness Program

The biometric screening and wellness program through AdvancePierre Foods will end on December 31. If you are currently enrolled in medical coverage through AdvancePierre Foods, you will continue to receive wellness discounts through December 31. The Tyson Foods 2018 Health Plan rates on the previous pages will be deducted beginning with the first paycheck in January 2018.

For Management, Management Support and Technical Support Team Members

Beginning in 2018, all management, management support and technical support team members enrolled in the Group Health Plan will be eligible to participate in the Tyson Foods Wellness Program. The program is designed to drive personal accountability for your health and lifestyle. Screenings are conducted once each fall and results are used to determine additional healthcare premium deductions the following calendar year if goals are not met. If team members and/or covered spouses choose not to participate, the maximum surcharge of \$21.54 per week will be payroll deducted beginning January 1 of the next year. Support programs are available to participants at no cost who are subject to the screening. All team members who are eligible to participate in the Tyson Wellness Program will receive additional details at a later date.

Health Screening Tests	Team Member and Covered Spouse Screening Goals	Additional Weekly Deduction If Failed (Each)
Participation	Participate	\$2.31
Body Mass Index	≤ 29.9 BMI or Waist Measurement (Male: < 37, Female: < 35)	\$6.92
Blood Pressure	≤ 130/85	\$2.31
Tobacco/Nicotine	Negative	\$10.00 (this amount is also noted in the rate tables on the previous pages)

Rx

New Prescription Coverage

CVS Caremark will replace MedTrak as your pharmacy plan administrator in 2018. Due to this change, a new prescription drug formulary will apply.

The formulary is a list of prescription drugs that are covered by the plan, and determines which medications are considered generic, preferred brand, or non-preferred brand. Different costs will be assigned to each medication depending on its formulary category, and the pharmacy that is used. Detailed information is available on the next page.

Watch carefully for your CVS Caremark welcome letter in the mail!

This letter will provide many important details about your new prescription drug plan, and how to obtain your medications at the lowest cost.

Prescription Coverage



The prescription benefits below apply to both medical plan options. **However, the benefits will not apply to the Health Investment Plan until the full medical plan deductible (full family deductible for family coverage) is met.**

You can fill prescriptions at Tier 1 or Tier 2 pharmacies, or through the CVS Caremark mail order program. You can register and find a list of network pharmacies at www.caremark.com.

Tier 1 Pharmacies

You will save money by filling your prescription medications at CVS, Walmart, Kroger, Hy-Vee, and Harps retail pharmacies. Plus, if you use generics for certain maintenance medications, there is a \$0 copay at these pharmacies. Our direct contracts with these pharmacies provide greater discounts to the plan and participants.

Tier 2 Pharmacies

You also have the option to fill your prescription at all other CVS Caremark network pharmacies; however, your out-of-pocket cost will be higher.

If you do not have a Tier 1 Pharmacy within approximately 10-13 miles of your home zip code, you will be considered out-of-area. If this is the case, you may go to any CVS Caremark Network Pharmacy (Tier 2) and receive the same benefits as you would for a Tier 1 Pharmacy for up to a 30-day supply. However, you are limited to two fills for long-term medications at Tier 2 pharmacies. Your medical ID card will show if you are out-of-area.

Maintenance Choice

Generally, you will see the **greatest savings** on maintenance medications if you purchase a 90-day supply through the CVS Caremark mail order program or at any CVS retail pharmacy.

Specialty Pharmacy

Specialty medications for several chronic disorders (such as Cystic Fibrosis and Multiple Sclerosis) are not available through the Group Health Medical Plan, and must be obtained through CVS Caremark Specialty Pharmacy Services.

Tier 1 Pharmacies CVS, Walmart, Kroger, Hy-Vee & Harps		Tier 2 Pharmacies CVS Caremark Network Pharmacies		Maintenance Choice CVS Pharmacy or CVS Caremark Mail Order Program		Specialty Pharmacy CVS Caremark Specialty Pharmacy Services	
Up to a 30-day supply*		Up to a 30-day supply*		Up to a 90-day supply		Up to a 30-day supply	
Copays	Coinsurance	Copays	Coinsurance	Copays	Coinsurance	Copays	
Select Generic & Select Preventive \$0	20% of network pharmacy price	Select Generic & Select Preventive \$0 Generics not available at Tier 2 Pharmacies	30% of network pharmacy price	Select Generic & Select Preventive \$0	20% of network pharmacy price	Select Generic & Select Preventive N/A	
Generic \$10 Minimum \$20 Maximum	20% of network pharmacy price	Generic \$20 Minimum \$40 Maximum	30% of network pharmacy price	Generic \$20 Minimum \$40 Maximum	20% of network pharmacy price	Generic \$75	
Preferred Brand \$30 Minimum \$60 Maximum	20% of network pharmacy price	Preferred Brand \$60 Minimum \$120 Maximum	30% of network pharmacy price	Preferred Brand \$60 Minimum \$150 Maximum	20% of network pharmacy price	Preferred Brand \$100	
Non-Preferred Brand \$135 Minimum \$240 Maximum	20% of network pharmacy price	Non-Preferred Brand \$200 Minimum \$360 Maximum	30% of network pharmacy price	Non-Preferred Brand \$270 Minimum \$485 Maximum	20% of network pharmacy price	Non-Preferred Brand \$125	

Prescription Drug Out-of-Pocket Maximum

The prescription drug plan will have an annual out-of-pocket maximum of \$2,150/individual and \$4,300/family under the Traditional PPO Plan. Under the Health Investment Plan, the full medical out-of-pocket maximum (\$6,550/individual, \$13,100/family) applies to the prescription plan.

This is the amount you pay out-of-pocket before the plan begins paying the full cost of covered prescriptions for the remainder of the year.

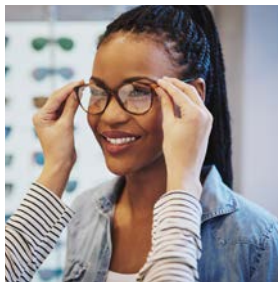


Remember

Use generics for certain conditions and pay **nothing** at Tier 1 Pharmacies or through Maintenance Choice. A list is available on the Tyson Benefits intranet.

Under the Health Investment Plan, copays and coinsurance will not apply until after the medical plan deductible is met. Preventive generics are \$0.

* Refill limits apply for 30-day supplies of maintenance medications filled at pharmacies other than Walmart, Kroger, Hy-Vee, and Harps.



Dental Coverage

Your health plan includes core dental coverage through Delta Dental of Arkansas at no additional cost. A buy-up plan is available, and requires a minimum two-year continuous enrollment.

If you are currently enrolled in dental coverage through AdvancePierre Foods, your network dentists are the same, but will be accessed through Delta Dental of Arkansas (not Delta Dental of Oklahoma) as of 1/1/18.

Dental Plan Coverage	Core Plan	Buy-Up Plan
Deductible (calendar year)	\$50 each individual	\$50 each individual
Annual Maximum Benefit	\$500 per individual	\$1,500 per individual
Preventive Routine exams, cleanings and bitewing X-rays twice each year	100% of the network fee schedule	100% of the network fee schedule
Basic Fillings, extractions, periodontal visits and root canals	Coverage includes simple extractions, amalgam and composite fillings only: After deductible, 80% of the network fee schedule	Basic fillings, extractions, periodontal visits and root canals: After deductible, 80% of the network fee schedule
Major TMJ, crowns and dentures	Not covered	After deductible, 50% of the network fee schedule
Orthodontic	Not covered	50% of the network fee schedule for covered dependent children up to age 19 – lifetime maximum of \$1,500

Vision Coverage

Core vision coverage through VSP is also included with your health plan at no additional cost. You have the option to enroll in a buy-up plan.

If you are currently enrolled in vision coverage through AdvancePierre, your network (VSP) will remain the same.

Vision Plan Coverage	Core Plan	Buy-Up Plan
Coverage if using a VSP Provider		
Exam (A routine exam every 12 months)	\$25 copay	\$20 copay
Prescription glasses	\$25 copay	\$25 copay
Contact lenses	\$25 copay	\$25 copay
Prescription glasses or contact lenses	Every 24 months up to \$75	Every 12 months up to \$200
Coverage if using a Non-VSP Provider		
Exam	Up to \$50	Up to \$50
Single vision lenses	Up to \$50	Up to \$50
Bifocal lenses	Up to \$75	Up to \$75
Trifocal lenses	Up to \$100	Up to \$100
Frames	Up to \$60	Up to \$70
Contact lenses	Up to \$60	Up to \$105




Dental and vision coverage cannot be elected without also electing medical coverage. The dependents covered under these plans must be the same as those who are covered under the medical plan.

Flexible Spending Accounts (FSAs)

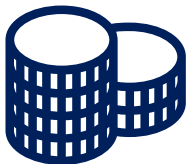


FSAs enable you to put aside money for important expenses and help you reduce your income taxes at the same time. Tyson Foods offers two types of accounts — a Health Care FSA and a Dependent Care FSA. These accounts allow you to set aside pre-tax dollars to pay for eligible out-of-pocket health care or dependent care expenses.

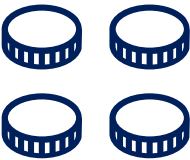
Please note that these accounts are separate — you may participate in one, both, or neither. You cannot use money from the Health Care FSA to cover expenses eligible under the Dependent Care FSA or vice versa.

 You must actively re-enroll in the FSAs each year. You are not automatically re-enrolled. You cannot enroll in the Health Care FSA if you are enrolled in the Health Investment Plan (HDHP).

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. If you are enrolled in the Group Health Plan, your Health Care FSA claims will be automatically reimbursed to you when a covered medical or dental claim is processed. You can also choose to file claims manually, either online or via mobile app. The Health Care FSA includes a debit card that can **only** be used for prescriptions at participating pharmacies (not for all health care expenses). For Dependent Care FSA expenses, you will need to pay upfront and then submit a claim to be reimbursed from your account. Manage your account at www.wageworks.com.

\$500 Health Care FSA Carryover

Through AdvancePierre Foods, team members enrolled in the Health Care FSA were granted a grace period that allowed access to the full amount of account funds until March 15 of each following plan year. Through Tyson Foods, you will only have access to the full amount of funds in your Health Care and Dependent Care FSAs until December 31 of each plan year. However, you will be able to carry over up to \$500 of your unused Health Care FSA funds into the following year.

The money you carry over doesn't count against the IRS annual contribution maximum, which means you can start the year with an amount \$500 greater than the IRS limit in your Health Care FSA. You can use the amount throughout the following plan year. This rule applies each subsequent calendar year. This does not apply to the Dependent Care FSA.



Use It or Lose It Rule. Be sure to calculate and plan your FSA expenses carefully. Funds in excess of \$500 will be lost on the 1st of the following calendar year.

Plan	Annual Maximum Contribution	Examples of Covered Expenses
Health Care Flexible Spending Account	Up to annual IRS limits \$2,600 in 2017	Copays, deductibles, orthodontia, prescription medications, vision, etc.*
Dependent Care Flexible Spending Account	Up to annual IRS limits \$5,000 in 2017 (\$2,500 if married and filing separate tax returns)	Daycare, nursery school, elder care expenses, etc.*

The annual limits for 2018 will be available during your enrollment session. * See IRS Publications 502 and 503 for a complete list of covered expenses.

How Do They Work Together?

Under the Health Investment Plan, you will pay the full negotiated costs for all of your medical services (other than preventive). The plan will only begin to pay benefits after the plan deductible is met. The full family deductible must be met if family coverage is elected.

Here's an example of how the plan would work if you were to visit your In-Network Primary Care Doctor.

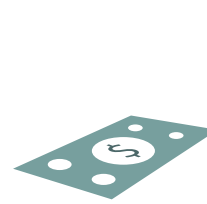
Before you meet your deductible:



You Pay
100%
of the plan allowance

Instead of paying a copay, you will pay the full plan allowance (negotiated cost) of your visit to the doctor.

After you meet your deductible:



You Pay
20%
of the plan allowance

You will be responsible for 20% of the plan allowance. The plan will pay the remaining 80% of the cost. Coinsurance will apply until the plan's out-of-pocket maximum is met.

You can use your HSA to pay your medical bill.

You can think of an HSA as a personal savings account used for qualified health care expenses with an impressive tax advantage and investment options. The account is yours to keep – even if you leave Tyson Foods. Additional details about the HSA can be found on the Tyson Benefits intranet, or through the Tyson Benefits Center. *You can only enroll in the HSA if you elect the Health Investment Plan.*

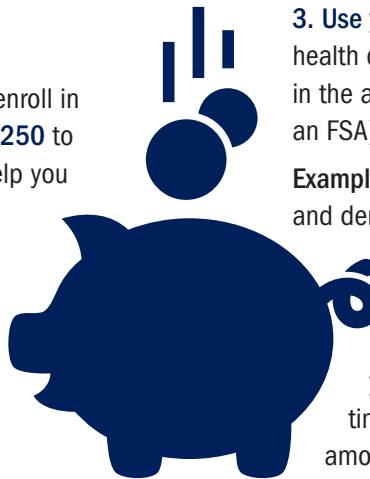
After you first enroll, you will receive a card in the mail and a packet from BNY Mellon.

You can access and manage your account at www.wageworks.com after January 1, 2018.

Here's how it works:

1. Tyson Foods contributes to the account. If you enroll in the Health Investment Plan, Tyson will contribute **\$250** to your HSA (**\$500** if you elect family coverage) to help you meet the plan's higher deductible. The account is administered by WageWorks.

2. Save on taxes. If you would like to personally add more funds to the account, you can contribute money from your paycheck before taxes are taken out (up to the yearly IRS limits).



3. Use your HSA. You can use your HSA to pay for eligible health care expenses on a pre-tax basis.* Funds must be in the account before it can be used (this is different than an FSA).

Examples include: Coinsurance, deductibles, prescriptions, and dental and vision expenses. A full list of eligible expenses is available at www.wageworks.com.

4. Grow your HSA. If you don't spend all of the HSA money in 2018, **all available funds roll over year after year**, and allow the account to grow over time. In fact, like a 401(k), you can invest your funds among a choice of investment options with a minimum \$1,000 account balance through bank custodian BNY Mellon.

How much can you contribute?	2018 IRS Contribution Limit	Annual Tyson Foods Contribution	Your Maximum Contribution Amount
Team Member Coverage	\$3,450**	\$250	\$3,200
Family Coverage	\$6,900**	\$500	\$6,400

*Any reference to taxes is at the federal level. State tax rules may vary. Please see the last page of this document for further details.

** If an individual reaches age 55 by the end of the calendar year, he or she can contribute an additional \$1,000.

AdvancePierre Foods Health Reimbursement Account, Health Savings Account & 2017 Flexible Spending Account Funds

Although no additional contributions can be made to your AdvancePierre Foods HRA, HSA or Flexible Spending Accounts (FSAs) after 2017, you can still access the funds that are already in your accounts to pay for qualified health care expenses. Existing funds in your AdvancePierre Foods HRA will be deposited into a pre-tax Health Reimbursement Arrangement (HRA) through WageWorks. Existing funds in your AdvancePierre Foods HSA will remain with HSA Bank unless you submit a Transfer of Assets form to WageWorks.*

Your 2018 benefit elections will determine the order in which your funds can be used. Please check your balance(s) before you enroll.

If you elect the Traditional PPO Plan with a Health Care Flexible Spending Account...

2017 AdvancePierre Foods Health Care Flexible Spending Account	2018 Tyson Foods Health Care Flexible Spending Account	AdvancePierre Foods Health Reimbursement Account	AdvancePierre Foods Health Savings Account
You must use any funds remaining in this account 1st for qualified health care expenses before 3/15/18 (the end of the grace period).	These funds must be used 2nd , after any 2017 AdvancePierre Health Care FSA funds have been exhausted. If you have 2017 funds remaining, make sure you exhaust these funds before you use any 2018 Health Care FSA funds through WageWorks, but no later than 3/15/18.	Any existing funds must be used 3rd , after any 2017 and 2018 Health Care FSA funds have been exhausted.	These funds should be used last .

If you elect the Health Investment Plan with contributions to a Health Savings Account...

2017 AdvancePierre Foods Health Care Flexible Spending Account	AdvancePierre Foods Health Reimbursement Account	2018 Tyson Foods Contributions to a Health Savings Account	AdvancePierre Foods Health Savings Account
<p>In order for you to receive or make contributions to your HSA starting in January 2018, you must have a \$0 balance in your 2017 Health Care FSA before January 1, 2018.</p> <p>If you do not exhaust the funds in your 2017 Health Care FSA before January 1, 2018, contributions from Tyson and/or your paycheck to the HSA will not begin until 4/1/18.</p> <p>If you still have 2017 funds remaining on/after January 1, 2018, make sure you exhaust these funds before 3/15/18 (the end of the grace period). You must use these funds 1st for qualified health care expenses. Contributions to your HSA can begin 4/1/18.</p>	<p>These funds must be used 2nd, after any 2017 Health Care FSA funds have been exhausted.</p> <p>When paired with an HSA, funds are limited to dental and vision expenses until the plan deductible has been met. After you meet the deductible, funds can be used for all IRS eligible expenses, including medical and prescription drugs.</p>	<p>If you have funds in your 2017 Health Care FSA on January 1, 2018, contributions from Tyson and/or your paycheck to the HSA will not begin until 4/1/18.</p> <p>These funds must be used 3rd, after any 2017 Health Care FSA funds and any available funds in your 2018 HRA have been exhausted.</p>	<p>You should consider transferring your balance to WageWorks.</p> <p>These funds should be used last.</p>

Claim Deadlines & Account Balances

Check your remaining 2017 account balances by using the contact information in the chart below, and calculate 2018 contributions carefully before enrolling. Per IRS rules, funds must be forfeited if you do not use them by the claim filing deadlines noted below!

2017 AdvancePierre Foods Health Care Flexible Spending Account with available funds as of 12/31/2017	AdvancePierre Foods Health Reimbursement Account with available funds as of 12/31/2017	AdvancePierre Foods Health Savings Account with available funds as of 12/31/2017	2018 Tyson Foods Health Care Flexible Spending Account	2018 Tyson Foods Contributions to a Health Savings Account
You will have until 4/15/18 to submit your claims through Discovery Benefits.	You will have through 2018 or, if earlier, your date of termination from Tyson or expiration of COBRA.	All available funds roll over year after year. You should consider transferring your balance to WageWorks.	You will have until December 31, 2018 to use the full amount of funds in your Health Care FSA. You will be able to carry over up to \$500 of your unused funds for use in 2019.	All available funds roll over year after year.
Before & After 1/1/18: Discovery Benefits www.discoverybenefits.com 1-866-451-3399	Before 1/1/18: Discovery Benefits www.discoverybenefits.com 1-866-451-3399 After 1/1/18: WageWorks www.wageworks.com	Before 1/1/18: HSA Bank www.HSAbank.com 1-800-357-6246	After 1/1/18: WageWorks www.wageworks.com	After 1/1/18: WageWorks www.wageworks.com

*If you have existing funds with HSA Bank, this form will be mailed to your home address with instructions to submit the form prior to Jan. 1.

My Security & My Future

Income Protection & Voluntary Benefits

Tyson Foods automatically provides several income protection benefits at no cost to eligible team members, and also offers you the opportunity to elect voluntary benefits for additional security. The plans are designed to protect your finances, and secure a comfortable future by paying benefits directly to you, or to your beneficiaries. Information on other voluntary benefits, including Hospital Indemnity, Accident, and Critical Illness Insurance can be found on the next two pages.

Coverage	Details	What You Need to Know
Basic Life and Accidental Death & Dismemberment (AD&D) Insurance COMPANY-PAID! <div> You can keep this portable life insurance coverage if you end employment with Tyson Foods. </div>	The Basic Life benefit amount is equal to: <ul style="list-style-type: none"> • 1x your annual base salary (rounded to the nearest \$1,000), with a minimum of \$20,000 to a maximum of \$1 million. • AD&D Insurance will pay an amount equal to the life benefit. 	You are automatically enrolled, and the coverage is provided at <u>no cost to you</u> . You will be asked to add beneficiary information, and will have the option to elect additional coverage with Voluntary Term Life or Whole Life Insurance.
Voluntary Term Life Insurance <i>You can increase your individual coverage!</i>	You can elect coverage up to 5x your annual base salary. The maximum benefit amount is \$1.5 million.	Evidence of good health will be required if you enroll in coverage above 3x your annual base salary (to a maximum of \$1 million).* <div> If your current level of coverage with AdvancePierre Foods exceeds the guaranteed issue limit, evidence of good health is not required to maintain your existing coverage level (up to the Tyson plan maximums). </div>
Voluntary Spouse Term Life	Five coverage options are available: <ul style="list-style-type: none"> • \$5,000 · \$10,000 · \$25,000 • \$50,000 · \$100,000 	Evidence of good health will be required if you are enrolling your spouse in coverage above \$25,000.*
Voluntary Child Term Life <i>Dependents up to age 19 (up to 24 if unmarried, full-time student)</i>	Three coverage options are available: <ul style="list-style-type: none"> • \$2,500 · \$5,000 · \$10,000 	No evidence of good health is required.*
Voluntary Accidental Death & Dismemberment (AD&D) Insurance	Coverage options are available from 1x to 15x your base annual earnings (rounded to the nearest \$1,000), to a maximum of \$1 million.	Family coverage is available. Spouses: Up to 60% of the team member benefit. Children: Up to 20% of the team member benefit (to a max. of \$45,000).
Short Term Disability COMPANY-PAID!	Management team members are eligible to receive 100% salary continuation for a maximum of 13 weeks.	You are automatically enrolled, and the coverage is provided at <u>no cost to you</u> .
Long Term Disability COMPANY-PAID!	Management team members receive 60% of your pay, to a maximum of \$15,000 per month.	You are automatically enrolled, and the coverage is provided at <u>no cost to you</u> .
Voluntary Long Term Care	Long Term Care Insurance is available to you and your family at affordable group rates.	If you enroll after your guaranteed issue period, you must complete a medical questionnaire.
Voluntary Whole Life Insurance	Coverage is available for team members, spouses and children. More information is available on the next page.	During this enrollment, no evidence of good health is required to enroll.

The Evidence of Insurability form can be accessed through the enrollment website, the Tyson Benefits intranet, or from the Tyson Benefits Center.

*If the team member, spouse, and/or children were previously declined by Unum or a previous AdvancePierre Foods carrier, evidence of good health will be required for all amounts of coverage. Coverage will not be in effect until reviewed and approved by Unum.



Through Tyson Foods, you will have access to several new voluntary benefits. These plans can provide security for your lifestyle and financial protection for your family. Coverages are underwritten by Unum.

- Term Life Insurance & AD&D
- Critical Illness Insurance
- Whole Life Insurance
- Accident Insurance
- Hospital Indemnity Insurance

Acceptance Guaranteed

During this enrollment, all voluntary benefits will be offered to you with guaranteed issue amounts, which means that you qualify for insurance without the need for medical exams or intrusive health questions. Enroll online, or speak with an Aon Enrollment Counselor for more information.

Voluntary Term Life Insurance

For stronger financial security, team members have the option to elect affordable term life insurance coverage in addition to the company provided basic life benefit. Three separate Voluntary Term Life Insurance plans are available to you: Voluntary Term Life Insurance for Team Members, Voluntary Term Life Insurance for Spouses, and Voluntary Term Life Insurance for Children. The plans are portable, which means that you can keep the coverage if you leave Tyson Foods.

No evidence of good health is required for you to enroll in coverage up to 3x your annual base salary (to a maximum of \$1 million). Spouses can be enrolled in up to \$25,000 of coverage without evidence of good health, while no evidence is required for children.

If your current level of coverage with AdvancePierre Foods exceeds the guaranteed issue limit, evidence of good health is not required to maintain your existing coverage level (up to the Tyson plan maximums). If the team member and/or spouse were previously declined by Unum (or your previous carrier), evidence of good health will be required for all amounts of coverage.

The costs of these plans are based on age, and are provided at the time of enrollment.

Voluntary Hospital Indemnity Insurance

The bills that result from a hospital stay can be overwhelming for anyone – even those with health insurance.

Unum's Group Hospital Indemnity Insurance can complement your health insurance to help you pay for the high costs associated with a hospital stay. This coverage provides a \$1,500 lump-sum benefit (once per year) to you when you are confined in the hospital for a minimum of 20 hours.

The funds can be used for the out-of-pocket expenses that health insurance may not cover, such as coinsurance, copays and deductibles. Coverage for your spouse and dependent children is also available.

Voluntary Whole Life Insurance

Unum's Whole Life Insurance is designed to provide a death benefit to your beneficiaries if you pass away, but it can also build cash value that you can utilize during your lifetime.

At an affordable premium, you can have the added financial protection you and your family may need during times of uncertainty.

Plan Features:

- You pay for the coverage through convenient payroll deductions.
- Because your coverage is individually owned, you can take your policy with you if you leave the company.
- There is no increase in premium and no decrease in benefits due to aging.

No evidence of good health will be required to enroll at this time. You will not need to take a physical exam or answer health questions to qualify for your own coverage.

Eligible team members must be actively at work to apply for coverage. Team members are not considered actively at work if they are on a leave of absence. For hospital indemnity, accident and critical illness, team members must be legally authorized to work in the U.S. and actively working at a U.S. location. For whole life, team members must be U.S. citizens, Canadian citizens working in the U.S., or have a green card to receive coverage. Spouses and dependents must live in the U.S. to receive coverage.

My Security, My Future & My Well-being

Voluntary & Additional Benefits

Voluntary Critical Illness Insurance

Unum's Group Critical Illness Insurance can help protect your finances from the expense of a serious health problem, such as a stroke or heart attack.

You choose a lump-sum benefit up to \$30,000 that's paid directly to you at the first diagnosis of a covered condition. You can use the benefit any way you choose.

Each condition is payable once per lifetime, per covered individual. Benefits are payable for remaining covered conditions if the diagnoses are separated by at least 90 days and deemed medically unrelated.

Examples of Covered Illnesses Include:

- Heart Attack
- Cancer and Carcinoma in Situ*
- Stroke
- End Stage Renal (Kidney) Failure
- Major Organ Failure
- Coronary Artery Bypass Surgery*

Refer to the policy for complete definitions of covered conditions.

Plan Features:

- You do not have to be terminally ill to receive benefits.
- Coverage options are available for spouse and children.
- A Wellness Benefit is included, which can pay \$50 per calendar year per insured individual if a covered health screening test is performed, including blood tests, chest X-rays, stress tests, mammograms and colonoscopies.

*The coverage pays 25% of the face amount of the policy once per lifetime for coronary bypass surgery and carcinoma in situ.

Voluntary Accident Insurance

Unum's Group Accident Insurance can pay cash benefits based on the injury you receive and the treatment you need, including emergency-room care and related surgery. The benefit can help offset the out-of-pocket expenses that medical insurance does not pay, including deductibles and copays. Family coverage is available.

Plan Features:

- Benefits are paid for accidents that occur on or off the job, so you have 24-hour coverage.
- Coverage is guaranteed issue. There are no health questions or physical exams required.
- The plan includes a Health Screening Benefit and a Sickness Hospital Confinement Rider.

Telemedicine

For team members and covered dependents enrolled in the Group Health Plan, finding time to visit a doctor on short notice is much easier with access to a convenient telemedicine program. This benefit offers a quick and easy way to get in touch with board certified doctors, 24/7!

Instead of high cost emergency room care, you can have a video visit with a doctor from your computer, tablet, or smart phone. The doctors you speak with can treat certain medical issues, and can even write prescriptions if needed.

Examples of addressed conditions include:

- Cold & Flu
- Pink Eye
- Diarrhea & Vomiting
- Psychology
- Urinary Tract Infection
- Sore Throat
- Skin Issues & Rashes
- Sports Injuries

For medical consultations, the service has a \$20 copay for those enrolled in the Traditional PPO. Those who are enrolled in the Health Investment Plan will pay the full negotiated cost of the consultation.

Download the Doctor on Demand app from the App Store or Google Play, or text ENROLL to 68398 to have a link sent directly to your phone to download the app. You can also access care on the web via doctorondemand.com/tyson.



Legal Plan

Affordable legal assistance can sometimes be difficult to find. If you enroll in the Legal Plan (administered by Hyatt Legal Plans), you will have access to a network of attorneys. This network can provide comprehensive legal assistance, telephone advice, and office consultations on many different legal services, including:

- Wills & Estate Planning
- Debt Collection/Identity Theft Defense
- Family Law
- Document Review
- Immigration Assistance
- Real Estate Matters
- Traffic Tickets
- Consumer Protection
- Elder Care Issues
- Advice & Consultation

When using a network attorney, trials for covered matters are covered from beginning to end, regardless of length.

You can only enroll in or terminate the Legal Plan coverage during Open Enrollment each year. Premiums for the plan (\$12/month) are conveniently deducted from your paycheck. To use the Legal Plan after Jan. 1, 2018, visit info.legalplans.com (password: **9690010**) or call Hyatt Legal Plans' Client Service Center at 1-800-821-6400.

Commuter Program

If you reside in a mass transit location, the Commuter Program, administered by WageWorks, lets you pay for your monthly train, bus and parking-related expenses on a pre-tax basis. The IRS allows you to contribute up to \$255 per month for transportation costs, and up to \$255 per month for parking costs. Any amount you contribute above these IRS limits will be deducted on a post-tax basis.

Eligible Expenses

- Bus, train or subway transit passes, fare cards or vouchers, and van pools
- Paid parking at or near your workplace, transit parking facilities and "park and ride" lots

To make your election, you must place your transit and parking orders online at www.wageworks.com by the 1st day of every month for use the following month (automatic recurring deduction feature is available). Your monthly election amount will be payroll deducted once per month, during the first pay period of the benefit month.

Autism & Learning Disability Support Program through Rethink

Rethink's award-winning, research-based program provides support to parents raising children with learning or behavior challenges, or developmental disabilities at NO COST.

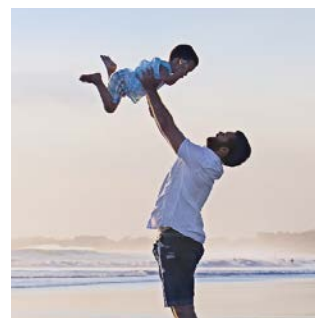
Team members covered by the Tyson Group Health Plan can take advantage of live teleconsultation with skilled behavior experts to answer questions and provide guidance as they support their children in reaching their top potential. Teleconsultations can take place over the phone or via video chat, day or night, weekday or weekend. Behavior experts hold a master's degree or PhD and have many years of experience supporting parents.

Common teleconsultation topics include:

- Teaching new skills
- Addressing problem behaviors at home
- Troubleshooting lack of progress
- Collaborating with school and other providers
- Coping with the stress of a new diagnosis or ongoing daily struggles at home

Rethink also provides parents with a variety of web-based resources, training, and support including flashcards, worksheets, schedule templates, token boards, and hundreds of easy-to-follow videos depicting behavior experts and educators teaching children skills.

Program details and information on how to access services will be provided at a later date.



Advance Medical – Expert Medical Opinion Program

If team members or covered dependents who are enrolled in the Group Health Plan are diagnosed with a serious or complex illness and would like additional information or a second opinion, Advance Medical can help. Advance Medical can provide quick and easy access to the best national medical specialists to help get the right answers about the medical condition, diagnosis and treatment. This free service will provide an additional layer of support needed to make good medical decisions, without the need to travel and while working side by side with your current physician. Visit www.advance-medical.net/tysonfoods for more information, or contact the Tyson Benefits Center.

Healthy Tots

Healthy Tots offers access to a personal nurse, and provides helpful information for eligible mothers-to-be who are enrolled in the Group Health Plan. More information on this free benefit, and its services for the expecting, can be found at tyson.blueadvantagearkansas.com.

Take Advantage of New Discount Programs!

Through the Beneplace website, team members have single destination access to a variety of voluntary benefits and discount programs and services. You can access Beneplace online through a link on the Tyson Foods Intranet Benefits Home Page or from your personal computer/smartphone by visiting www.beneplace.com/tyson.

Examples of products and services available are computer purchase plans, roadside assistance, home/auto insurance, banking, travel and entertainment, wireless phones/plans, pet insurance, etc. You will have access to the program through the Beneplace site on January 1, 2018.

Online Health Resources

Registered users of the BlueAdvantage Administrators of Arkansas portal, My Blueprint, have access to a wealth of online health resources. These resources include a Health Risk Assessment, health information library, self-paced healthy living programs, self-management tracking tools, meal planner and personal health record. To register after enrolling in the group health plan, go to tyson.blueadvantagearkansas.com.

Select the “Register” link in the “My Blueprint” login box in the lower left and follow the instructions.

Weight Management Coaching Program 855-770-9160

Team members and spouses covered by the Tyson Group Health Plan, and subject to the biometric screening wellness program, can participate at no cost in six (6) 30-minute coaching sessions delivered over 12 weeks with a Health Solutions health coach focused on healthy weight management.

Employee Assistance Program (EAP)

As a Tyson Foods team member, you will continue to have access to an Employee Assistance Program (EAP) for help with life’s challenges. This Health Advocate program (MHN through AdvancePierre Foods) is designed to assist you with personal, family, work, and life issues.

Speak confidentially with a professional counselor who can provide help with concerns such as:

- Relationship Issues
- Depression
- Addiction
- Grief
- Work Conflict
- Debt Management
- Childcare
- Family Budgeting

You, your spouse, your children up to age 23, parents, and parents-in-law automatically have access to the program at no cost. Services are available 24/7 via telephone at 1-877-240-6863.

Other Important Changes:

It is important that you verify coverage of services under the Tyson Group Health Plan on/after January 1, 2018 before you obtain the service as many covered expenses may differ from your current health plan coverage. Below are just a few of these changes you should be aware of.

Termination of Coverage	Coverage is terminated on the date of employment termination.
Benefit Premium Payment while on a Leave of Absence (LOA)	<p>Team members who participate in the Tyson Foods benefit plans must continue to make weekly payments to maintain coverage while on an approved leave of absence (LOA), according to the Tyson Foods LOA policy.</p> <p>If you receive vacation or short-term disability pay from Tyson during your leave or layoff, Tyson will deduct <u>all</u> contributions required of you as a regular payroll deduction, to the extent possible and permissible. If you do not receive pay from Tyson (or your pay is insufficient to deduct the contributions), you must contact the Tyson Benefits Center to arrange for the payment of any contributions required of you. If you fail to make any required contribution towards the cost of coverage within four (4) weeks of the due date, your coverage will terminate effective as of the date ending the period for which your last contribution was made. You will be sent a termination notice stating that coverage can be reinstated by <u>paying all past due contributions within thirty-one (31) days</u>.</p> <p>If your coverage was terminated during your leave or layoff because you failed to make any required contribution towards the cost of coverage when due, Group Health Plan and Voluntary AD&D coverage will not resume until you return to active employment. If you have reached your maximum Family and Medical Leave Act (FMLA) leave time and your benefits have been terminated due to non-payment of premium, continuation coverage will be offered under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). You can obtain additional details from your location's HR personnel or calling the Tyson Benefits Center.</p>
PSA Screenings	The U.S. Preventive Services Task Force (USPSTF) now recommends against prostate-specific antigen (PSA)-based screenings for prostate cancer. This means PSAs will no longer be covered at 100%. If your physician recommends a PSA screening for diagnostic purposes, expenses will be subject to deductible and coinsurance. The claim will be denied if the physician submits the claim as a preventive service.
Pap Smear/Cervical Cancer Screenings	Pap smears/cervical cancer screenings will no longer be covered at 100% on an <u>annual</u> basis. Coverage at 100% will be based on the USPSTF's recommendation of one cervical screening every three (3) years for women ages 21 to 65 years, and once every five (5) years for women ages 30 to 65 years who obtain a cervical screening and human papillomavirus (HPV) test. If your physician recommends additional cervical cancer screenings for diagnostic purposes, expenses will be subject to deductible and coinsurance. The claim will be denied for additional screenings if the physician submits the claim as a preventive service.
Mammography Screenings	The USPSTF recommends screening mammography for women every one (1) to two (2) years for women age 40 years and older. This means mammograms will not be covered at 100% for women under the age of 40. If you are under 40 and your physician recommends a mammogram for diagnostic purposes, expenses will be subject to deductible and coinsurance. Mammograms will be covered at 100% once every 1-2 years for members age 40 and older if the physician submits the claim as a preventive service.
Fertility Coverage	<p>Effective Jan. 1, 2018, the Tyson Group Health Plan will cover certain fertility expenses through Progyny's SMART Cycle™ Fertility Benefit. Progyny's fertility benefit approach is unique in that they provide comprehensive advanced reproductive technologies. The benefit is designed to provide you with the tools necessary to improve treatment effectiveness, shorten time to pregnancy, and reduce out-of-pocket costs.</p> <p>You will have access to the largest network of fertility clinics in the nation. Best of all, Progyny connects you with your own personal Patient Care Advocate to educate, support and coordinate care through the entire fertility experience. Personalized service and compassion are at the center of everything. Program details will be provided at a later date. If you are currently receiving treatment that is not expected to be complete prior to January 1, contact the Tyson Foods Benefits Center for continuation of care directions.</p>
Applied Behavior Analysis (ABA) for Autism Spectrum Disorder	<p>Effective Jan. 1, 2018, the Tyson Group Health Plan will cover Applied Behavior Analysis (ABA) for Autism Spectrum Disorder, but only when services are pre-approved through New Directions Behavioral Health. New Directions will use specific, evidence-based medical policy to determine medical necessity for covered therapy services.</p> <p>If your child has been diagnosed with Autism Spectrum Disorder and is currently receiving ABA or other therapy treatment, contact the Tyson Foods Benefits Center for continuation of care directions.</p> <p>Be sure to check out the new free support program through Rethink (on page 17 of this guide) as well!</p>
Temporomandibular Joint Dysfunction (TMJ)	Temporomandibular Joint Dysfunction (TMJ) and related care is a covered benefit under the dental plan subject to the dental plan calendar year deductible and maximum benefit. TMJ is not a covered medical plan expense, regardless of medical necessity.

Important Notices

HIPAA Special Enrollment

If you decline medical and/or dental coverage for yourself or your family members (including your spouse) because of other health insurance or group health coverage, you may be able to enroll yourself and your family members in the Tyson Foods, Inc.-sponsored plans if you or your family members lose eligibility for that other coverage (or if the employer stops contributing toward your or your family members' other coverage). However, you must request enrollment within two (2) months after your or your family members' other coverage ends (or after the employer stops contributing toward the other coverage).

If you or your family member has COBRA continuation coverage and that coverage is exhausted, you may be able to enroll for coverage under Tyson-sponsored plans. You have a special enrollment right at the end of your COBRA continuation coverage period if you receive continuation coverage for the maximum time period available to you.

In addition, if you attain a new spouse as a result of marriage or a new child as result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your family members. However, you must request enrollment within two (2) months after marriage, birth, adoption or placement for adoption. To enroll for medical coverage or to obtain more information, call the Tyson Benefits Center.

Availability of Notice of Privacy Practices

The Tyson Foods, Inc. Group Health Plan maintains a Notice of Privacy Practices that provides information to individuals whose protected health information (PHI) will be used or maintained by the Plan. A copy of the Plan's Notice of Privacy Practices can be accessed on the Tyson Benefits intranet under "HIPAA Privacy Information" or obtained from the Tyson Benefits Center.

Information About Health Care Reform

The Affordable Care Act requires you and your dependents to have health insurance, or pay a tax penalty. As a Tyson Foods team member with access to employer-sponsored coverage that complies with the Affordable Care Act, you won't be eligible for tax credits or subsidies in the public marketplace unless you meet certain criteria.

You have the option to purchase medical coverage through the online marketplace, also known as an insurance exchange. While the online marketplace is an option for you to find medical coverage, it is likely to be a more expensive alternative than participating in one of the Tyson-sponsored medical plans.

The notice titled ***"Marketplace Notice to Team Members on Coverage Options"*** provides information about the existence of the state or federal insurance exchange, eligibility for premium tax credits/cost-sharing subsidies, and other required information. You can access the notice on the Tyson Benefits intranet under "Forms, Information Notice Form & Marketplace Notice" or request a copy from the Tyson Benefits Center.

The Affordable Care Act also requires that employers provide a ***Summary of Benefits and Coverage*** ("SBC") for each medical plan option to all group health plan participants and beneficiaries. The SBCs are designed to help you compare coverage options and better understand your health benefits, including what each plan covers and what it costs, with examples to illustrate common medical events. SBCs for the medical plan options are included with your enrollment materials. Learn more about the individual mandate and other aspects of the Affordable Care Act at www.healthcare.gov.

Women's Health and Cancer Rights Act

Coverage for Reconstructive Surgery Following Mastectomy

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? See your Summary Plan Description or contact the Tyson Benefits Center for more information.

Medicaid and CHIP Special Enrollment

You may enroll yourself and your eligible family members in medical coverage under Tyson-sponsored plans if either you or your family member's Medicaid or state Children's Health Insurance Program (CHIP) coverage is terminated as a result of loss of eligibility, or you or your family member becomes eligible for a premium assistance subsidy under Medicaid or CHIP. You must request enrollment within two (2) months of the loss of coverage or when eligibility or the subsidy is determined, as applicable.

If you or your children are eligible for Medicaid or CHIP and you're eligible for Tyson-sponsored health coverage, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. For more information about premium assistance, please refer to the notice titled, "Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)" included with your enrollment materials. 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.

Health Savings Account (HSA) Disclosure: For administrative convenience, Tyson has chosen to make HSA contributions for eligible team members by direct deposit to HSAs established at bank custodian BNY Mellon. You will be provided with information about how to access and manage your HSA account through BNY Mellon. Neither the Tyson arrangement for making contributions to the HSAs nor the HSAs themselves are welfare benefit plans under the Employee Retirement Income Security Act of 1974.

Your HSA is an individual account – it is not group-based. You are responsible for managing your HSA, including choosing how your HSA funds are invested and following the rules established by BNY Mellon and the IRS. You are responsible for reporting contributions made to your HSA (whether made by you or on your behalf by Tyson) and for reporting distributions from your HSA. You must determine whether your HSA distributions are taxable or whether they are used for qualified medical expenses (and thus are not taxed by the IRS). BNY Mellon may offer investment options for your HSA account balance. Tyson does not review, influence, or make any endorsement regarding the investment options or investment of your HSA funds. All investing is subject to risk and your HSA may lose value. You should consult a tax advisor or financial consultant to determine what, if any, investments are appropriate for you.

Once contributions have been deposited in your HSA at BNY Mellon, you are free to request a distribution of the funds or move them to another HSA trustee or custodian, to the extent allowed by law. For more information about HSAs, including who is eligible, other health coverage that might disqualify an individual from being eligible, contribution limits, and other rules, see IRS Publication 969 (Health Saving Accounts and Other Tax-Favored Health Plans).

HOSPITAL INDEMNITY, ACCIDENT & CRITICAL ILLNESS ARE LIMITED POLICIES.

Policies or provisions may vary or be unavailable in some states. Policies have exclusions and limitations which may affect benefits payable.

Group short term disability, long term disability, long term care, term life and AD&D, hospital indemnity, accident and critical illness insurance are underwritten by Unum Life Insurance Company of America, Portland, ME.

Whole Life insurance is underwritten by Provident Life and Accident Insurance Company, Chattanooga, TN.

In New York, whole life is underwritten by First Unum Life Insurance Company, New York, NY.

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Important: The official plan document for each benefit plan sponsored by Tyson Foods, Inc. (Tyson) in effect from time to time contains all terms and conditions, and is used to determine how the plan operates, what benefits are available, and who is eligible to receive them. If there is any inconsistency between the applicable plan document and any informal written communication (such as this one) or any oral representation, the official plan document will always govern. Tyson reserves the right to amend or terminate any of its benefit plans and the benefits provided to the fullest extent permitted by law in whole or in part, at any time and for any reason. Tyson reserves the right to correct any errors in this communication. Clerical errors or other mistakes, including but not limited to misinformation on eligibility or a miscalculation of benefit amounts, or an overpayment of benefits, do not create a right to receive benefits.

No benefit plan sponsored by Tyson constitutes a contract of employment between you and Tyson, nor does your participation in any benefit plan give you any rights to continue as an employee of Tyson or any of its subsidiaries or affiliates. All team members remain subject to termination, layoff, or discipline as if the plans had not been put into effect.

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