



Tyson Foods, Inc.

Group Health & Other Benefits

Summary of Coverage

For Hourly TEAM Members
Effective January 1, 2017

This Summary of Coverage contains only the highlights of the employee welfare benefit plans available to hourly TEAM Members, and is not meant to interpret or expand or in any way change the provisions of the governing plan documents. This document is a summary only and therefore does not attempt to cover all of the details of each employee welfare benefit plan, including all of the conditions, limits and exclusions applicable to the provision of benefits under these plans.

Group Health Plan Eligibility

TEAM Members working on a full-time basis are eligible to participate on the first day of the month following the completion of fifty-nine (59) days of employment. Bargaining unit TEAM Members are not eligible for specific benefits unless provided for as part of the collective bargaining process.

Cost

The cost of Group Health Plan coverage is shared by Tyson Foods and its TEAM Members. Bi-weekly pre-tax payroll deduction amounts can be found in the enrollment system.

Remember, you must complete your enrollment in order to qualify for the non-tobacco user incentive for yourself and your spouse and to waive the spousal surcharge if applicable. Additional weekly premium deductions will apply for Management Support and Technical Support TEAM Members if biometric screening goals are not met as outlined on the next page.

Bi-Weekly pre-tax payroll deduction amounts
can be found in the enrollment system.

Biometric Screening Wellness Initiative For Management Support and Technical Support TEAM Members

Screenings are conducted each Fall and results are used to determine additional healthcare premium deductions the following calendar year.

Health Screening Tests	TEAM Member & Covered Spouse Screening Goals	Additional Weekly Deduction If Failed (Each)
Participation	Participate	\$2.31
Body Mass Index	≤ 29.9 BMI or waist measurement Male: <37 Female: <35	\$6.92
Blood Pressure	≤ 130/85	\$2.31
Tobacco/Nicotine	Negative	\$10.00

Enrollment and Effective Date

To enroll, you have two options:

Option 1: Call the Enrollment Center at (877) 561-0240

Option 2: Visit benefitsquest.com/tyson/

You may also enroll your eligible dependents:

- Legally married spouse
- Children up to age 26
 - Natural children
 - Legally adopted children
 - Children for whom legal guardianship can be shown
 - Stepchildren
 - Incapacitated dependents that became incapacitated while a covered dependent, with approved documentation

Coverage will begin the first day of the month following fifty-nine (59) days of continuous full-time employment.

Important Coverage Information

1. It is your responsibility to enroll any eligible dependents timely. Documentation is required to enroll dependents (i.e., marriage license, legal birth certificates, current Federal/State tax return, legal guardianship papers, etc.). Social Security Numbers or ITIN are required for all dependents over six (6) months of age. You must submit your documentation and cover sheet to the Documentation Processing Center no later than the 15th day of the month prior to your benefit effective date (shown in your How To Enroll document).
2. It is your responsibility to enroll via the call center or online enrollment system. **If you do not, you will be automatically enrolled in TEAM Member-only Traditional PPO Medical, Core Dental and Core Vision Plans, and you will not qualify for the Non-Tobacco User Incentive.** You will be required to pay the applicable premium amounts.
3. You can waive coverage in the Group Health Plan if you are covered under another health plan, TriCare, Veterans Affairs, Medicaid or Medicare Parts A & B, and you submit a completed Verification of Group Health Coverage Form or other required proof of other coverage. Other coverage must meet "minimum essential coverage" standards in order to waive Group Health Plan coverage.
4. If you and your spouse both work for Tyson Foods:
 - You may each enroll in TEAM Member Only coverage, or
 - One of you may enroll in TEAM Member + Spouse coverage, and the other may enroll as a covered spouse.

Change in Status

Once enrolled in the Group Health Plan, you may not change your coverage unless you experience a Change in Status as defined in the Internal Revenue Code, or during the next open enrollment. A Change in Status includes:

- marriage or divorce
- death of dependent
- birth, legal guardianship or adoption of a child
- eligible dependent's gain or loss of coverage
- switching from part-time to full-time (waiting period applies) or full-time to part-time
- other events as defined by law.

Change in Status events are subject to IRS rules. These rules limit what is considered a Change in Status event, require your timely notification of the change, and require that the change be consistent with the Change in Status event. Based on these rules, effective dates will vary depending on the type of event (date of event, date of notification, etc.) It is important to provide prompt notification as some events (such as marriage) become effective on the date of notification which includes a signed Enrollment form and approved documentation.

Written notification of a Change in Status must be made within two (2) months.

Network Advantage

BlueAdvantage Administrators of Arkansas

BlueAdvantage Administrators of Arkansas (a division of Arkansas Blue Cross and Blue Shield) administers claims for all participants nationwide. Tyson has access to health care providers participating in a Blue Cross and Blue Shield network. These providers agree to accept negotiated rates or fee schedules for Tyson participants. Your healthcare providers will need to submit your claims to the local Blue Cross and Blue Shield Plan for processing. In order for your claims to be paid at the In-Network level, all medical services must be received from health care providers participating in a Blue Cross and Blue Shield network.

Utilizing Network Providers

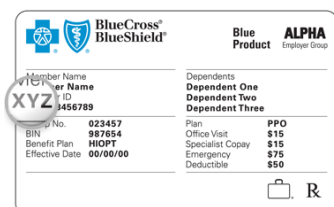
When you utilize a BCBS network provider, the Group Health Plan will generally reimburse covered services at 80% of the plan allowance after the annual deductible has been met. BCBS providers have agreed to accept the plan allowance as payment in full.

Visit ppo.tyson.com or call the toll-free number on the back of your insurance ID card for a list of network providers. You must use the three letter "TYG" prefix of your member ID when searching for in-network doctors and hospitals outside of Arkansas. Wisconsin residents must use the three letter "TNN" prefix and Georgia residents must use "TGT".

Utilizing Out-of-Network Providers

If you choose to use out-of-network providers, the Group Health Plan pays 50% of the out-of-network plan allowance after a separate annual deductible has been met. You will also be responsible for any and all amounts above the out-of-network plan allowance. In addition, the out-of-pocket expenses you pay will not count towards your out-of-pocket maximum.

If an in-network provider refers you to an out-of-network provider, services are reimbursed as out-of-network. It is your responsibility to ensure a provider participates in the network.



Following eligibility and enrollment, you will receive new ID card(s) for medical, dental, vision and prescription drugs. The ID card will include important information such as your identification number, effective dates of coverage and claims filing instructions.

You must present your ID card to providers before receiving medical, prescription drug, dental or vision care. Your member ID includes the appropriate three letter prefix for use with medical providers only. When using your member ID for dental, vision and prescription services, you will not include the three letter prefix. Additional or replacement ID cards can be requested through your Tyson Benefits Coordinator.

Summary Chart of Medical Benefits

Description	Traditional PPO		High Deductible Health Plan (HDHP) with Contributions to a Health Savings Account (HSA)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Medical Deductible* Individual Family	\$1,000 \$2,000	\$1,000 \$2,000	\$1,600 \$3,200	\$1,600 \$3,200
Prescription Drug Deductible*	N/A	\$50	Combined with Medical Deductible	
Coinsurance	80% of Plan Allowance after Deductible is met	50% of Plan Allowance after Deductible is met	80% of Plan Allowance after Deductible is met	50% of Plan Allowance after Deductible is met
Medical Maximum Out-of-Pocket (MOOP)* Individual Family	\$5,000 \$10,000	No Maximum	\$6,550 \$13,100	No Maximum
Prescription Drug Maximum Out-of-Pocket* Individual Family	Separate from Medical MOOP \$2,150 \$4,300	No Maximum	Combined with Medical MOOP	No Maximum
HSA Fund Contribution from Tyson*	N/A		\$250 individual / \$500 family Prorated if enrolled July 1 and after	
Covered Expenses				
Telemedicine Visit	\$20 Copay (deductible waived)	Not Covered	20% of Plan Allowance	Not Covered
Primary Care Office Visit (Provided by OB/GYN, Pediatrician, Internist, Family Practice, Nurse Practitioner, Physician Assistant)	\$30 Copay (deductible waived)	50% of Plan Allowance	20% of Plan Allowance	50% of Plan Allowance
Specialty Office Visit	20% of Plan Allowance	50% of Plan Allowance	20% of Plan Allowance	50% of Plan Allowance
Preventive Care Services	Plan pays 100% of Plan Allowance	50% of Plan Allowance	Plan pays 100% of Plan Allowance	50% of Plan Allowance
Hospital/Surgical Inpatient & Outpatient	20% of Plan Allowance	50% of Plan Allowance	20% of Plan Allowance	50% of Plan Allowance
Home Health (60 days)*	20% of Plan Allowance	50% of Plan Allowance	20% of Plan Allowance	50% of Plan Allowance
Diagnostics (Lab, x-rays, MRIs, etc.)	20% of Plan Allowance	50% of Plan Allowance	20% of Plan Allowance	50% of Plan Allowance
Emergency Room Visit* (copay waived if admitted)	First 2 Visits: \$100 copay; 3+ Visits: \$200 copay, then deductible and 20% of Plan Allowance	First 2 Visits: \$100 copay; 3+ Visits: \$200 copay, then deductible and 50% of Plan Allowance	First 2 Visits: \$100 copay; 3+ Visits: \$200 copay, then deductible and 20% of Plan Allowance	First 2 Visits: \$100 copay; 3+ Visits: \$200 copay, then deductible and 50% of Plan Allowance
Urgent Care Visit	\$50 Copay (deductible waived)	50% of Plan Allowance	20% of Plan Allowance	50% of Plan Allowance
Outpatient Chiropractic, Physical Therapy, Occupational Therapy (30 combined visits)*	20% of Plan Allowance	50% of Plan Allowance	20% of Plan Allowance	50% of Plan Allowance
Outpatient Speech Therapy (30 visits)*	20% of Plan Allowance	50% of Plan Allowance	20% of Plan Allowance	50% of Plan Allowance
Long-Term/Acute Care, Acute Inpatient Rehabilitation and Convalescent/Skilled Nursing Facilities (60 days) *	20% of Plan Allowance	50% of Plan Allowance	20% of Plan Allowance	50% of Plan Allowance

*Per Calendar Year

Note: Benefits under the Group Health Plan are subject to medical necessity and usual and customary standards and to customary limitations and exclusions which means that benefits will not be available for certain procedures, services and expenses, including, but not limited to the following categories: Cosmetic Procedures, Operation on Teeth, TMJ & Related Care, Obesity & Weight Control, Gastric Bypass, Artificial Insemination, In vitro Fertilization, Hearing Aids, Vision Therapy, Radial Keratotomy/Lasik, Erectile Dysfunction, Complications from a Non-covered Service and Experimental/Investigational services.

(Refer to the Summary of Benefits and Coverage for each option)

Prescription Drug Coverage

Prescription drug coverage under the Group Health Plan begins following eligibility and enrollment for medical coverage.

Benefits are provided through the CVS Caremark Network. It is important to use Tier 1 Retail Pharmacies within the CVS Caremark Network in order to receive the maximum benefits available under the Plan. Online services are available at www.caremark.com. You can also call CVS Caremark at 800-390-2319.

Tier 1 Retail Pharmacies: CVS, Kroger, Harps, Walmart, Hy-Vee and their subsidiaries

Tier 2 Retail Pharmacies: All other CVS Caremark Network pharmacies

Annual Prescription Drug Maximum Out-of-Pocket

- Traditional PPO: \$2,150 per individual; \$4,300 per family (separate from maximum out-of-pocket for Medical expenses)
- HDHP PPO: Maximum out-of-pocket for Medical and Prescription Drug expenses is combined. The full Medical deductible must be met before copays below apply.

Tier 1 Retail Pharmacies (up to a 30-day supply)*	You pay...	With a minimum payment of...	With a maximum payment of...
Select Generic & Select Preventive	Nothing	\$0	\$0
Generic	20% of the Network Pharmacy price	\$10	\$20
Preferred Brand	20% of the Network Pharmacy price	\$30	\$60
Non-Preferred Brand	20% of the Network Pharmacy price	\$135	\$240
Tier 2 Retail Pharmacies (up to a 30-day supply)	You pay...	With a minimum payment of...	With a maximum payment of...
Generic	30% of the Network Pharmacy price	\$20	\$40
Preferred Brand	30% of the Network Pharmacy price	\$60	\$120
Non-Preferred Brand	30% of the Network Pharmacy price	\$200	\$360
Maintenance Choice® (up to a 90-day supply)*	You pay...	With a minimum payment of...	With a maximum payment of...
Select Generic & Select Preventive	Nothing	\$0	\$0
Generic	20% of the Network Pharmacy price	\$20	\$40
Preferred Brand	20% of the Network Pharmacy price	\$60	\$150
Non-Preferred Brand	20% of the Network Pharmacy price	\$270	\$485
Specialty Pharmacy (up to a 30-day supply)	You pay...	With a minimum payment of...	With a maximum payment of...
Specialty	\$75	\$75	\$75

*When maintenance medications are obtained through a Kroger, Harps, Walmart, or Hy-Vee 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.

Maintenance Choice®

For the greatest savings, Maintenance Choice lets you choose to receive your 90-day supply of maintenance medications at a CVS/pharmacy or through the CVS Caremark Mail Order program for the same low copay.

CVS Caremark Specialty Pharmacy Services

Specialty medications for these chronic disorders are not available through the Group Health Medical Plan, and must be obtained through CVS Caremark Specialty Pharmacy Services. They can be reached by phone toll-free at 800-237-2767.

The CVS Caremark Specialty Pharmacy program is specifically designed to meet the needs of Tyson TEAM Members and their eligible dependents with chronic disorders such as:

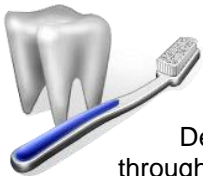
- Cystic Fibrosis
- Growth Hormone Deficiencies
- Immune Disorders
- Multiple Sclerosis
- Hepatitis C
- Rheumatoid Arthritis
- Hemophilia/Von Willebrand Disease
- Alpha1-Antitrypsin Deficiency or Genetic Emphysema
- Respiratory Syncytial Virus (RSV)
- Psoriasis
- Cancer

FREE Blood Glucose Monitors

You may be eligible to receive a state-of-the-art blood glucose meter **at no cost to you.** Call CVS Caremark directly at 800- 588-4456 for details.

Dental Care Coverage

You and your eligible dependents are eligible for Dental benefits upon enrollment in the Medical Plan. You will be automatically enrolled in the Dental Core Plan unless you timely elect the Buy-Up Plan option. Your level of Dental benefits coverage is determined based upon your Medical election (e.g., TEAM Member Only; TEAM Member + 3 Children). If you elect the Buy-Up Plan, you are required to maintain coverage in the Buy-Up Plan for at least two (2) continuous years.



The dental network through Delta Dental is a passive network. This means you can use any dental provider you choose and still receive coverage. However, if you use a Delta Dental provider, you will receive services at a discounted rate. In addition, Delta Dental providers will not balance bill for any difference between the billed charge and the Network Fee Schedule amount.

Delta Dental offers two provider Networks: a PPO Network and a Premier Network. Discounts for services through PPO Network providers are greater than those through the Premier Network. Greater discounts help to stretch your annual benefit maximum dollars. You can access a list of dental providers at www.deltadental.com. You can also call Delta Dental at **800-462-5410** to verify network providers as well as for claims questions.

Dental Coverage	CORE PLAN	BUY-UP PLAN
Deductible (Calendar Year)	\$50/Individual	\$50/Individual
Annual Benefit Maximum	\$500/Individual	\$1,500/Individual
Preventive Routine exams, cleanings and bitewing x-ray twice each year	100% of the Network Fee Schedule	100% of the Network Fee Schedule
Basic Fillings, extractions, periodontal visits and root canals	Covers simple extractions, amalgam and composite fillings only : <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • \$1,500 lifetime maximum 	Not covered	50% of the Network Fee Schedule for covered dependent children up to age 19.

Vision Care Coverage

You and your eligible dependents are eligible for Vision benefits upon enrollment in the Medical Plan. You will be automatically enrolled in the Vision Core Plan, unless you timely elect the Buy-Up Plan option. Your level of Vision benefits coverage is also determined based upon your Medical election (e.g., TEAM Member Only; TEAM Member + 3 Children).

Vision Benefits are provided through VSP. It is important to use the VSP network of providers in order to receive the maximum benefits available under the Plan. However, through the VSP Open Access network, you can use your vision benefit at any licensed eyecare provider. Ask your eyecare provider if they will accept direct payment from VSP. If so, have them contact VSP at 800-877-7195. The provider will obtain your benefit information, collect the necessary copay and any balance above your Open Access schedule of allowances. They can then submit the claim on your behalf to VSP. This means you won't need to pay the entire bill up front and submit a statement to VSP for reimbursement. If you do not use a VSP Provider, your benefit is reduced.



PLAN SUMMARY		CORE PLAN	BUY-UP PLAN
Copays		Coverage from VSP Providers	
Exam		\$25	\$20
Prescription Glasses		\$25	\$25
Contact Lenses		\$25	\$25
Copays apply before benefits below are payable.			
Exam:			
Routine Exam Covered every		12 months	12 months
Prescription Glasses:			
Lenses Covered every		24 months	12 months
<ul style="list-style-type: none"> Single vision, lined bi-focal and lined tri-focal lenses 			
Frames Covered up to		\$75	\$200
<ul style="list-style-type: none"> Plus, 20% off any out-of-pocket costs If frames are purchased without lenses, the copay is deducted from the allowance. 			
OR			
Contact Lens Care:			
Lenses Covered up to		\$75	\$200
<ul style="list-style-type: none"> When you choose contacts instead of glasses, your allowance applies to the cost of your contacts and the contact lens exam (fitting and evaluation). This exam is in addition to your vision exam to ensure proper fit. The copay is deducted from the allowance. 			
Open Access Reimbursement Allowances		Coverage from Non-VSP Providers	
Exam Covered up to		\$50	\$50
Single Vision Lenses Covered up to		\$50	\$50
Bifocal Lenses Covered up to		\$75	\$75
Trifocal Lenses Covered up to		\$100	\$100
Frames Covered up to		\$60	\$70
Contact Lenses Covered up to		\$60	\$105
Extra Discounts and Savings:			
<ul style="list-style-type: none"> Laser vision correction discounts Up to 30% savings on lens extras such as scratch resistant and anti-reflective coatings and progressives 30% off additional prescription glasses (including safety glasses, sunglasses) from the same VSP doctor on the same day as your exam; or 20% off from any VSP doctor within 12 months of your last exam 			

To receive a list of the VSP vision providers please call 800-877-7195, or view the VSP provider directory online at www.vsp.com and select **VSP Signature Network**.

Flexible Spending Accounts

The Tyson Foods Health Care and Dependent Care Spending Accounts allow eligible TEAM Members to pay for many health care and dependent care expenses with tax-free dollars. You can contribute a set amount from your paycheck to both the health care and dependent care accounts, but you cannot share or transfer money between the two accounts.

You can enroll in the Flexible Spending Accounts as a new-hire on your benefit effective date, or during open enrollment each year. You must re-enroll each year in the Plan. TEAM Members who are considered highly compensated are not eligible to enroll in a Dependent Care Spending Account. All Flex claims are administered by WageWorks.

Health Care Spending Account

TEAM Members who are enrolled in a Health Savings Account are not eligible to participate in the Health Care Spending Account

Even with your Group Health Plan coverage, you will have to pay some expenses out of your own pocket, like deductibles, copays or expenses that the Group Health Plan does not cover. The Health Care Spending Account lets you set aside pre-tax dollars from your paycheck to reimburse yourself for these expenses.

How Much to Contribute?

Even though your contributions are deducted from each paycheck, you will need to elect an annual amount when you enroll. ***You can contribute a minimum amount of \$500 up to the IRS limit per year.***

Eligible Expenses

Eligible expenses are deductibles, copays, coinsurance, non-covered medical, dental and vision care expenses, and other health care expenses that are considered tax-deductible by the IRS.

Reimbursement

1. ***Auto-Reimbursement*** – your Health Care Spending Account claims can be paid automatically by WageWorks when a medical or dental claim is processed. You don't need to file a separate Health Care Spending Account claim form.
2. ***Manual Reimbursement*** – you can submit claims for your eligible expenses to WageWorks at wageworks.com. Manual claims are required for vision, over-the-counter supplies, and prescription drugs and over-the-counter medications (if you do not use the prescription drug card). Claim forms are available under the Forms section of the Benefits Website or wageworks.com, if needed.
3. ***Prescription Drug Card*** – is provided to all participants to pay for eligible prescription drugs at any participating pharmacy that has an approved IRS inventory approval system (IIAS) in place and accepts Visa debit cards, including CVS Caremark mail order pharmacy. If you are not interested in using the card, simply destroy it and manually submit your prescription expenses to WageWorks for reimbursement.

Dependent Care Spending Account

The Dependent Care Spending Account makes day care for your children and disabled or elderly dependents more affordable by allowing you to pay the cost with tax-free dollars.

How Much to Contribute?

Even though your contributions are deducted from each paycheck, you will need to elect an annual amount when you enroll. ***You can contribute up to the IRS limit per year.***

Eligible Expenses

Generally, you can use the money in your Dependent Care Spending Account for:

1. Your children under age 13 whom you claim as dependents for tax purposes.
2. Spouses and dependents of any age who are mentally or physically disabled.

The day care services must be necessary because you and your spouse both work or your spouse is a full-time student at least five months during the year of the account.

Reimbursement

You must have enough money in your account to pay your claim before you will be reimbursed for eligible expenses. Claim forms must be submitted to WageWorks with original receipt for the expenses.

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- ***"Use It or Lose It"*** – Claims for eligible services rendered from January 1st through December 31st of each election year must be submitted by March 31st of the subsequent calendar year. Any remaining Health Care Account balance at the end of each calendar year of up to \$500 will carry over to be used in the subsequent calendar year. Funds in excess of \$500 will be forfeited.
 - ***Contributions and elections cannot be changed until the next open enrollment unless you experience a qualifying Change in Status.***
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Commuter Program

If you work at a location where mass transit is available or you have to pay for parking, the Commuter Program, administered by WageWorks, lets you pay for your monthly train, bus and parking-related expenses online – and you can use pre-tax dollars to help with the cost.

How Much to Contribute?

The IRS allows you to contribute up to \$255 per month for transportation costs, and up to \$255 per month for parking-related expenses on a pre-tax basis. 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

How It Works

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. If you make a transit or parking order for a month, once that month begins, you cannot get your money back for that month. However, you can otherwise cancel your election at any time.

How You Use It

You can have the monthly transit passes or tickets mailed directly to your home or you can purchase tickets with your WageWorks card.

How You Manage It

Manage your account online or through the WageWorks EZReceipts mobile app.

Reimbursement

Submit claims for reimbursement up to 12 months following the end of the benefit month.

Health Savings Account Contributions

If you choose the High Deductible Health Plan (HDHP), you will have access to a Health Savings Account (HSA).

You can think of an HSA as a personal savings account used for qualified health care expenses with an impressive tax advantage. It is also yours to keep – even if you leave Tyson Foods. If you enroll in the HDHP, you will access and manage your personal account at www.wageworks.com.

Here's How It Works

Tyson Foods contributes to the account. If you enroll in the new HDHP, Tyson will contribute \$250 to your HSA (\$500 if you elect family coverage) to help you meet the plan's higher deductible. TEAM Members who enroll July 1 and after will receive a prorated contribution amount of \$125 (\$250 if you elect family coverage).

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 (\$100 minimum annually, up to the yearly IRS limits).

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 you can use them (this is different than the FSA).

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

Grow your HSA. If you don't spend all of the money during the calendar year, 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 25 investment options with a minimum \$1,000 investment.

Additional details about the HSA can be found on the Tyson Benefits website, or through your Tyson Benefits Coordinator.

Basic Life and Accidental Death and Dismemberment Insurance

Because this coverage offers important financial protection for you and your family, Tyson Foods provides Basic Life and Accidental Death and Dismemberment (AD&D) insurance at no cost to you. You will be automatically enrolled in these coverages on your benefit effective date.

The Basic Life Insurance Plan provides eligible hourly TEAM Members with coverage equal to their annual salary rounded up to the nearest \$1,000 with a minimum of \$20,000.

Basic AD&D Insurance will pay an amount equal to the Basic Life benefit.

Make sure you designate your beneficiary. Your beneficiary is the person who receives your benefits if you die.

If you do not designate a beneficiary, your benefits will be paid to your spouse (if living) or your estate.

Conversion/Portability

Continued coverage of Basic Life insurance may be available through conversion or portability upon loss of coverage. Refer to the Unum Certificate of Coverage for details.

Short-Term Disability Benefits

Eligibility and Effective Date

New hires are eligible for up to two (2) weeks of STD pay following their benefit effective date. Thereafter, TEAM Members are eligible for up to two (2) weeks of STD pay for each year of service at the time of disability, not to exceed a maximum of 13 weeks (520 hours).

Cost

Benefits are fully paid by Tyson Foods. There is no TEAM Member contribution.

Benefit Description

TEAM Members are eligible to receive 60% of weekly base pay for a maximum of 13 weeks (520 hours), based on years of service.

After you have been absent from work for a period of five (5) consecutive scheduled work days or 40 consecutive scheduled work hours (whichever occurs first), and have been approved for a personal medical leave of absence, you will be eligible for STD benefits. This period is considered the "STD waiting period." If the medical condition results in an inpatient hospital admission during the STD leave period, benefits are then payable as of the first day of the leave. (A Physician Certification of Hospital Admission form must be completed and submitted timely to Tyson Corporate Benefits.) If the medical condition does not result in an inpatient hospital admission during the STD leave period, benefits are then payable after the STD waiting period has been met.

The total number of weeks of eligibility will be reduced by the number of weeks of STD benefits received in the immediate prior 12 months. The STD waiting period and pay is based on a 40 hour work week, regardless of the number of hours you are normally scheduled to work.

Guidelines

The Human Resources/Location Manager approves the payment of STD benefits for Legacy Tyson TEAM Members and forwards the approved Leave of Absence form to the Benefits department. Legacy Hillshire TEAM Members must contact the Reed Group at (866) 319-9967 for STD eligibility and benefit approval.

Voluntary Long-Term Disability Plan

Disability insurance provides income protection to you if you become disabled and cannot work. Long-Term Disability (LTD) benefits are designed to take over after short-term disability benefits are exhausted. This Plan provides TEAM Members the opportunity to purchase affordable LTD insurance protection.



Eligibility

TEAM Members who work on a full-time basis are automatically enrolled in coverage on their benefit effective date.

Coverage Description

The Plan replaces up to 60% of your regular base pay on a tax free basis with a minimum benefit of \$50 and a maximum benefit of \$10,000 per month. Benefits begin after the TEAM Member has been totally disabled for 90 days, and are payable for up to ten years (based upon age at the time of disability).

If you choose to waive coverage, you must complete and submit a Voluntary Long Term Disability Waive/Cancel Coverage form to your Benefits Coordinator prior to your eligibility. Or, if you choose to cancel coverage after your enrollment in the plan, payroll deductions will end beginning with the next payroll period following the date this form is signed and submitted to the Benefits Department. Coverage cannot be cancelled retroactively, and premiums are not refunded.

If you waive coverage when first eligible, you can apply for coverage at the next open enrollment period subject to satisfactory evidence of good health. Coverage will begin on the first day of the month following the date evidence of good health is approved by UNUM.

Cost

The cost of coverage is \$5.18 per week. Premiums are automatically payroll deducted. **Benefits received while disabled are tax free because premiums are paid with after-tax dollars.** You will not be required to pay LTD premiums while you are receiving LTD benefits.

Limitations

If the group policy or employment at Tyson Foods terminates while you are disabled, benefits will continue as long as you are disabled and eligible, according to contract terms. Partial disability and pre-existing limitations also apply. Benefits will be reduced by other income, such as, but not limited to, Social Security Disability and Workers' Compensation.

Voluntary Term Life Plan

Eligibility

As a supplement to the Basic Life Insurance Plan, this Plan provides TEAM Members the opportunity to purchase affordable term life insurance protection for you and your entire family.

TEAM Members are eligible to participate on the first day of the month following the completion of fifty-nine (59) days of full-time employment.

TEAM Member Only Coverage

You can elect coverage equal to 1 through 5 times your base annual earnings (rounded up to the nearest \$1,000) not to exceed \$1,500,000. Base annual earnings means the regular pay received at Tyson Foods excluding overtime, bonuses, or other special compensation. As your base pay increases, your life insurance coverage will automatically increase. Evidence of good health will be required if you enroll in coverage above 3 times your annual salary (to a maximum of \$1,500,000).

Spouse Coverage

You may purchase group term life coverage for your spouse. Coverage amounts available are \$5,000, \$10,000, \$25,000, \$50,000, or \$100,000. Evidence of good health will be required if you enroll your spouse in coverage above \$25,000.

Child Coverage

You may purchase group term life coverage for your unmarried child(ren) up to age 19 (up to age 24 if a full-time student). Coverage amounts available are \$2,500, \$5,000 or \$10,000.

Enrollment and Effective Date

Coverage for guaranteed issue amounts you elect will begin on your benefit effective date. Coverage for amounts you elect above the guaranteed issue limits will begin the first day of the month following the date evidence of good health is approved by Unum.

If you waive coverage or do not elect the maximum coverage available when first eligible, you can apply at the next open enrollment period subject to satisfactory evidence of good health. Coverage will begin on the first day of the month after enrollment following the date evidence of good health is approved by Unum.

Cost

Premiums are automatically payroll deducted. The weekly premium varies depending on your age, coverage selected, and whether you elect Spouse (based on spouse's age), Child or TEAM Member Only coverage. Rates will be available to you during your Enrollment session and you can use the Life and AD&D Insurance Calculator on the Benefits Website.

Conversion/Portability

Continued coverage may be available through conversion or portability upon loss of coverage. Refer to the Unum Certificate of Coverage for details.

Voluntary AD&D Plan

As a supplement to the Basic AD&D Insurance Plan, this Plan provides TEAM Members the opportunity to purchase affordable accident insurance protection for you and your entire family.

With Accidental Death and Dismemberment Insurance, you are covered whenever accidents happen – at home, in travel, at business or during recreation. Coverage is 24 hours a day, worldwide. In addition to coverage for accidental death, coverage is provided for paralysis, accidental loss of hand, foot, eye, speech, or hearing.

Eligibility

TEAM Members are eligible to participate on the first day of the month following the completion of fifty-nine (59) days of full-time employment.

Coverage Description

You can elect coverage equal to 1 through 15 times your base annual earnings (rounded up to the nearest \$1,000) not to exceed \$300,000. Base annual earnings means the regular pay received at Tyson Foods excluding overtime, bonuses, or other special compensation. As your base pay increases, your accident insurance coverage will automatically increase.

If Family coverage is elected, your spouse will be covered for 60% of your benefit amount. Eligible unmarried dependent children up to age 19 (up to age 24 if a full-time student) will be covered for 20% of your benefit amount to a maximum of \$45,000 each. If a TEAM Member and spouse are both employed by Tyson Foods, both can elect Family coverage.

Elections cannot be changed until the next open enrollment unless you experience a qualifying Change in Status.

Cost

Premiums are automatically payroll deducted on a pre-tax basis. Rates will be available to you during your Enrollment session and you can use the Life and AD&D Insurance Calculator on the Benefits Website.

Well-Being Support Programs

866-784-8454

Tobacco Cessation Program



All insured TEAM Members and their covered dependents 18 years of age and older who use tobacco are encouraged to participate in the Quit For Life Program. This program offers free personal phone counseling, free self-help materials, information about community programs available to you, and a free 8 week supply of nicotine replacement therapy (gum or patches). You also have access to additional nicotine replacement therapy and prescription medications, such as Chantix, through CVS Caremark with a prescription from your physician. Your telephone counselor will help coach you and develop a personalized strategy to stop tobacco use. Call Quit For Life toll-free at **866-QUIT-4-LIFE (866-784-8454)** or visit www.quitnow.net/TysonFoods to enroll today! In order to qualify for the Non-Tobacco User Premium Incentive, specific program enrollment and completion dates must be met. See your Benefits Coordinator for details.

888-201-8017

Expert Medical Opinion

Advance Medical provides a free Expert Medical Opinion program to TEAM Members, spouses and children covered by the Tyson Group Health Plan. Expert Medical Opinion provides reliable medical information from leading doctors in any medical specialty. Through Expert Medical Opinion, you can speak with a physician to get answers to medical questions. Advance Medical will collect the participant's medical records and have them reviewed by Expert doctors and the participant will receive a written report with the Expert opinions. This includes treatment plans to use with your local doctor to move forward with the best possible medical care.

800-452-6199

Healthy Tots[®]

Healthy Tots is a free pregnancy program available to TEAM Members and covered spouses who participate in the Group Health Plan. Each mother-to-be is assigned a personal nurse that will assist her throughout her pregnancy and be available to answer any questions or concerns.

877-240-6863

Employee Assistance Program (EAP)

Tyson Foods offers an EAP through Health Advocate to help with life's challenges. The program is designed to assist you with personal, family, work, and life issues. You, your spouse, your children up to age 26, parents and parents-in-law automatically have access to the program at no cost. Services are available 24/7. Speak confidentially with a professional counselor with concerns such as:

- | | |
|-----------------------|--------------------|
| • Relationship Issues | • Depression |
| • Grief | • Work Conflicts |
| • Childcare | • Family Budgeting |
| • Addiction | • Debt Management |



Telemedicine

Tyson Foods offers access to a convenient telemedicine program through Doctor on Demand. 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 your doctor from your computer, tablet, or smartphone. The doctors you speak with can treat certain medical issues, and can even write prescriptions if needed.

Examples of addressed conditions:

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

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 their phone to download the app. You can also access care on the web via DoctorOnDemand.com.

Other Voluntary Benefits

Unum

Accident, Critical Illness, Hospital Indemnity and Whole Life Insurance

Full-time TEAM Members are eligible to participate on the first day of the month following the completion of fifty-nine (59) days of employment. Coverage is guaranteed issue upon initial eligibility. The Tyson Enrollment Center can provide rates and enroll you in these products during your enrollment session.

800-821-6400

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 within the United States. This network can provide comprehensive legal assistance, office consultations or telephone advice, and discounted representation on many different legal services. The Tyson Enrollment Center can provide rates and enroll you in this plan during your enrollment session.

800-683-2886

Beneplace

Through the Beneplace website, TEAM Members now 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 Intranet Benefits Home Page or from your home computer by going to 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.

For free rate quotes,
call:

MetLife
800-GET-MET8

Travelers
888-695-4640

Auto and Home Insurance

Home, auto and other personal property and liability insurance is available at affordable, low group rates to all full-time TEAM Members at all locations following one year of service. Other policies include renters, boat, mobile/motor home, and recreational vehicle insurance. Premiums can be payroll deducted, paid by check or bank draft for your convenience. Visit the **Beneplace** website for more information.

For a free rate quote,
call:

Unum
877-975-3517

Long-Term Care Insurance

Long-term care insurance is available at affordable, low group rates to full-time TEAM Members. You are eligible to enroll at any time, but you must complete a medical questionnaire. If approved, premiums can be payroll deducted for your convenience. Coverage is also available for family members after completing a medical questionnaire. In addition, all TEAM Members can receive free resources about caregiving and eldercare through AGIS Network. Visit www.tysonltc.com for more information.

800-897-6991

Truity Credit Union

All TEAM Members at all locations and their family members are immediately eligible for Truity Credit Union membership (no full-time requirement). Membership and payroll deduction authorization forms are available online in the Benefits Forms section. For more information, call or go online at www.TruityCU.org or visit the **Beneplace** website.

800-537-3134

Computer Purchase Program

All full-time TEAM Members who have salaries greater than \$16,000 annually and have been with Tyson Foods, Inc. for at least 12 months are eligible to participate in the Computer Purchase Program. TEAM Members who qualify for this benefit may purchase new home computers via payroll deduction. The purchase is not subject to credit qualification. For more information, call or go online at www.tyson.purchasingpower.com or visit the **Beneplace** website.

Educational Assistance

Tyson Foods encourages TEAM Members to seek and achieve degrees to promote career development. TEAM Members pursuing a degree meeting the business needs of the company are eligible after the completion of one year of continuous **full-time** employment. Tyson will reimburse 80% of the cost of tuition up to an annual maximum of \$5,250 (for 2017). See your location HR Business Partner/HR Manager for more details on this valuable benefit.