

Your
Health



Your
Security



Your
Well-being



Your
Future



Benefit Enrollment

2017 Guide Book

Hourly TEAM Members

Legacy Tyson



Tyson Foods, Inc.

Making a Difference with a TEAM that Cares

2017 Benefit Open Enrollment

October 17 – November 11, 2016

Once each year during Open Enrollment, eligible TEAM Members have the opportunity to review the benefits Tyson Foods offers, and choose the coverage that works best for them and their families. Be sure to read this enrollment booklet and make any necessary changes for 2017 by the November 11th deadline.

Making a Difference

The benefits offered by Tyson Foods are carefully selected and designed to make a positive difference in the lives of TEAM Members and their families. New plans have been added, and several benefit changes have been made for 2017 to help improve and protect your health, well-being, security, and future.

We're making exciting improvements!

Here are some of the highlights for 2017.

New

Medical Plan Choice & Health Savings Account Pages 4, 5, & 9

A second medical plan choice, a High Deductible Health Plan (HDHP) will be available in 2017.

This medical plan includes access to a Health Savings Account (HSA) and a financial contribution from Tyson that can be used to pay for medical expenses on a pre-tax basis.

New

Voluntary Term Life Insurance Pages 3, 10, & 11

New life insurance coverage options are available for an eligible spouse and children. TEAM Members who cover themselves will also have the opportunity to increase their benefit amount. **If you are currently covering a spouse or children, their coverage will be canceled in 2017 if you do not enroll in one of the new options!**

New

Hospital Indemnity Plan Page 11

This new coverage from Unum can help you pay medical bills that result from a hospital stay.

New

Telemedicine Page 12

TEAM Members enrolled in medical coverage will have convenient access to medical care via video chat.

New

Hyatt Group Legal Plan Page 13

This new plan provides affordable assistance with legal services, including family law and financial matters.

Updated Basic Life & AD&D Insurance Page 10

The benefit amount for life insurance provided by Tyson has been updated from \$20,000 to an amount equal to your annual salary (with a minimum benefit of \$20,000).

More Generous Short Term Disability Benefit Page 10

The amount of this benefit will no longer be a fixed dollar amount. All eligible Hourly TEAM Members will receive 60% of their pay for a maximum of 13 weeks based on years of service!

Increased Long Term Disability Benefit Page 10

TEAM Members can receive 60% of their base pay up to a maximum of \$10,000 per month (previously \$1,500)!

New

Commuter Program Page 13

TEAM Members who reside in mass transit locations will be able to pay for eligible parking and transit expenses on a pre-tax basis.

New

Employee Assistance Program Page 13

This new program is designed to offer confidential consultation services for help with personal concerns.







Also changing in 2017: The spousal surcharge for employer-sponsored health care coverage will increase from \$35/week to \$40/week.

[Learn more about the differences your benefits can make in 2017 throughout this guide.](#)

New benefit choices are here!


With all of the exciting updates for 2017, Tyson Foods highly encourages TEAM Members to participate in an enrollment session.

Be sure to take advantage of the new options that work best for you, and remember that Open Enrollment is your only opportunity throughout the year to do the following.

-  **Confirm, add, change, or remove benefits coverage, including tobacco-use status and the spousal surcharge.**
 Open Enrollment is your only chance throughout the year to make elections or changes (without a Qualifying Life Event).
-  **Learn about new and enhanced benefits.**
 Understand how new voluntary benefit choices and improved income protection benefits can work to protect your financial security and your future. You can also learn if the new medical plan option, the High Deductible Health Plan, is right for you.
-  **Enroll or re-enroll in a Flexible Spending Account (FSA).**
 You must re-enroll each year.
-  **Make an updated Voluntary Term Life & AD&D Insurance election.**
 - If you currently have Family Voluntary Term Life Insurance, you **MUST** elect during Open Enrollment in order to keep your family covered in 2017!
 - TEAM Members can now increase individual coverage up to 5 times their annual salary.
 You also have the option to enroll or increase coverage in Voluntary Whole Life or Critical Illness Insurance.
-  **Update or verify life insurance beneficiary information.**
 Be sure that your benefits will be distributed properly to your loved ones if anything were to happen to you.

Participating in Open Enrollment

TEAM Members will have the option to enroll either online or with the help of an enrollment counselor between October 17 and November 11, 2016. **You will receive a flier with enrollment instructions and further details.** The chart below outlines what will happen to your benefits coverage if you do not participate in Open Enrollment.

Coverage	If you do not participate in Open Enrollment...
Traditional PPO, Dental, Vision, Basic Life, Short Term Disability, Voluntary Benefits (except Family Voluntary Term Life Insurance)	Current coverage/elections will continue in 2017
Family Voluntary Term Life Insurance	Existing dependent coverage will be <u>canceled</u>
Flexible Spending Account (Health Care or Dependent Care)	No contributions will be made for 2017
 High Deductible Health Plan & HSA, Hospital Indemnity Insurance, Legal Plan	No coverage
Spousal Surcharge	Current election and surcharge will continue (now at \$40/week)
Non-Tobacco User Premium Incentive	Current status will continue

Documentation Requirements

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

Please refer to the email/fax cover sheet that you will receive, and page 14 for details. Your Tyson Benefits Counselor will provide the necessary forms for you to complete.

Your Health & Your Well-being

Your Medical Coverage at a Glance

Here is a quick comparison of the Traditional PPO Plan, and the new High Deductible Health Plan (HDHP) with a Health Savings Account. Under each coverage option, the deductible must be met before the plan begins paying benefits. For a more detailed description of your medical plans, please see the Summary Plan Descriptions or the Summaries of Benefits and Coverage.

If you are **currently enrolled** in medical coverage through Tyson Foods, you are enrolled in the Traditional PPO plan.

This plan, the High Deductible Health Plan, is a **new choice** for 2017. More information on the HDHP can be found on pages 5 and 9.

Medical Plan	Traditional PPO		HDHP with Health Savings Account	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible (Medical)	\$1,000 individual \$2,000 family	\$1,000 individual \$2,000 family	\$1,600 individual \$3,200 family	\$1,600 individual \$3,200 family
Deductible (Prescription Drugs)	N/A	\$50	Combined with the plan's medical deductible	
Out-of-Pocket Maximum (Medical)	\$5,000 individual \$10,000 family	No Maximum	\$6,550 individual \$13,100 family	No Maximum
Out-of-Pocket Maximum (Prescription Drugs)	\$2,150 individual \$4,300 family (Separate from medical maximum)	No Maximum	Combined with the plan's medical out-of-pocket maximum	No Maximum
HSA Fund Contribution from Tyson	N/A		\$250 individual/\$500 family	
<div> For most of the services below, coinsurance only applies after the plan deductible is met. You will have to meet your deductible before either plan begins to share healthcare costs with you.</div>				
Telemedicine Visit	\$20 copay	N/A	20% coinsurance of Plan Allowance	50% coinsurance of Plan Allowance
Primary Care Visit	\$30 copay (deductible waived)	50% coinsurance of Plan Allowance	20% coinsurance of Plan Allowance	50% coinsurance of Plan Allowance
Specialist Visit	20% coinsurance of Plan Allowance	50% coinsurance of Plan Allowance	20% coinsurance of Plan Allowance	50% coinsurance of Plan Allowance
Emergency Room	First 2 Visits: \$100 copay 3+ Visits: \$200 copay , then 20% of Plan Allowance	First 2 Visits: \$100 copay 3+ Visits \$200 copay , then 50% of Plan Allowance	20% coinsurance of Plan Allowance	50% coinsurance of Plan Allowance
Urgent Care	\$50 copay	50% coinsurance of Plan Allowance	20% coinsurance of Plan Allowance	50% coinsurance of Plan Allowance
Hospital Stay	20% coinsurance of Plan Allowance	50% coinsurance of Plan Allowance	20% coinsurance of Plan Allowance	50% coinsurance of Plan Allowance
Diagnostics (X-rays, MRIs, etc.)	20% coinsurance of Plan Allowance	50% coinsurance of Plan Allowance	20% coinsurance of Plan Allowance	50% coinsurance of Plan Allowance

Tyson Foods is offering several ways to reduce your out-of-pocket health care expenses, and assist you with your health needs:

Telemedicine • Accident Insurance • Critical Illness Insurance • Hospital Indemnity Insurance

New

Medical Plan Choice & Prescription Drug Services

High Deductible Health Plan (HDHP) with Health Savings Account

Please note that the new High Deductible Health Plan works differently than the Traditional PPO Plan. Instead of paying copays for medical and prescription services, you will be asked to pay the full plan allowance (negotiated cost). **The plan will only begin to share costs with you after you meet your deductible. If you are enrolled in family coverage (TEAM Member + 1 or more family members), you must meet the full family deductible.** In order to assist with the plan's high deductible, Tyson Foods will make a financial contribution to a Health Savings Account (\$250/individual coverage, \$500/family coverage) that can be used for qualified healthcare expenses. For an example of how the HDHP and the Health Savings Account work, see page 9.



Health Plan ID Card

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

2017 Employer-Sponsored Coverage Surcharge

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

You can cover your eligible spouse, but you will be charged a \$40 weekly surcharge if he/she is employed and is eligible for coverage through his/her own employer. The spousal surcharge has increased from \$35 to \$40 this year.

If you currently pay the weekly surcharge and your spouse is no longer employed or eligible for coverage through his/her own employer, you must call in or log in online to declare your intention to waive the surcharge. You must also submit supporting documentation during Open Enrollment. If you do not participate in the enrollment process and submit the documentation timely, your current election and weekly surcharge will continue (now at \$40/week).

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

2017 Medical Plan Rates

for both options



These rates will not be increasing from 2016 to 2017!

Coverage Level	Medical Plan Weekly Rates				Dental Buy-Up Plan	Vision Buy-Up Plan
	Tobacco-Free Rates	If TEAM Member uses Tobacco	If Spouse uses Tobacco	If Spousal Surcharge Applies		
TEAM Member Only						
TEAM Member + 1 child						
TEAM Member + 2 children						
TEAM Member + 3 children						
TEAM Member + 4 children						
TEAM Member + 5 or more children						
TEAM Member + spouse						
TEAM Member + spouse + 1 child						
TEAM Member + spouse + 2 children						
TEAM Member + spouse + 3 children						
TEAM Member + spouse + 4 children						
TEAM Member + spouse + 5 or more children						

Weekly rates for both medical plans, the buy-up dental plan and the buy-up vision plan can be found in the printed version of your enrollment guide. Rates will also be provided during your enrollment session.

Prescription Coverage



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

You can fill prescriptions at Tier 1 or Tier 2 pharmacies, or through the CVS Caremark mail order program.

Tier 1 Pharmacies

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

Tier 2 Pharmacies

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

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

Maintenance Choice

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

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

Prescription Drug Out-of-Pocket Maximum

Due to Affordable Care Act guidelines, the prescription drug plan will have an annual out-of-pocket maximum of \$2,150 for individual coverage and \$4,300 for family coverage under the Traditional PPO Plan. Under the HDHP, the full medical out of pocket maximum (\$6,550/individual coverage, \$13,100/family coverage) applies to the prescription plan.

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



Remember

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

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

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



Dental Coverage

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

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

Vision Coverage

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

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

Flexible Spending Accounts (FSAs)



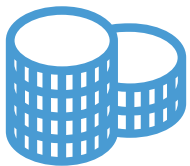
Flexible Spending Accounts enable you to put aside money for important expenses and help you reduce your income taxes at the same time. Tyson Foods offers two types of accounts — a Health Care FSA and a Dependent Care FSA. These accounts allow you to set aside pre-tax dollars to pay for eligible out-of-pocket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

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

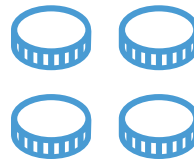


You must actively re-enroll in the FSAs each year. You are not automatically re-enrolled. You can only enroll in the Health Care FSA if you are enrolled in the Traditional PPO Plan.

How Flexible Spending Accounts Work



1. Each year during Open Enrollment, you decide how much to set aside for health care and/or dependent care expenses.



2. Your contributions are deducted from your paycheck on a pre-tax basis in equal installments throughout the calendar year.



3. If you are enrolled in the Group Health Plan, your Health Care FSA claims will be paid automatically when a covered medical or dental claim is processed. You can also choose to file claims manually, either online or via mobile app. The Health Care FSA also includes a prescription debit card that you can use at participating pharmacies. For Dependent Care FSA expenses, you will need to pay upfront and then submit a claim to be reimbursed from your account.

\$500 Health Care FSA Carryover

If you have money left in your Health Care FSA at the end of 2016, you may carry over up to \$500 for use in 2017.

The money you carry over doesn't count against the IRS annual contribution maximum, which means you can start the year with an amount \$500 greater than the IRS limit in your Health Care FSA. You can use the amount throughout the 2017 plan year.

This rule applies each subsequent calendar year. This does not apply to the Dependent Care FSA.



Use It or Lose It Rule. Be sure to calculate your FSA expenses carefully. Funds in excess of \$500 will be lost.

Plan	Annual Maximum Contribution	Examples of Covered Expenses
Health Care Flexible Spending Account	Up to annual IRS limits \$2,550 in 2016	Copays, deductibles, orthodontia, prescription medications, vision, etc.*
Dependent Care Flexible Spending Account	Up to annual IRS limits \$5,000 in 2016 (\$2,500 if married and filing separate tax returns)	Daycare, nursery school, elder care expenses, etc.*

The annual limits for 2017 will be available during your enrollment session. * See IRS Publications 502 and 503 for a complete list of covered expenses.

How Do They Work Together?

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

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

Before you meet your deductible:



You Pay
100%
of the plan allowance

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

After you meet your deductible:



You Pay
20%
of the plan allowance

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

You can use your Health Savings Account to pay your medical bill.

You can think of an HSA as a personal savings account used for qualified health care expenses with an impressive tax advantage. It is also worth noting that the account is yours to keep – even if you leave Tyson Foods. When you enroll in the High Deductible Health Plan, you direct WageWorks to open an HSA for you at BNY Mellon. Additional details about the HSA can be found on the Tyson Benefits website, or through your Tyson Benefits Counselor. *You can only enroll in the HSA if you elect the HDHP.*

Here's how it works:

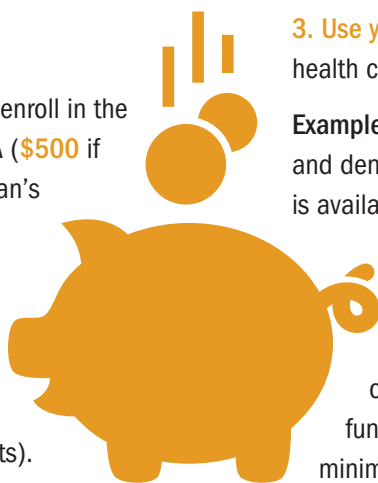
1. Tyson Foods contributes to the account. If you enroll in the new HDHP, Tyson will contribute **\$250** to your HSA (**\$500** if you elect family coverage) to help you meet the plan's higher deductible. The account is administered by WageWorks.

2. Save on taxes. If you would like to add more funds to the account, you can contribute money from your paycheck before taxes are taken out (\$100 minimum annually, up to the yearly IRS limits).

3. Use your HSA. You can use your HSA to pay for eligible health care expenses on a pre-tax basis.*

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

4. Grow your HSA. If you don't spend all of the money in 2017, **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.





How much can you contribute?	2017 IRS Contribution Limit	Annual Tyson Foods Contribution	Your Maximum Contribution Amount
TEAM Member Coverage	\$3,400*	\$250	\$3,150 (\$100 minimum)
Family Coverage	\$6,750*	\$500	\$6,250 (\$100 minimum)

*Any reference to taxes is at the federal level. State tax rules may vary.

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

Your Security & Your Future Income Protection & Voluntary Benefits

Tyson Foods automatically provides several income protection benefits at no cost to eligible TEAM Members, and also offers you the opportunity to elect voluntary benefits for additional security. The plans are designed to protect your finances, and secure a comfortable future by paying benefits directly to you, or to your beneficiaries. In the chart below, you can learn about the enhancements that have been made to many of the plans. Information on other voluntary benefits, including New Hospital Indemnity, Accident, and Critical Illness Insurance can be found on the next two pages.

Coverage	Details and Enhancements	What You Need to Know
Basic Life and Accidental Death & Dismemberment (AD&D) Insurance	<p>The Basic Life benefit amount has been updated from \$20,000 to:</p> <ul style="list-style-type: none"> 1x your annual salary (rounded to the nearest \$1,000), with a minimum of \$20,000 to a maximum of \$1 million. AD&D Insurance will pay an amount equal to the life benefit. 	<p>You are automatically enrolled, and the coverage is provided at no cost to you.</p> <p>During enrollment, you can update or confirm your beneficiary information, and increase coverage with Voluntary Term Life or Whole Life Insurance.</p>
Voluntary Term Life Insurance <i>You can increase your individual coverage!</i>	<p>You can now elect coverage up to 5x your annual salary (an increase from 3x, previously).</p> <p>The maximum benefit amount has increased from \$1 million to \$1.5 million.</p>	Evidence of good health will be required if you enroll in coverage above 3x your annual salary (to a maximum of \$1,000,000).*
Voluntary Spouse Term Life	<p>Instead of one benefit option, several coverage amounts are now available:</p> <ul style="list-style-type: none"> \$5,000 \$10,000 \$25,000 \$50,000 \$100,000 	Evidence of good health will be required if you are enrolling your spouse in coverage above \$25,000.*
<p style="text-align: center;">  Voluntary Spouse Term Life & Child Term Life will replace Family Voluntary Term Life in 2017. You must elect these plans to keep your family covered!  </p>		
Voluntary Child Term Life <i>Dependents up to age 19 (up to 24 if unmarried, full-time student)</i>	<p>Three coverage options (previously one) are now available:</p> <ul style="list-style-type: none"> \$2,500 \$5,000 \$10,000 	No evidence of good health is required.*
Short Term Disability <i>60% benefit for all eligible Hourly TEAM Members!</i>	<p>Previously, this benefit was a fixed weekly dollar amount. Now, Hourly TEAM Members are eligible to receive 60% of weekly base pay for a maximum of 13 weeks based on years of service.</p>	You are automatically enrolled, and the coverage is provided at no cost to you.
Voluntary Long Term Disability <i>Take advantage of the enhanced benefit amount at no additional cost!</i>	<p>TEAM Members receive 60% of their base pay, to a maximum of \$10,000 per month. This is a large increase from the \$1,500 monthly maximum in previous years.</p>	<p>You are automatically enrolled upon initial eligibility.</p> <p>Evidence of good health is required for late entrants.</p>
Voluntary Long Term Care	<p>Long Term Care Insurance is available to you and your family at affordable group rates.</p>	You are eligible to enroll at any time, but must complete a medical questionnaire.
Voluntary Whole Life Insurance	<p>Coverage is available for TEAM Members, spouses and children. More information is available on the next page.</p>	No evidence of good health required for a \$10,000 increase, or for those who waived coverage previously.

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

*If the TEAM Member, spouse, and/or children were previously declined by Unum, evidence of good health will be required for all amounts of coverage. Coverage will not be in effect until approved by Unum.



Voluntary Term Life Insurance

! IMPORTANT - Voluntary Term Life Insurance will now become three separate plans: Voluntary Term Life Insurance for TEAM Members, Voluntary Term Life Insurance for Spouses, and Voluntary Term Life Insurance for Children.

Those who currently cover a spouse or children under Voluntary Family Term Life Insurance **must participate in Open Enrollment** to keep their coverage. For those who do not make a new election at this time, any current family coverage will be dropped due to this change, effective 1/1/2017.

TEAM Members who only cover themselves in the plan, or have not previously enrolled, are encouraged to participate as well. The maximum benefit amount has increased from 3 times to 5 times your annual salary (not to exceed \$1,500,000). This is a great opportunity to provide a larger amount of financial protection for your family.

No evidence of good health is required for TEAM Members to enroll in or increase coverage up to 3x your annual salary (to a maximum of \$1 million). Spouses can be enrolled in up to \$25,000 of coverage without evidence of good health, while no evidence is required for children. If the TEAM Member, spouse, and/or children were previously declined by Unum, evidence of good health will be required for all amounts of coverage.

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

Acceptance Guaranteed

*During this enrollment, several voluntary benefits will be offered to you with **Guaranteed Issue**, which means that you qualify for insurance without the need for medical exams or intrusive health questions. Enroll online, or speak with an enrollment counselor for more information.*

New

Voluntary Hospital Indemnity Insurance

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

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

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

Voluntary Whole Life Insurance

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

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

Plan Features:

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

No evidence of good health required for a \$10,000 increase, or for those who waived coverage previously.

Eligible TEAM Members must be actively at work to apply for coverage. TEAM Members are not considered actively at work if they are on a leave of absence. TEAM Members must be U.S. citizens or legally authorized to work in the U.S. to receive coverage. Spouses and dependents must live in the U.S. to receive coverage. Underwritten by: Unum Life Insurance Company of America, Portland, Maine.

Your Security, Your Future & Your Well-being

Voluntary & Additional Benefits

Voluntary Accident Insurance

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

Plan Features:

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

New

Telemedicine

Finding time to visit a doctor on short notice will become much easier. Tyson Foods is excited to introduce access to a convenient telemedicine program. This benefit offers a quick and easy way to get in touch with board certified doctors, 24/7!

Instead of visiting the Emergency Room or Urgent Care (for non-urgent care), and sitting in a waiting room, you can have a video visit with a 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 include:

- Cold & Flu
- Skin Issues & Rashes
- Sore Throat
- Diarrhea & Vomiting
- Pink Eye
- Sports Injuries
- Urinary Tract Infection
- Smoking Cessation & More!

The benefit also offers access to psychologist appointments.

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

This benefit is not available in all states at this time. Additional information about this program will be provided at a later date.

Voluntary Critical Illness Insurance

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

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

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

Examples of Covered Illnesses Include:

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

Plan Features:

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

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

Advance Medical – Expert Medical Opinion Program

If you or a covered dependent are diagnosed with a serious or complex illness and would like additional information or a second opinion, Advance Medical can help. Advance Medical can provide quick and easy access to the best national medical specialists to help get the right answers about the medical condition, diagnosis and treatment. This [free service](#) will provide an additional layer of support needed to make good medical decisions, without the need to travel and while working side by side with your current physician.

New

Hyatt Legal Plan

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

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

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

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

New

Commuter Program

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

Place your transit and parking orders online 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 in equal amounts from each paycheck.

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

Additional information will be available prior to the first monthly election deadline (1/1/2017).

New

Employee Assistance Program

Tyson Foods is offering a new Employee Assistance Program (EAP) to help with life's challenges. The program is designed to assist you with personal, family, work, and life issues.

Through the program, you can speak confidentially with a professional counselor who can provide help with concerns such as:

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

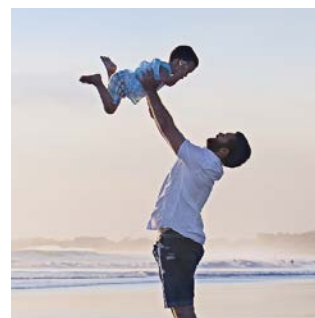
TEAM Members are automatically enrolled into the program at no cost, and services are available 24/7 via telephone!



Take advantage of Discount Programs & Healthy Tots!

Beneplace and BlueAdvantage Administrators of Arkansas offer a variety of discount programs, and health and wellness services. To access the full list of products and services offered through Beneplace or BlueAdvantage, you can visit the Tyson Foods Intranet page. You can also visit www.beneplace.com/tyson or www.blueadvantagearkansas.com from any computer.

Healthy Tots offers access to a personal nurse, and provides helpful information for eligible mothers-to-be. More information on this benefit, and its services for the expecting, can be found at www.benefitsquest.com/tyson.



Documentation Requirements

Documentation is required only for TEAM Members who wish to add new dependents or newly waive medical coverage or the spousal surcharge. Please refer to the enclosed email/fax cover sheet for details. Your Tyson Foods Benefits Counselor will provide the necessary forms for you to complete.

Team Member

If you are currently covered and want to waive the group health plan, you will need to submit:

- Current proof of other medical coverage*

*Other medical coverage must meet the minimum essential coverage requirements of the Affordable Care Act.

Spouse

If you want to add a spouse, you will need to submit:

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

If you are currently paying the spousal surcharge, are adding a spouse, or are eligible to waive the surcharge in 2017, you will need to submit:

- A Tyson Foods Group Health Verification form completed by your spouse's employer, or
- Verification on company letterhead that your spouse is not eligible for group health coverage, or
- Other current proof that your spouse is not eligible for employer-sponsored coverage

Dependent Children

If you want to add a dependent child, you will need to submit:

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

Non-Tobacco User Premium Incentive

Current tobacco user status for TEAM Members and spouses will carry over into 2017. If you would like to update your or your spouse's tobacco status, you MUST complete an enrollment session either online or by phone.

TEAM Members who certify that they are tobacco free will receive a \$10 per week incentive on health plan premiums. If you certify that your spouse is also tobacco free, you will receive an additional \$10 per week premium incentive for a total of \$20 for TEAM Member and spouse.

Definition of Tobacco Use

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

Quit for Life Tobacco Cessation Program

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

First: Enroll in the Quit for Life program by December 31, 2016; AND

Second: Complete the Quit for Life program by March 15, 2017; AND

Third: Complete and submit a Tobacco Use Certification form within two (2) months of the date you complete the program.

If the deadlines above are met, you and/or your spouse will qualify for the incentive as of your Quit for Life program completion date for the remainder of 2017. You will also receive a refund through payroll deduction for any incentive amount you did not receive retroactive to January 1, 2017. If the deadlines are not met, you will not qualify for the incentive.

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

Important Notices

HIPAA Special Enrollment

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

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

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

Availability of Notice of Privacy Practices

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

Information About Health Care Reform

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

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

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

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

Women's Health and Cancer Rights Act Coverage for Reconstructive Surgery Following Mastectomy

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

Medicaid and CHIP Special Enrollment

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

If you or your children are eligible for Medicaid or CHIP and you're eligible for Tyson-sponsored health coverage, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. For more information about premium assistance, please refer to the notice titled, "Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)" included with your enrollment materials. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.



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

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



Tyson Foods, Inc.

Making a Difference with a TEAM that Cares