



**ACTION REQUIRED:** You **MUST** participate in an enrollment session to elect or waive benefits for 2017.

- **When are my benefits effective, if I properly enroll?**  
60 days from your date of hire
- **When can I enroll for my benefits?**  
From date of hire to 30 days past your effective date
- **How do I enroll?**  
Call the Enrollment Center at **1-888-561-1552 for English** or **1-877-561-1552 for Spanish**  
Monday, Closed • Tuesday – Friday, 7am – 5pm MT / 8am – 6pm CT

## Medical and Pharmacy Plan

AmeriBen & Anthem/CVS Caremark

Bi-weekly Rates	Employee/Family Non-Tobacco User	Employee/Family Tobacco User
EE Only	\$40.00	\$48.00
EE + Spouse	\$96.00	\$115.00
EE + Child(ren)	\$72.00	\$86.50
EE + Family	\$136.00	\$163.00

## Dental Plan

Delta Dental of Colorado

Bi-weekly Rates	Basic	Premium
EE Only	\$3.46	\$7.60
EE + 1	\$6.28	\$13.60
EE + 2 or More	\$10.75	\$25.56

## Vision Plan

Vision Service Plan

Bi-weekly Rates	
EE Only	\$2.12
EE + 1	\$3.92
EE + Family	\$6.14

## Life Insurance and Disability Insurance

The company provides **Basic Life Insurance and AD&D** coverage equal to one times your base salary to a maximum of \$500,000. You may purchase **Supplemental Life Insurance and additional AD&D**. Cost for supplemental life is detailed in the life insurance insert.

**Short Term Disability** is company provided. This benefit pays a weekly benefit due to an illness or injury as decided by the administrator, UNUM. The benefit amount is equal 100% of your base salary for up to 6 weeks and 60% of base salary for an additional 20 weeks.

You may also elect **Long Term Disability** coverage. You and the company share the cost of this benefit. Employees with a base salary under \$100,000 receive 60% of their base salary up to \$5,000 per month. Employees with a base salary above \$100,000 receive 66 2/3% of their base salary up to \$15,000 per month.

Have questions on benefits? Call the Benefits Help Line at 1-855-327-5911 (Monday – Friday, 7:30am – 5:30pm CST).



# 2017 Plan Design and Details

Salaried / Salaried Non-exempt

## Medical Plan

	In-Network Individual/Family	Out-of-Network Individual/Family
HRA Contribution*	\$500/\$1,000	
Annual Deductible	\$1,600/\$3,200	\$4,000/\$8,000
Coinsurance	80%	50%
Out-of-Pocket Maximum	\$5,000/\$10,000	\$12,500/\$25,000
Lifetime Maximum	None	
Office Visits	Subject to deductible & coinsurance	
Urgent Care		
Emergency Room		
Preventive Care	100%	Subject to deductible & coinsurance

\*Prorated based on start date

## Pharmacy Plan

	Retail	Mail Order
Generic	\$5	\$15
Preferred Brand	20% (\$20 min/\$50 max)	20% (\$60 min/\$150 max)
Non-Preferred Brand	\$75	\$175
Specialty	35% (\$50 min/\$150 max)	N/A – must use retail

## Dental Plan

	Basic	Premium
Deductible	\$50 per person	\$75 individual/\$225 family
Preventive Care	100%, no deductible	
Basic Services	50% after deductible	80% after deductible
Major Services	No coverage	50% after deductible
Orthodontia*	No coverage	50% no deductible
Calendar Year Max	\$1,200 per person	\$1,500 per person
Ortho Lifetime Max	N/A	\$1,500 per person

\*Adults and children to age 26

## Vision Plan

	In-Network	Out-of-Network
Exam (once every 12 months)	No copay	Up to \$45
Frames (once every 24 months)	\$140 allowance	Up to \$70
<b>Lenses (once every 12 months)</b>		
Single Vision Lenses	\$25 copay	Up to \$30
Bifocal Lenses	\$25 copay	Up to \$50
Trifocal Lenses	\$25 copay	Up to \$65
<b>Contact Lenses (once every 12 months)</b>		
Elective	\$140 allowance	Up to \$105
Medically Necessary	\$25 copay	Up to \$210

## Pharmacy Benefits

The Pharmacy Benefits Manager is CVS Caremark. The formulary list is available from your HR representative. Target pharmacies are now CVS pharmacies. Walgreens is out of the network.

## Qualifying Life Events

Once you enroll, you may only change your coverage during the year if you have a qualified life event such as:

- Marriage or divorce
- Birth, adoption, or death of a dependent
- Change in employment status for you or your spouse
- Change in eligibility for you or a dependent

You must supply the necessary documents and complete an enrollment change through Unvers within 31 days of the family status change.

## How to Add a New Dependent

If you wish to cover your dependents under the medical, dental, and/or vision plans, you will be required to submit documentation as proof of eligibility. Use the chart on page 4 to determine which documents you will need.

You must fax or email your documents to 610-537-2203 or [JBSPPCDocs@unvers.biz](mailto:JBSPPCDocs@unvers.biz). Please wait 2 business days for processing and then call in to complete your enrollment.

## Voluntary Benefits

Critical Illness, Accident, and Hospital Indemnity Insurance are ideal complements to your medical plan. If you become seriously ill or injured, or if you are hospitalized, these plans pay benefits that can help cover your deductible.

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Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at 1.800.240.9035, and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.


## Health Reimbursement Account (HRA)

If you enroll into the medical plan, a Health Reimbursement Account (HRA) is set up for you. Pilgrim's then contributes \$500 for individual coverage or \$1,000 for family coverage to the account.\* That money helps you pay for your first eligible medical care expenses.

If you don't spend it all by the end of the year, it rolls over. This means you have more money for expenses the following year, and it's possible you won't spend any of your own money on health care services. A statement will be sent on a quarterly basis to update you on your balance.


The Pilgrim's Medical Plan + HRA

**Pilgrim's contributes to your HRA to pay for your first eligible expenses.**




Receive  
**\$500**  
for employees

OR



Receive  
**\$1,000**  
for families


**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.

**If you meet your out-of-pocket maximum:**



**You Pay**  
**0%**  
of the plan allowance

The plan takes over paying the full cost of healthcare until the end of the year.

**Whatever you don't spend stays in the account for future medical expenses.**

\*Prorated based on start date

## WageWorks Flexible Spending Accounts

A Flexible Spending Account allows you to set aside money to pay for out-of-pocket health care or dependent care expenses. The money is deducted directly from your paycheck on a pre-tax basis.

Pilgrim's offers two types of FSAs:

**Health Care FSA** – Use it to pay for eligible health care expenses, such as deductibles, coinsurance or prescriptions. Dental and vision expenses can also be covered by the Health Care FSA. A WageWorks Health Care Card is included and will be mailed to the address you have on file. You can also rollover up to \$500 from your 2017 account into your 2018 account.

*Note: Medical expenses will be paid out of your Health Reimbursement Account first. Then you can choose to use your Flexible Spending Account.*

**Dependent Care FSA** – Use it to pay for eligible child day care or babysitter expenses and elder care expenses, such as a care provider, while you and/or your spouse are working.

| Plan               | Annual Contribution                                                          |
|--------------------|------------------------------------------------------------------------------|
| Health Care FSA    | \$26 to \$2,550                                                              |
| Dependent Care FSA | \$26 to \$5,000 (\$2,500 maximum if married and filing separate tax returns) |

*NOTE: This statement is intended to summarize the benefits you receive from JBS/PPC. The actual determination of your benefits is based solely on the plan documents provided by the carrier of each plan. This summary is not legally binding, is not a contract, and does not alter any original plan documents.*



# Eligibility and Documentation

Salaried / Salaried Non-exempt

## Who is Eligible?

**Spouse (including same-sex spouse):** If he or she does not have coverage available through his/her own employer.

**Children:** Up to age 26 regardless of marital or student status, even if they are eligible for other insurance.

## Dependent Documentation Requirements

If you wish to cover your dependents under the medical, dental, and/or vision plans, you will be required to submit documentation as proof of eligibility.

| Children                                                                                                                                                                                | Spouse                                                                                                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>OPTION A</b></p> <ul style="list-style-type: none"><li>Birth Certificate</li><li>SSN Card or Federal Tax Return (Most Current)</li></ul>                                          | <p><b>OPTION A</b></p> <ul style="list-style-type: none"><li>Marriage Certificate/Common Law*</li><li>Joint Federal Tax Returns (Most Current)</li><li>Affidavit of Working Spouse</li></ul>                                                 |
| <p><b>OR</b></p>                                                                                                                                                                        | <p><b>OR</b></p>                                                                                                                                                                                                                             |
| <p><b>OPTION B</b></p> <ul style="list-style-type: none"><li>Custody Papers (Court Papers or Legal Entity)</li><li>Federal Tax Return (Most Current)</li></ul>                          | <p><b>OPTION B</b></p> <ul style="list-style-type: none"><li>Marriage Certificate/Common Law*</li><li>Household bill, document showing cohabitation dated within past 60 days</li><li>SSN Card</li><li>Affidavit of Working Spouse</li></ul> |
| <p><b>OR</b></p>                                                                                                                                                                        | <p><b>OR</b></p>                                                                                                                                                                                                                             |
| <p><b>OPTION C</b></p> <ul style="list-style-type: none"><li>Parental Affidavit (Children born outside the country)</li><li>Stamped Passport, Green Card, TSA or Refugee Docs</li></ul> | <p><b>OPTION C</b></p> <ul style="list-style-type: none"><li>Affidavit of Marriage (if married outside of the country)</li><li>Passport, Green Card, TSA or Refugee Docs</li><li>Affidavit of Working Spouse</li></ul>                       |

*\*If common law, also one form of cohabitation within last 60 days and a document stating your current relationship status.*

*Examples include:*

- Records of joint bank or credit accounts
- Deeds or purchase agreements showing joint ownership of property
- A will referring to the partners as husband and wife
- Any other documents indicating that the couple used the same last name or referred to one another as husband and wife

For all dependents please ensure one document states Social Security number and ITIN within the supporting documentation. Additional documentation may be required to complete your enrollment.

### Now that you've enrolled:

- Complete a change of address form if your address was incorrect during enrollment.
- Make sure you check your confirmation statement. This is the only way to verify your dependents are covered. This will arrive 1–2 weeks after enrollment at the address you have on file.
- You will receive a medical and dental ID card if enrolled. There is no ID card for vision.