



Better Choices. Better Health.



GUIDE TO YOUR BENEFITS

# MEDICAL, DENTAL, & VISION

It's important that you understand your benefits before you make a plan choice. Please look over the benefits descriptions to help you decide what choices are right for you. Please refer to the Benefits Summary and Contribution Sheet enclosed in this packet for further details on the plans available to you.

## Medical Insurance

The rising cost of Health Insurance is a concern for all of us. Keeping costs to a minimum contributes to lower premiums in future years. Here are tips on how you can help lower the cost of Health Insurance:

- **Use network providers:** Receive a higher level of benefit if you use providers who participate in the network as defined by the plan.
- **Request generic rather than brand name prescription drugs:** Generic medications, while just as effective, are considerably less expensive.
- **Visit your family physician rather than a specialist:** Family physicians can often provide the same level of care for a variety of illnesses and conditions.
- **Exercise and maintain a proper diet:** The healthier you are the less vulnerable you are to disease, thereby reducing doctor visits and the need for prescription medicines.
- **Use TelaDoc:** 24/7 access to doctors via phone, mobile & video at a reduced cost. (PPO and HDHP plans only)

Each person's healthcare needs are different. That's why our Medical Plan offers multiple options so that you can choose the coverage level best-suited to your personal situation. Please review the benefit information included in this packet for details of your plan options.

## Dental Insurance

Dental Insurance works in much the same way that Medical Insurance works. For a specific monthly rate (or "premium") you are entitled to certain dental benefits that help reduce the cost for:

- Regular Checkups
- Cleanings
- Fillings
- X-rays
- Major Dental (crowns, root canals, extractions)
- Other basic and major services

Please review the benefit information included in this packet for details of your plan options.

## Vision Insurance

Vision Insurance is a type of Health Insurance that entitles you to specific eye care benefits. Policies typically cover:

- Routine Eye Exams
- Procedures
- Specified dollar amounts for eyeglasses and/or contact lenses

Please review the benefit information included in this packet for details of your plan options.

## Important Considerations

- **The type of Coverage You Select for Dental and Vision (Single, Employee + Spouse/Domestic Partner, Employee + Child(ren), or Family) Must Match Your Medical Enrollment**  
You may only select the type of coverage you selected for medical benefits. If you enroll in family medical benefits, you may enroll in family dental and vision benefits. If you enroll in single medical benefits you may not enroll in family dental and vision, you can only enroll yourself.
- **Ineligible Period**  
If you do not elect dental and vision coverage this year, you will not be eligible to enroll for dental and vision coverage until a further two years have passed. If you enroll in dental and vision coverage and cancel it at a future enrollment you will also have to wait 2 years before you will be able to resume coverage.

# FLEXIBLE SPENDING ACCOUNTS (FSA)

Flexible Spending Accounts (FSAs) enable you to put aside money for important expenses and help you reduce your income taxes at the same time. The account allows you to set aside pre-tax dollars to pay for certain IRS approved out-of-pocket health care or dependent daycare expenses. Participant's elections are payroll deducted and reimbursement is issued as claims are incurred. Participants cannot change or revoke this election during the plan year unless a Change in Status occurs in accordance with the IRS definition of a change in family status, (e.g. marriage/divorce, birth/adoption of a child, death of a family member, termination of a spouse's employment, etc).

## How Flexible Spending Accounts Work

1. At your initial eligibility, you decide how much to set aside for health care and/or dependent daycare expenses. You can elect either a health care flexible spending account or a dependent care flexible spending account or both.
2. Your contributions are payroll deducted on a before-tax basis in equal installments throughout the calendar year.
3. You may use this money for eligible expenses incurred during the plan year, January 1st (or if later, your initial eligibility date) through December 31st. For the health care flexible spending account only, you have a grace period of 2½ months after the end of the plan year in which you can incur expenses and use this money, which is March 15. However, all claims must be received by March 31 in order to be considered for payment.
4. **IMPORTANT NOTE:** If you elect to enroll in the Foster Farms Health Savings Plan that includes an HSA, and you currently have a health care FSA, it is very important that you exhaust your FSA balance. IRS regulations do NOT allow you to contribute to an HSA account while you have a balance in a health care FSA. This means Foster Farms cannot fund your HSA account if you have a balance in your FSA account.

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

\* See IRS Publications 502 and 503 for a complete list of covered expenses.  
Also, please note, not all groups are eligible to participate in this program

# EMPLOYEE ASSISTANCE PROGRAM (EAP)

EAP provides confidential, professional short-term counseling for Personal Issues, Information, Referrals and Resources for Services, Financial, Legal and Family.

Services	Financial	Legal	Family
<b>5 face-to-face sessions*</b>  <b>Telephonic assistance</b> - Available 24/7 - Marital/Family - Personal - Alcohol/Drug abuse - Stress/Anger - Death and dying  <b>Also available</b> - Telephonic employee advice - Online access to information	<b>Toll-free information</b> - Credit - Debt - Request educational material  <b>Financial advice sessions</b> - Scheduled phone counseling session - Financial worksheet review	<b>Assistance from attorneys</b> - One free 30 minute telephonic or face to face session - 25% employee discount on additional services  <b>Assistance with:</b> - Document preparation - Divorce/separation - Real estate - Civil matters	<b>Access to information</b> - Child care - Elder care - Adoption - Education  <b>Telephonic assistance</b> - One free 30 minute telephonic session  <b>Web access:</b> - Available 24/7

\*In CA, sessions are limited to 3 in a six-month period, not to exceed a total of 5 sessions per year. Individual face-to-face sessions are available for covered individuals 16 years and older. Family/group face-to-face sessions are available for covered individuals 12 years and older, and their parents. Counseling and grief sessions are not available to children under the age of 12.

To access MyLibertyAssist EAP go online to [www.bensingerdupont.com/MLA](http://www.bensingerdupont.com/MLA).  
The password is MLASSIST, or call 877-695-2789.

# HEALTH SAVINGS ACCOUNT (HSA)

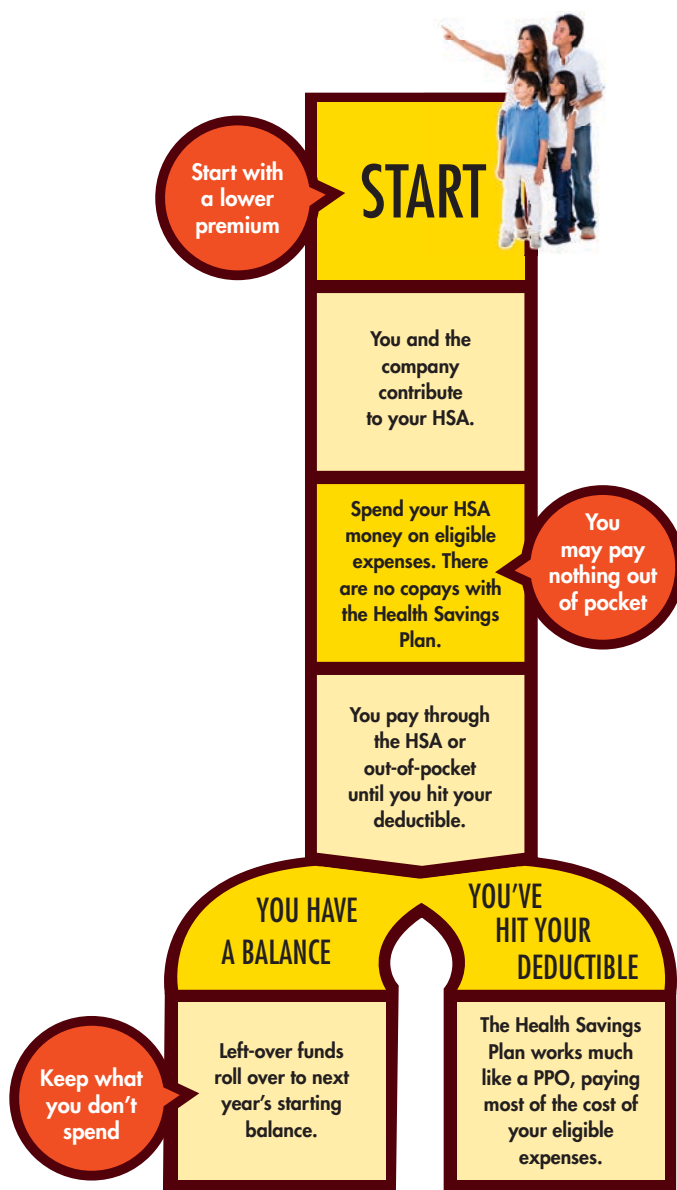
## How the Foster Farms Health Savings Plan Works

The Foster Farms Health Savings Plan is a High Deductible Health Plan (HDHP); this plan carries a lower premium than traditional health plans and includes a company-funded Health Savings Account that you can use to cover out-of-pocket expenses.

- In-network preventive care and generic preventive medication are covered at **NO COST** to you.
- For all other services, you must meet the annual deductible before the plan pays benefits. You can use the money in your Health Savings Account to cover these costs.
- Once you meet your deductible, the HDHP pays a percentage of eligible charges for other in-network services (refer to your insert for your plan's specific coinsurance). When you reach your annual out-of-pocket limit, the plan pays 100% of eligible charges for the remainder of the calendar year.

## How the Health Savings Account Works

When you enroll in the Foster Farms Health Savings Plan, you are eligible to enroll in a Health Savings Account (HSA).<sup>\*</sup> Foster Farms will contribute to this account on your behalf. You can also contribute additional pre-tax dollars up to the 2016 IRS limits. These funds can be used to help meet your deductible and pay eligible out-of-pocket expenses.



2016 Health Savings Account Contribution Amounts		
Coverage Tier	Company Contribution	Employee Contribution
Employee Only	\$500	Up to \$2,850
Employee + Spouse/Domestic Partner	\$1,000	Up to \$5,750
Employee + Children	\$1,000	Up to \$5,750
Full Family	\$1,500	Up to \$5,250

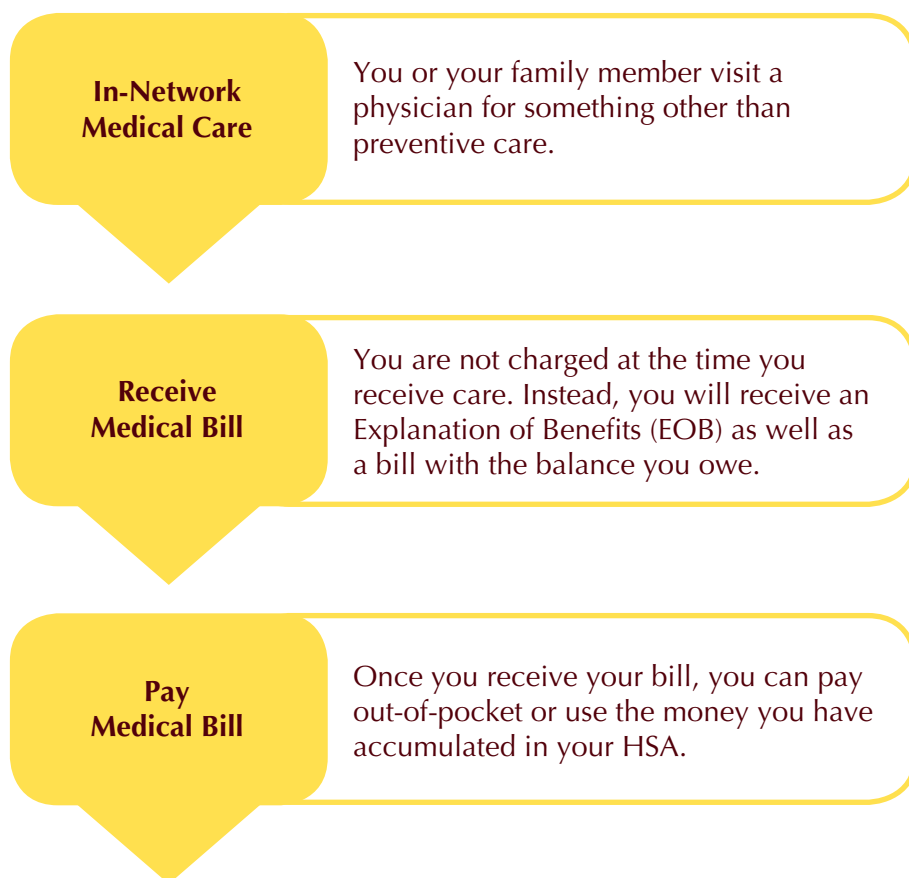
The balance of your HSA will grow tax free, roll over year to year and is owned by you. For more information, please speak to a Benefits Counselor.

<sup>\*</sup> To be an eligible individual and qualify for an HSA, you must meet certain IRS requirements. You must be covered under a high deductible health plan (HDHP), you cannot have any other health coverage that is not a HDHP, you cannot be enrolled in Medicare and you cannot be claimed as a dependent on someone else's 2015 tax return.

# HEALTH SAVINGS ACCOUNT (HSA)

## Your Health plan and HSA working together

Under the HSA-eligible health plan, preventive care is covered 100% when you see in-network providers. For non-preventive visits, you will be billed at a later time. Use the chart below to better understand how the plan works with your HSA .



### Did you know?

The Hospital Indemnity, Critical Illness and Accident insurance plans are excellent complements to the Health Savings Plan. If you are hospitalized, become seriously ill or are injured, these plans will pay you directly and you can use the funds towards your deductible. See pages 5 and 6 for details.

**Please note: For participants with a health care Flexible Spending Account (FSA), you must use up your FSA balance before Foster Farms can open and contribute to an HSA. For example, your health care FSA must have a \$0 balance as of December 31, 2015 in order for you, or Foster Farms, to contribute to your HSA effective January 1, 2016.**

# HOSPITAL INDEMNITY INSURANCE

A trip to the hospital can be stressful, and so can the bills. Expenses that are related to a hospital stay can be financially difficult if you aren't prepared. Ensuring you have the right coverage in place when an unforeseen sickness or injury occurs will help alleviate your financial burden and provide support at a time when it's needed most. Electing this coverage may reduce or remove the need to use the funds from your Health Savings Account (HSA) for these expenses.

Unum's Group Hospital Indemnity Insurance can complement your health plan to assist you in paying for the costs associated with a hospital stay. It can also provide funds for the out-of-pocket expenses your medical plan may not cover, such as co-insurance, co-pays and deductibles. You may also purchase coverage for your spouse and dependent children.

## Advantages of the Plan

- The plan pays a benefit when you are admitted to the hospital for a covered accident or sickness.
- You are paid a benefit if you receive emergency room treatment for an accident.
- Coverage is available to all eligible employees who are actively at work.
- You can buy coverage for your spouse and dependent children.
- Coverage is portable. You may take the coverage with you if you leave the company or retire without having to answer new health questions. Unum will bill you directly.
- Coverage becomes effective on the first day of the month in which payroll deductions begin.

Your Benefits Counselor can help you calculate the cost of the benefit, which will vary depending upon your age, the amount of coverage you elect or dependent coverage you choose, and other such factors.

# CRITICAL ILLNESS INSURANCE

The out-of-pocket costs of a serious illness can be catastrophic, even when you have medical insurance. To protect your family and finances if you become seriously ill, Critical Illness Insurance is available. This coverage does not replace your medical benefits, but is designed to help meet expenses that are not generally covered under most traditional health plans. Critical Illness Insurance pays a benefit directly to you if you are diagnosed with a covered illness. You can apply this money however you choose, to your deductibles, expenses your family might incur, or to replace lost earnings.

Unum's Group Critical Illness Insurance can help protect your finances from the expense of a serious health problem, such as stroke, heart attack or cancer. You choose a lump-sum benefit (of either \$5,000, \$10,000 or \$15,000) that is paid directly to you at the first diagnosis of a covered condition. There are options for dependent coverage too.



# ACCIDENT INSURANCE

Accidents happen. You can't always prevent them, but you can take steps to reduce the financial impact, which is often substantial. Unum Voluntary Group Accident Insurance can help cover the out-of-pocket medical expenses and extra bills that can follow an accident. Employee, spouse and child coverage are available.

The plan pays benefits for covered injuries and accident-related expenses including hospitalization, emergency room treatment, physical therapy, transportation, lodging for family and more.

## Plan Features

- All benefits are paid in addition to current medical coverage
- There are scheduled payouts for over 70 covered accidents
- You will receive a \$50 per year wellness benefit that does not require a claim form
- There are no restrictions on common sports injuries
- Sickness confinement rider
- Accidental death benefit

# WHOLE LIFE INSURANCE

Unum's Whole Life Insurance is designed to pay a death benefit to your beneficiaries but it can also gain cash value you can use while you are living. This benefit offers an affordable, guaranteed level of premium that won't increase due to age. Unlike term life insurance offered through the workplace, this coverage can continue into retirement.

## Plan Features

- You have the ability to purchase Whole Life Insurance for yourself, your spouse, your children, and/or your grandchildren
- Purchase the precise amount of coverage that is right for your needs
- No physical exams are required to apply for coverage
- Coverage is portable — you can take your policy with you if you leave the company or retire
- Rates can't go up, and benefits can never be reduced
- Guaranteed cash value interest rate of 4.5%

Your Benefits Counselor can help you calculate the cost of the benefit, which will vary depending upon your age, the amount of coverage you elect or dependent coverage you choose, and other such factors.

*The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable.*

# HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS

## PART A: General Information

When key parts of health care reform took effect in 2014, there were new ways to buy health insurance: the Health Insurance Marketplace. To help you decide what option is best for you and your family, this notice gives some basic information about the new Marketplace and the health coverage offered by Foster Farms.

### What is the Health Insurance Marketplace?

The Marketplace is designed for people with no health insurance, or insurance they can't afford. It is meant to help these people find health insurance that meets their needs and fits their budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. Open enrollment for health insurance coverage through the Marketplace begins in October for coverage starting in January.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if Foster Farms does not offer coverage, or offers coverage that doesn't meet certain standards- then the savings on your premium that you're eligible for depends on your household income.

### Does Foster Farms Health Plans Affect Your Eligibility for Premium Savings through the Marketplace?

**Yes.** All Foster Farms employees who meet certain eligibility requirements may enroll in health plans offered by Foster Farms. These plans meet the government standards and are Qualifying & Affordable; therefore, you will not be eligible for a tax credit through the Marketplace. You may wish to enroll in Foster Farms' health plan.

- A plan meets the "minimum value" or "qualifying" standard if the plan's share of the total allowed benefit costs covers at least 60 percent of such costs.
- A plan is considered meeting the "affordable" standard if the amount of your contribution (employee only) is not more than 9.5% of your household income for the year.

Please remember, that since you are offered health plans by Foster Farms that meet the Health Reform law's "minimum value" or, "qualifying and affordability" standards, you are not eligible for federal assistance (tax credits) to help you buy an insurance policy for yourself in the Health Insurance Marketplace. Because Foster Farms offers you minimum value and affordable coverage, and also offers coverage to your family, they might also be ineligible for financial assistance in a Health Insurance Marketplace.

If you receive financial assistance in a Health Insurance Marketplace and are not entitled to it, the IRS may ask you to repay the financial assistance you received.

**Note:** If you buy a health plan through the Marketplace instead of buying health coverage offered by Foster Farms, then you will lose the Foster Farms contribution for the Foster Farms plan. Also, the Foster Farms contribution - as well as your employee contribution for the Foster Farms plan - is excluded from income for Federal and State income tax purposes (it is pre-tax). Your payments for coverage through the Marketplace are made on an after-tax basis.

## PART B: Information about Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by Foster Farms. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information.

3. Employer Name <b>Foster Farms</b>		4. Employer Identification Number (EIN) <b>94-1543499</b>	
5. Employer Address <b>1000 Davis Street</b>		6. Employer Phone Number <b>209-394-7901</b>	
7. City <b>Livingston</b>		8. State <b>CA</b>	9. Zip Code <b>95334</b>
10. Who can we contact about employee health coverage at this job? <b>HealthNow Administrative Services</b>			

Here is some basic information about health coverage offered by Foster Farms:

- Foster Farms Health Plans meet the health reform law's "minimum value" or "qualifying" and "affordability" standards.
- As your employer, we offer a health plan to:
  - Full time employees working 30 hours or more per week who have satisfied their waiting period.



# HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS

- We do offer coverage to dependents. Eligible dependents are:
  - Legal spouse
  - Registered domestic partner of the same or opposite gender
    - Same gender couples - both persons must be at least 18 years of age
    - Opposite gender couples - one or both persons must be 62 years of age or older and one or both must be Social Security eligible
  - Children (natural, legally adopted, step-children, child for which employee or domestic partner has been appointed legal guardian by a court of law) up to the age of 26

Employees who are within their waiting period may obtain coverage through the Marketplace.

## NOTICES

### Reminder: Health Insurance Marketplace

Every individual in the United States must have healthcare coverage or risk paying a penalty to the government.

The Marketplace is designed for people with no Health Insurance, or insurance they can't afford. It is meant to help those people find health insurance that meets their needs and fits their budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options.

Employees who are within their waiting period may obtain coverage through the market place and terminate that coverage once their Foster Farms benefits take effect.

The Marketplace can help you look at your coverage options, including your eligibility for coverage through the Marketplace and its cost. If you live within the state of California, please visit [www.coveredca.gov](http://www.coveredca.gov) or if you live outside of the state of California please visit [www.healthcare.gov](http://www.healthcare.gov) for more information on your options, including an online application for Health Insurance coverage.

**IMPORTANT: If you receive financial assistance in a Health Insurance Marketplace and are not entitled to it, the IRS may ask you to repay the financial assistance you received.**

### Notice of Right to Designate Primary Care Provider and of No Obligation for Pre-Authorization for OB/GYN Care

Kaiser Permanente generally requires the designation of a Primary Care Provider. You have the right to designate any Primary Care Provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Kaiser Permanente designates one for you. For information on how to select a Primary Care Provider, and for a list of the participating Primary Care Providers, contact Kaiser Permanente at 800-464-4000 (CA) or at 800-813-2000 (OR and WA). For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Kaiser Permanente or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a healthcare professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating healthcare professionals who specialize in obstetrics or gynecology, contact Kaiser Permanente at 800-464-4000 (CA) or at 800-813-2000 (OR and WA).

### Women's Health and Cancer Rights Notice

The Women's Health and Cancer Rights Act of 1998 ("WHCRA") provides certain protections for individuals receiving mastectomy-related benefits. Coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedemas.

The Foster Poultry Farms Employee Benefits Plan provide(s) medical coverage for mastectomies and the related procedures listed above, subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

### Maternity Hospital Stays (Newborns' & Mothers' Health Protection Act)

Federal law protects the benefit rights of mothers and newborns relating to any hospital stay in connection with childbirth. In general, group health plans and health insurance issuers may not:

- Restrict benefits for the length of hospital stay for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does allow the mother's or newborn's attending provider, after consulting with the mother, to discharge the mother or her newborn earlier than 48 hours (or 96 hours as applicable)
- Require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay of up to 48 hours (or 96 hours)

# NOTICES

## Medicare Prescription Drug Coverage

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Foster Farms and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Foster Farms has determined that the prescription drug coverage offered by the Foster Farms Health and Welfare plan coverage is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

Foster Farms Non-Kaiser Medical Plans will not coordinate benefits for prescription drugs for an individual enrolled in a Medicare drug plan. If you or your dependent enrolls in a Medicare drug plan, benefits available under this Prescription Drug Plan will be terminated – such termination may result in termination of all Plan coverage.

Foster Farms Kaiser Plans: If you decide to join a Medicare drug plan, your current coverage will not be affected. You can keep this coverage if you elect Medicare Part D but this plan will not coordinate with Medicare Part D coverage. (Please note, if you enroll in a Senior Advantage Kaiser Plan this contract includes Medicare Services including Medicare Part D prescription drug coverage through Kaiser. Enrollment in this plan means that you are automatically enrolled in Medicare Part D. Please refer to Evidence of Coverage or contact us for further information.)

If you do decide to join a Medicare drug plan and drop your current Foster Farms coverage, be aware that you and your dependents may not be able to get this coverage back.

Please contact us for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan.

### When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Foster Farms and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

### For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Foster Farms changes. You also may request a copy of this notice at any time.

### For More Information About Your Options Under Medicare Prescription Drug Coverage...

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

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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

Date: August 21, 2015  
 Name of Entity/Sender: Foster Farms  
 Contact--Position/Office: Benefits Department  
 Address: PO Box 457, Livingston, Ca. 95334  
 Phone Number: 209-668-6600

## Medicaid and the Children's Health Insurance Program (CHIP) Offer of Free or Low-Cost Health Coverage to Children and Families

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

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2015. Contact your State for more information on eligibility:

ALABAMA – Medicaid	GEORGIA – Medicaid	NEVADA – Medicaid	TEXAS – Medicaid
Website: <a href="http://www.mylhipp.com">www.mylhipp.com</a> Phone: 1-855-692-5447	Website: <a href="http://dch.georgia.gov/">http://dch.georgia.gov/</a> Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 1-800-869-1150	Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900	Website: <a href="https://www.gethipptexas.com/">https://www.gethipptexas.com/</a> Phone: 1-800-440-0493
COLORADO – Medicaid	LOUISIANA – Medicaid	OREGON – Medicaid	WASHINGTON – Medicaid
Medicaid Website: <a href="http://www.colorado.gov/hcpf">http://www.colorado.gov/hcpf</a> Medicaid Customer Contact Center: 1-800-221-3943	Website: <a href="http://www.lahipp.dhh.louisiana.gov">http://www.lahipp.dhh.louisiana.gov</a> Phone: 1-888-695-2447	Website: <a href="http://www.oregonhealthykids.gov">http://www.oregonhealthykids.gov</a> <a href="http://www.hijossaludablesoregon.gov">http://www.hijossaludablesoregon.gov</a> Phone: 1-800-699-9075	Website: <a href="http://www.hca.wa.gov/medicaid/premiumpmt/pages/index.aspx">http://www.hca.wa.gov/medicaid/premiumpmt/pages/index.aspx</a> Phone: 1-800-562-3022 ext. 15473
FLORIDA – Medicaid	MINNESOTA – Medicaid	PENNSYLVANIA – Medicaid	
Website: <a href="https://www.flmedicaidtprerecovery.com/">https://www.flmedicaidtprerecovery.com/</a> Phone: 1-877-357-3268	Website: <a href="http://www.dhs.state.mn.us/id_006254">http://www.dhs.state.mn.us/id_006254</a> Click on Health Care, then Medical Assistance Phone: 1-800-657-3739	Website: <a href="http://www.dpw.state.pa.us/hipp">http://www.dpw.state.pa.us/hipp</a> Phone: 1-800-692-7462	

To see if any other states have added a premium assistance program since January 31, 2015, or for more information on special enrollment rights, contact either:

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

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

DISCLAIMER: This brochure has been prepared for you to use as an at-a-glance reference to your benefit plans. It is intended for summary purposes only. In all cases, only the official plan documents control the administration and operation of the plans. This brochure does not constitute a contract of employment. Foster Farms reserves the right to modify or eliminate these or any other benefits at any time and for any reason.

# CONTACTS

Plan Type	Benefit Provider	Phone Number	Website
Enrollment Center	Univers Workplace Solutions	1.855.252.0708	
Foster Farms Benefit Department	Foster Farms Employee Benefit Department	1.209.668.6600 or toll-free 1.888.444.5043	
Claims Administrator HNAS	HealthNow Administrative Services	1.855.550.3744 Option 1	<a href="http://www.hnas.com">www.hnas.com</a>
Prior Authorization Medical	Blue Shield of California	1.800.541.6652 Option 6	
Prenatal Care	Blue Shield of California	1.888.886.4596 select Option 2, then select Option 1	
Nurseline	Blue Shield of California	1.877.304.0504	
Medical Network in CA - Blue Shield	Blue Shield of California	1.800.219.0030 Option 1 and 1 again	<a href="http://blueshieldca.com/networkppo">blueshieldca.com/networkppo</a>
Medical Network outside CA	BlueCard Network	1.800.810.BLUE	<a href="http://provider.bcbs.com/">http://provider.bcbs.com/</a>
Telemedicine	Teladoc	1.800.TELADOC (835.2362)	<a href="http://www.teladoc.com">www.teladoc.com</a>
Wellness Administrator	Bravo	1.877.662.7286	<a href="http://www.bravowell.com/fosterfarms">www.bravowell.com/fosterfarms</a>
Health Advocate	Health Advocate Find the right provider at the best price-comparison shopping!	1.866.695.8622 toll-free or Email them at answers@HealthAdvocate.com	<a href="http://www.healthadvocate.com">www.healthadvocate.com</a>
Quality ratings of hospital facilities	The Leapfrog Group	1.202.292.6713	<a href="http://www.leapfroggroup.org/cp">http://www.leapfroggroup.org/cp</a>
Prescription Plan	OptumRx	1.888.543.1369	<a href="http://www.optumrx.com">www.optumrx.com</a>
Kaiser - CA	Kaiser, CA	1.800.464.4000	<a href="https://members.kaiserpermanente.org">https://members.kaiserpermanente.org</a>
Kaiser - PNW	Kaiser, PNW	1.800.813.2000	<a href="http://www.kaiserpermanente.org">www.kaiserpermanente.org</a>
Dental - PPO	CIGNA	1.800.CIGNA24	
Dental - UHC	Pacific Union Dental administered by United Healthcare	1.800.999.3367	<a href="http://www.myuhc.com">www.myuhc.com</a>
Vision Claims & Network	United Healthcare Vision	1.800.638.3120	<a href="http://www.myuhcvision.com">www.myuhcvision.com</a>
Vision	VSP	1.800.877.7195	<a href="http://www.vsp.com">www.vsp.com</a>
FSA: Health/Dependent	Employee Benefit Specialists (EBS)	Call: 1.888.327.2770 ; FAX: 1.925.450.3929; M-F: 5 am- 5 pm PST	<a href="http://www.ebsbenefits.com">www.ebsbenefits.com</a> or <a href="https://ebsbenefits.lh1ondemand.com">https://ebsbenefits.lh1ondemand.com</a> . Login is first name initial and full last name & last 4 digits of your SSN. PW is your full SSN.
HSA: Health Savings Account	HealthEquity	1.866.346.5800 (available 24/7)	<a href="http://www.healthequity.com/ed/fosterfarms">www.healthequity.com/ed/fosterfarms</a>
Life Insurance	Liberty Mutual Policy #06066390	1.888.787.2129	
Long Term Care	Unum LTC Policy #GSR23929	1.800.227.4165	<a href="http://www.unum.com">www.unum.com</a>
Short & Long Term Disability	Liberty Mutual Policy #06066390	1.800.320.7585	
Hospital Indemnity Insurance, Critical Illness Insurance , & Accident Insurance	Unum	1.800.635.5597	<a href="http://www.unum.com">www.unum.com</a>
Whole Life Insurance	Unum Individual Policy Number	1.800.635.5597	<a href="http://www.unum.com">www.unum.com</a>
Retirement Benefits	Fidelity Investments	1.800.835.5098	<a href="https://www.401k.com/">https://www.401k.com/</a>
Retirement Benefits	Foster Farms Cash Management	1.209.398.6756	