



Benefit Open Enrollment

2019 | BENEFITS GUIDE

2019 Benefit Open Enrollment

October 15 – November 9, 2018


Once each year during Open Enrollment, eligible team members have the opportunity to review the benefits Tyson Foods offers, and choose the coverage that works best for them and their families. Be sure to read this booklet and make any necessary changes for 2019 by the November 9th deadline.

What Matters to You.

Tyson Foods is proud to offer a benefits package designed to improve and protect what matters most to you and your family, including your health, well-being, security and future. The full range of benefits rewards performance, and is competitive. Even with a slight (5%) increase, and an extra \$2 per week for anyone covering a spouse, our health premiums will remain low and affordable in 2019. Several benefits, including basic life insurance, short term disability, and a newly increased paid adoption leave (pg. 13) are available at no cost to you! Take the opportunity to elect or change your benefits, and learn how they can help you focus on what matters most.

Take action during this year's Open Enrollment!


Tyson Foods highly encourages team members to participate in an enrollment session. Be sure to take advantage of the options that work best for you, and remember Open Enrollment is your opportunity to do the following:

 **Confirm, add, change, or remove benefits coverage, including tobacco-use status and the spousal surcharge.**


Open Enrollment is your only chance throughout the year to make elections or changes (without a qualifying change in status event).

 **Learn more about your benefit options.**


Understand how your benefits work, and decide which options are best for you by taking part in an enrollment session.

 **Make contributions to, or consider increasing contributions to, your Health Savings Account (HSA) (Health Investment Plan participants only).**

The IRS contribution limit has increased for 2019.

 **Enroll or increase coverage in Voluntary Whole Life or Critical Illness Insurance, or newly enroll in (or add family members to) Accident or Hospital Indemnity Insurance.**

This year, acceptance is guaranteed up to the full maximum offered for each benefit! Several voluntary benefit coverage levels will be offered to you without requiring evidence of good health.

 **Update or verify life insurance beneficiary information.**

Be sure your benefits will be distributed properly to your loved ones if anything were to happen to you.

 **Enroll or re-enroll in a Dependent Care Flexible Spending Account (FSA) and/or Health Care FSA (PPO Plan participants only).**

You must re-enroll each year if you wish to participate.

Learn about the differences your benefits can make in 2019 by reviewing this guide, and taking part in an enrollment session.

Participating in Open Enrollment

Team members will have the option to enroll either online or with the help of an Aon Enrollment Counselor between October 15 and November 9, 2018. **You will receive a flier with enrollment instructions and further details.** The chart below outlines what will happen to your benefits coverage if you do not participate in Open Enrollment.

Coverage	If you do not participate in Open Enrollment...
Traditional PPO, Health Investment Plan, Health Savings Account contributions, Dental, Vision, Long Term Disability, Voluntary Benefits	Current elections will continue, but at the 2019 rates with 2019 plan details. You will miss the opportunity to enroll in Voluntary Whole Life, Accident, Hospital Indemnity or Critical Illness Insurance without having to provide evidence of good health.
Flexible Spending Account (Health Care or Dependent Care)	No contributions will be made for 2019.
Spousal Surcharge	Current election will continue.
Non-Tobacco User Premium Incentive	Current status will continue.



Documentation Requirements

Documentation is required only for team members who wish to add new dependents or newly waive medical coverage or the spousal surcharge.

Please refer to the enclosed [documentation requirements and email/fax cover sheet for details.](#) Your Tyson Benefits Coordinator will provide the necessary forms for you to complete.

Use Your Benefits to Your Benefit!

Tyson Foods offers several ways to reduce your out-of-pocket health care expenses, and assist you with your health needs. Learn how the available plans, including the examples below can help you save time and money.



Health Care Flexible Spending Account (FSA) Page 8
or Health Savings Account (HSA) Page 9



Accident Insurance Page 11



Hospital Indemnity Insurance Page 11



Critical Illness Insurance Page 12



Telemedicine Program Page 12



Advance Medical – Expert Medical Opinion Program Page 12

My Health & My Well-being

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. For a more detailed description of your medical plans, please see the Summary Plan Descriptions or the Summaries of Benefits and Coverage available on the Tyson Benefits Website.

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 \$2,200 family	\$1,100 individual \$2,200 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



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

Medical Plan Choices & Prescription Drug Services

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

Please note the Health Investment Plan works differently than the Traditional PPO Plan. Instead of paying copays for medical and prescription services, you will be asked to pay the full plan allowance (negotiated rate) under the Health Investment Plan. **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.** Tyson Foods will make a financial contribution to a Health Savings Account (\$250/individual coverage, \$500/family coverage) that can be used for qualified health care expenses. **You can also contribute pre-tax dollars and invest your funds similar to a 401(k).** For an example of how the Health Investment Plan and the Health Savings Account work together, see page 9.



Health Plan ID Card

You will not receive a new ID card unless you make an election to change your **medical plan**, or change your coverage level.

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 you currently pay the weekly surcharge and your spouse is no longer employed or eligible for coverage through his/her own employer, you must participate in an enrollment session to declare your intention to waive the surcharge. You must also submit supporting documentation during Open Enrollment. **If you do not participate in the enrollment process and fail to submit the documentation timely, your current election and weekly surcharge will continue.**


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 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.

2019 Health Plan Rates

for both the PPO and the Health Investment Plan options

Coverage Level	Medical Plan 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	<div>Weekly rates for both medical plans, the buy-up dental plan and the buy-up vision plan can be found in the printed version your enrollment guide. Rates will also be provided during your enrollment session.</div>					
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						

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.

Tier 1 Pharmacies

You will save money by filling your prescription medications at CVS, Walmart, Kroger, Hy-Vee, Harps, Family Pharmacy and their subsidiaries. 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, after two fills of maintenance medications, you will need to utilize mail order for a 90-day supply. 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, & Family Pharmacy		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	N/A	Select Generic & Select Preventive \$0 Generics not available at Tier 2 Pharmacies	30% of network pharmacy price	Select Generic & Select Preventive \$0	N/A	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.

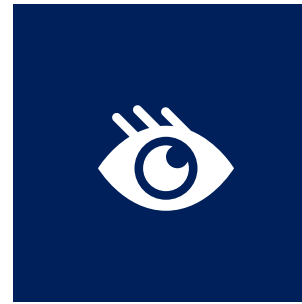
This is the amount you pay out-of-pocket before the plan begins paying the full cost of covered prescriptions for the remainder of the year.

Remember

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

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

* When maintenance medications are obtained through a Kroger, Harps, Walmart, Hy-Vee, or Family Pharmacy (up to a 30-day supply) or the CVS Caremark Maintenance Choice Program (up to a 90-day supply), there are no refill limits. If a maintenance medication is obtained through any other CVS Caremark Network Pharmacy, it is subject to the long-term maintenance medication refill limits.



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.

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	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.

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	\$0 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)

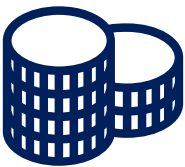


FSAs enable you to put aside money for important expenses and help you reduce your income taxes at the same time. Tyson Foods offers two types of accounts — a Health Care FSA and a Dependent Care FSA. These accounts allow you to set aside pre-tax dollars to pay for eligible out-of-pocket health care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

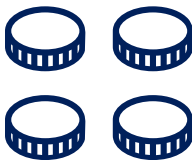
Please note that these accounts are separate — you may participate in one, both, or neither. You cannot use money from the Health Care FSA to cover expenses eligible under the Dependent Care FSA or vice versa.

 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 elect an annual amount 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 Tyson Foods Group Health Plan, your Health Care FSA claims will be paid automatically when a covered medical or dental claim is processed. You can also choose to file claims manually, either online or via the WageWorks mobile app. The Health Care FSA also includes a prescription debit card you can use at **participating pharmacies**. For any medical services such as co-pays, deductibles, dental and vision, you must pay upfront and then submit a claim to be reimbursed. For Dependent Care FSA expenses, you will need to pay upfront and then submit a claim to be reimbursed from your account (note: in order to be reimbursed from this account, funds must be available). Manage your account at www.wageworks.com.

\$500 Health Care FSA Carryover

If you have money left in your Health Care FSA at the end of 2018, you may carry over up to \$500 for use in 2019.

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 2019 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 your FSA expenses carefully. Unused funds in excess of \$500 will be lost.

Plan	Annual Maximum Contribution	Examples of Covered Expenses
Health Care Flexible Spending Account	Up to annual IRS limits \$2,700 in 2019	Copays, deductibles, orthodontia, prescription medications, vision, etc.*
Dependent Care Flexible Spending Account	Up to annual IRS limits \$5,000 in 2019 (\$2,500 if married and filing separate tax returns)	Daycare, nursery school, elder care expenses, etc.*

* 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 rates for all of your health care 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.

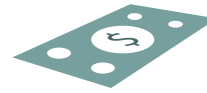
Before you meet your deductible:



You Pay
100%
of the plan allowance

Instead of paying a copay, **you will pay the full plan allowance** (negotiated rate) 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 health care 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 website, or through your Tyson Benefits Coordinator. *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, 2019.

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 coverage for team member + 1 or more family members) to help you meet the plan's higher deductible. The account is administered by WageWorks.



2. Save on taxes. If you would like to add more funds to the account, you can contribute money from your paycheck before taxes are taken out (up to the yearly IRS limits). **Previously elected contributions will continue in 2019 if you do not participate in Open Enrollment.**

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 a Health Care FSA).

Examples include: Coinsurance, deductibles, prescriptions, and dental & 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 money in 2019, **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 investment through bank custodian BNY Mellon.

How much can you contribute?	2019 IRS Contribution Limit	Annual Tyson Foods Contribution	Your Maximum Contribution Amount
Team Member Coverage	\$3,500**	\$250	\$3,250
Family Coverage	\$7,000**	\$500	\$6,500

*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. IRS Contribution Limits are subject to change throughout the plan year.

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. Plan highlights can be found in the chart below. Information on other voluntary benefits, including Hospital Indemnity, Accident, and Critical Illness Insurance can be found on the next two pages.

Coverage	Plan Highlights	What You Need to Know
Basic Life and Accidental Death & Dismemberment (AD&D) Insurance COMPANY-PAID!	The Basic Life benefit amount is equal to: <ul style="list-style-type: none"> • 1x your annual base salary (rounded up 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> . During enrollment, you can update or confirm your beneficiary information, and increase 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 is required to enroll in or increase coverage.
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 is required to enroll in or increase coverage.
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 Whole Life Insurance	Coverage is available for team members (\$10,000 - \$100,000), spouses (\$10,000 - \$30,000) and children (coverage available at the cost of \$1 - \$3 per week). More information is available on the next page.	<i>During this enrollment, no evidence of good health is required to enroll up to the maximum benefit!</i>
Voluntary Term Accidental Death & Dismemberment Insurance (AD&D)	Coverage options are available from 1x to 15x your base annual earnings (rounded up to the nearest \$1,000), to a maximum of \$300,000.	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! <i>60% benefit for all eligible hourly team members!</i>	Hourly team members are eligible to receive 60% of weekly base pay for a maximum of 13 weeks (520 hours) based on years of service at the time of approved leave of absence.	You are automatically enrolled, and the coverage is provided at <u>no cost to you</u> .
Voluntary Long Term Disability	Team members receive up to 60% of their base pay, to a maximum of \$10,000 per month.	You are automatically enrolled upon initial eligibility. Evidence of good health is required for late entrants.
Voluntary Long Term Care	Long Term Care Insurance is available to you and your family at affordable group rates.	You are eligible to enroll at any time, but must complete a medical questionnaire.

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



Voluntary Term Life Insurance

Tyson Foods offers three separate Voluntary Term Life Insurance plans: Voluntary Term Life Insurance for team members, Voluntary Term Life Insurance for spouses, and Voluntary Term Life Insurance for children. These plans offer a great opportunity to provide a larger amount of financial protection for your family.

As a team member, and/or spouse, evidence of good health is required to enroll in or increase coverage. No evidence is required for children.

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

Acceptance Guaranteed

During this enrollment, Accident, Hospital Indemnity, Whole Life and Critical Illness Insurance will be offered to you with guaranteed issue, which means you qualify for insurance without the need for medical exams or intrusive health questions. Speak with an Aon Enrollment Counselor, or enroll online, for more information.

Voluntary Accident Insurance

Unum's Group Accident Insurance can pay 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. Coverage for your spouse and dependent children is also 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 \$50 Health Screening Benefit and a Sickness Hospital Confinement Rider.

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 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 during this year's enrollment up to the maximum benefit! 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 your spouse and dependent 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.

Free
Service

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. For more information, visit www.advance-medical.net/tysonfoods or ask your Tyson Benefits Coordinator.

Telemedicine

Tyson Foods offers access to a convenient telemedicine program through Doctor on Demand for team members and covered dependents who are enrolled in the Group Health Plan. 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 rate 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.

Hyatt Legal Plan

Affordable legal assistance can sometimes be difficult to find. If you enroll in the Hyatt Legal Plan, 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 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, 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 \$260 per month for transportation costs, and up to \$260 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.

Free
Service

Employee Assistance Program (EAP)

Tyson Foods offers an Employee Assistance Program (EAP) through Health Advocate to help with life's challenges. The program 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
- Grief
- Work Conflicts
- Childcare
- Family Budgeting
- Addiction
- Debt Management

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!

Free
Service

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 at NO COST. More information on this benefit, and its services for the expecting, can be found at tyson.blueadvantagearkansas.com.



More Generous Adoption Leave

Tyson Foods is pleased to announce paid adoption leave for primary caregivers will increase from 5 days to 4 weeks effective January 1, 2019. More information will be available in the Leave of Absence Policy later in the year.



Free
Service

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 and dependents 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.



Take Advantage of 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.

Free
Service

Non-Tobacco User Premium Incentive

Current tobacco user status for team members and covered spouses will carry over into 2019. If you would like to update your or your spouse's tobacco status, you MUST complete an enrollment session either online or by phone.

Team members who certify they are tobacco free will receive a \$10 per week incentive on health plan premiums. If you certify your 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.

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, 2018; AND

Second: Complete the Quit for Life program by March 15, 2019; AND

Third: Complete and submit a Tobacco Use Certification form to your Tyson Benefits Coordinator within two (2) months of the date you or your spouse complete the program.

If the deadlines above are met, you and/or your covered spouse will qualify for the incentive as of the Quit for Life program completion date for the remainder of 2019. You will also receive a refund through payroll deduction for any incentive amount you did not receive retroactive to January 1, 2019. If the deadlines are not met, you will not qualify for the incentive.

However, you may be able to participate in the new Mid-Year Improvement Opportunity. This new opportunity allows team members and covered spouses who become tobacco free to earn the incentive beginning July 1, 2019. A completed Mid-Year Improvement Opportunity Form provided by Bravo must be completed along with a negative nicotine result.

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

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 your Tyson Benefits Coordinator.

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 web site under "HIPAA Privacy Information" or obtained from your Tyson Benefits Coordinator.

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 web site under "Forms, Information Notice Form & Marketplace Notice" or request a copy from your Tyson Benefits Coordinator.

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 your Tyson Benefits Coordinator 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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