



HBC BENEFITS **ANNUAL ENROLLMENT** GUIDE 2017



TOTAL REWARDS
BENEFITS | PAY | OPPORTUNITY | RESOURCES



ANNUAL ENROLLMENT 2017

Annual Enrollment is your opportunity to make your health and welfare benefit plan selections for the 2017 plan year. It's also a good time to review and update your personal, dependent and beneficiary information.

PLEASE VISIT WWW.MYHBCBENEFITS.COM FOR YOUR SPECIFIC ENROLLMENT DATES AND DETAILS ON HOW TO ENROLL.

This enrollment guide provides highlights of each of the benefit plans available for the 2017 plan year. We hope you will use this information to make informed decisions that make the most sense for you and your family.

All elections during this year's Annual Enrollment period become effective January 1, 2017*.

This year is an ACTIVE enrollment. Even if you aren't enrolling in HBC benefits, you are encouraged to complete the enrollment process to record a waiver of coverage, confirm your personal, dependent and beneficiary information, certify/re-certify your eligibility for a tobacco-free discount and/or spousal surcharge waiver (if applicable), enroll/re-enroll in an FSA to continue coverage and decide whether to enroll in the new Hospital Indemnity Insurance.

HBC provides a full range of benefits that address your needs — now and in the future.

FOR YOUR HEALTH

- Medical Insurance
- Prescription Drug Benefits
- Critical Illness Insurance
- Hospital Indemnity Insurance
- Dental Insurance
- Vision Insurance
- Employee Assistance Program (EAP)
- MDLIVE

FOR YOUR WEALTH

- Life Insurance
- Disability Insurance
- Accident Insurance
- Flexible Spending Accounts (FSAs)
- Health Savings Account (HSA)
- Commuter Benefits
- Adoption Assistance Program
- Legal Insurance
- 401(k) Plan

Important Reminder: Under the Affordable Care Act (ACA), all individuals must have qualified medical coverage or pay a tax penalty. All of the HBC medical plans meet or exceed the necessary ACA requirements; therefore, if you choose to enroll in an HBC medical plan, you will not be subject to the tax penalty.

ELIGIBILITY

ASSOCIATE ELIGIBILITY

All full-time Associates working 30 or more hours per week are eligible for all benefits.

Part-time Associates scheduled to work 20 or more hours per week are eligible for dental, vision, FSAs and supplemental benefits, which include Critical Illness, Accident, Hospital Indemnity, Permanent Life, Legal Insurance, EAP, MDLIVE and Commuter benefits.

Part-time Associates scheduled to work 20 or more hours per week with at least one year of service are eligible for Adoption benefits.

Salaried and Hourly Associates are eligible the 1st of the month following 60 days of continuous employment.

Full-time Hourly Associates are eligible for Short Term** and Long Term Disability the 1st of the month following six months of service.

Please Note: 401(k) Plan has separate eligibility rules.

DEPENDENT ELIGIBILITY

- Your legal spouse or domestic partner (same-sex or opposite-sex)
- Your dependent children up to age 26 (age 22 for child life insurance), regardless of marital or student status

Only those dependents meeting the eligibility requirements may be enrolled for coverage. Contact the HBC Benefits Service Center with questions regarding dependent eligibility.*** Social security numbers will be required to enroll dependents.

* Some elections may be subject to Evidence of Insurability (EOI).

**Statutory benefits apply.

***Must complete a Certification of Marriage, Civil Union or Domestic Partnership. Access the form at www.MyHBCBenefits.com > Enrollment & Premiums > How to Enroll.

Legal notices can be accessed at www.MyHBCBenefits.com > Important Resources > Documents/Forms.

Some locations will also have printed copies available.

MEDICAL INSURANCE

Each person's health care needs are different. That's why our medical plan offers multiple options so that you can choose the coverage level best-suited to you and your family. You have three plans to choose from — Gold, Silver and Bronze. All three plans are administered by Cigna and include prescription drug coverage at no additional cost.

CIGNA MEDICAL BENEFITS						
	Gold Plan		Silver Plan		Bronze Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible						
Individual with Single coverage	\$1,500	\$3,000	\$2,500	\$5,000	\$4,000	N/A
Individual with Family coverage	\$3,000	\$6,000	\$5,000	\$10,000	\$6,550	
All Family members combined	\$3,000	\$6,000	\$5,000	\$10,000	\$8,000	
Out-of-Pocket Maximum						
Individual with Single coverage	\$3,200	\$6,400	\$5,000	\$10,000	\$6,350	N/A
Individual with Family coverage	\$6,400	\$12,800	\$6,550	\$20,000	\$6,550	
All Family members combined	\$6,400	\$12,800	\$10,000	\$20,000	\$12,700	
HEALTH SAVINGS ACCOUNT (HSA)						
Automatic Annual and Quarterly HSA Seeds*	up to \$400 single / \$800 family		up to \$400 single / \$800 family		N/A	
HSA Annual Wellness Incentives**	up to \$250 single / \$500 family		up to \$250 single / \$500 family		N/A	
WHAT THE PLAN PAYS (COINSURANCE)						
Preventive Care	100%	60%, no deductible	100%	60%, no deductible	100%	N/A
Office Visit (PCP/Specialist)	80% after deductible	60% after deductible	80% after deductible	60% after deductible	60% after deductible	N/A
Hospitalization	80% after deductible	60% after deductible	80% after deductible	60% after deductible	60% after deductible	N/A
Outpatient Services	80% after deductible	60% after deductible	80% after deductible	60% after deductible	60% after deductible	N/A
Urgent Care/Emergency Room	80% after deductible	60% after deductible	80% after deductible	60% after deductible	60% after deductible	
CVS CAREMARK PRESCRIPTION DRUG COVERAGE						
Retail						
Generic	You pay up to \$10 copay after deductible		You pay up to \$10 copay after deductible		You pay up to \$10 copay after deductible	
Brand Formulary	Plan pays 70% after deductible (\$200 max)		Plan pays 70% after deductible (\$200 max)		Plan pays 70% after deductible (\$200 max)	
Brand Non-formulary	Plan pays 50% after deductible (\$300 max)		Plan pays 50% after deductible (\$300 max)		Plan pays 50% after deductible (\$300 max)	
Mail Order						
Generic	You pay up to \$20 copay after deductible		You pay up to \$20 copay after deductible		You pay up to \$20 copay after deductible	
Brand Formulary	Plan pays 70% after deductible (\$400 max)		Plan pays 70% after deductible (\$400 max)		Plan pays 70% after deductible (\$400 max)	
Brand Non-formulary	Plan pays 50% after deductible (\$600 max)		Plan pays 50% after deductible (\$600 max)		Plan pays 50% after deductible (\$600 max)	

* Your HSA must be open to receive contributions, and annual/quarterly and Wellness Incentive contributions are prorated based on effective date.

** If you cover a spouse or domestic partner on an HBC medical plan, he/she will also have to complete both requirements to be eligible for the Wellness Incentive, but only if you also complete the requirements.

NOTE: Puerto Rico and Hawaii Associates have different options. Please refer to your local HR contact for details.

A NOTE ON PREMIUMS

Spousal Surcharge: If your spouse has access to coverage through his/her employer, and you choose to cover him/her on an HBC plan, you will incur a \$25 surcharge on your weekly medical premium.

Non-Tobacco Use Discount: If you have not used tobacco and/or nicotine delivery products for 12 months or more, you will be eligible to receive a discount on your medical plan premium.

Please visit www.MyHBCBenefits.com for more plan details and premiums. Also, check out the Quick Comparison tool to help in your selection process.

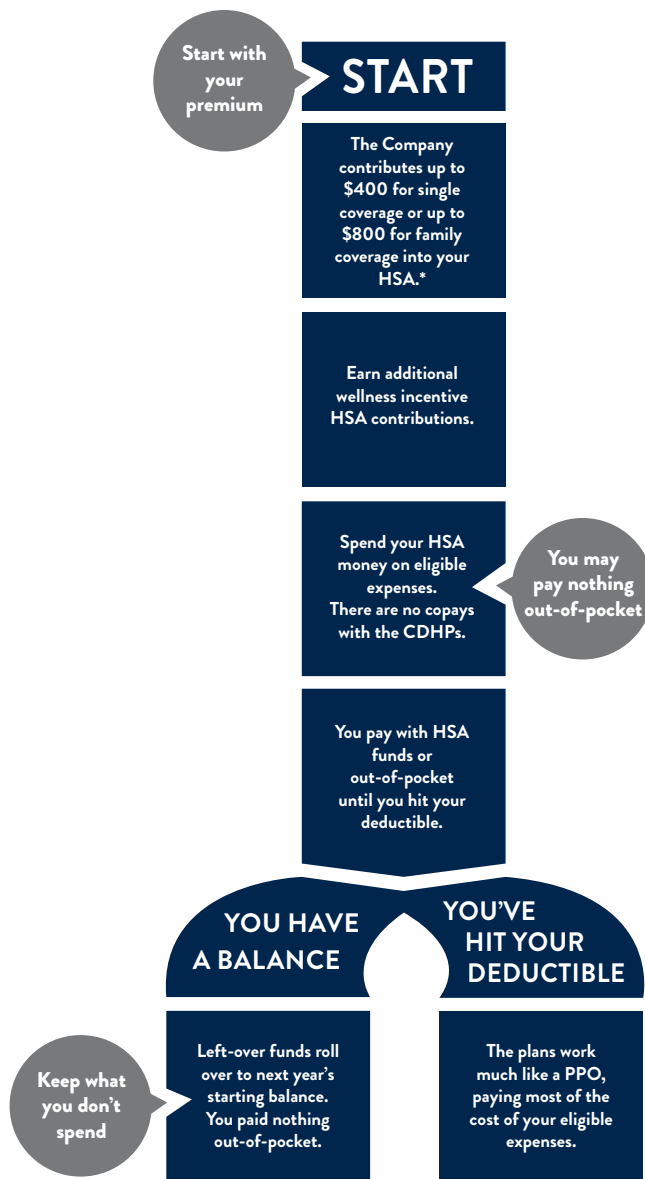
Learn about MDLIVE! Convenient on-demand access to affordable, quality health care.
Visit www.MyHBCBenefits.com for more information.

YOU HAVE A CHOICE IN HEALTH CARE

HBC's medical plan options give each Associate greater flexibility to choose a level of coverage that balances health care needs with his or her budget.

The plans are Consumer Driven Health Plans (CDHP) and also offer a Health Savings Account (HSA) that you can use to cover eligible out-of-pocket expenses.

- In-network preventive care and some preventive medications are covered at NO COST to you. Other preventive medications may be available prior to the deductible.
- For all other services, you must meet the annual deductible before the plans pay benefits. You can use the money in your Health Savings Account to cover these expenses.
- Once you meet your deductible, the plan pays a percentage of the cost for all other services (80% in-network under the Gold and Silver plans; 60% out-of-network, or under the Bronze plan), and you pay the rest. When you reach your annual out-of-pocket limit, the plan pays 100% of eligible covered expenses.



COMPARE THE MEDICAL PLANS

The chart below provides a high-level look at how the three CDHP options compare.

	GOLD	SILVER	BRONZE
PREMIUMS	\$\$\$	\$\$	\$
DEDUCTIBLE	\$	\$\$	\$\$\$
OUT-OF-POCKET MAXIMUM	\$	\$\$	\$\$\$
HSA COMPANY CONTRIBUTIONS	✓	✓	✗
IN & OUT-OF-NETWORK COVERAGE	✓	✓	✗

* Your HSA must be open to receive contributions, and contributions are prorated based on effective date.

HEALTH SAVINGS ACCOUNT

HOW THE HEALTH SAVINGS ACCOUNT (HSA) WORKS

A Health Savings Account, otherwise known as an HSA, is a special savings account set up specifically for you and your family. This account is automatically set up when you enroll in one of the HBC medical plan options. You may pay for all health-related expenses (like doctor visits and hospital services) out of your HSA.

When you enroll in the Gold or Silver plan, HBC will make an initial contribution and additional quarterly contributions to your HSA. You also have the opportunity to earn a Wellness Incentive contribution by completing wellness requirements throughout the year.*

You can also make contributions to your HSA, regardless of which medical plan you participate in, as long as the total of HBC and Associate contributions combined does not exceed annual IRS limits**.

	Associate Only Coverage	Associate + Spouse/Domestic Partner, Associate + Child(ren) or Family Coverage
Initial HSA Seed*	Up to \$250	Up to \$500
Quarterly HSA Seed*	Up to \$50 per quarter	Up to \$100 per quarter
Wellness Incentive*	Up to \$250	Up to \$500
Total HBC Contribution	Up to \$650	Up to \$1,300
Maximum Total Tax-Free HSA Contributions	Up to \$3,400 (\$4,400 if age 55 or older)	Up to \$6,750 (\$7,750 if age 55 or older)

Even better, if you don't spend all of the money in your HSA in 2017, the money stays in your account, giving you even more money to use in future years. The less you use, the bigger your account gets.

The account is yours to keep, even if you leave HBC. This gives you a head start on creating a nest egg for large medical expenses that might come down the road. For common questions and answers on an HSA, visit www.MyHBCBenefits.com, click on the FAQ link and select the HSA tab.

*HSA and Wellness Incentive contributions may be prorated on a quarterly basis based on date of eligibility or Wellness requirement completion. Quarterly HSA seeding will be made each subsequent quarter (up to 3) in April, July and October to Associates that remain actively covered. Associates must complete a Health Assessment and biometric screening to be eligible for the Wellness Incentive. If you cover a spouse/domestic partner on an HBC medical plan, he/she will also have to complete both requirements to be eligible for the Wellness Incentive, but only if you also complete the requirements. HBC HSA contributions are only available to Associates enrolled in the Gold or Silver medical plan.

**For 2017: \$3,400 for single coverage; \$6,750 for family coverage; plus an additional \$1,000 "catch up" contribution for individuals age 55 and older.

TRIPLE TAX ADVANTAGE OF AN HSA

1. All contributions into your HSA are made before income taxes are calculated. That means you don't pay income tax on the Company's contribution or the contributions you make into the account.
2. There is no tax on the interest or earnings that accrue in the account.
3. You pay no taxes on the funds you use to pay for eligible medical expenses.

LOOK AT YOUR TOTAL COST OF HEALTH CARE

When considering the right medical plan for you and your family, it's important to look at the Total Cost of Health Care. This "Total Cost" is how much you pay in premiums (the contribution taken out of your earnings each pay period) and how much you pay out of pocket. The Total Cost also includes contributions to your Health Savings Account.

The truth is that many people pay more than they need to for health care. By taking a little time to consider your choices and paying attention to your health, you could save money and possibly begin accumulating funds for future health care expenses.

Check out the Quick Comparison tool at www.MyHBCBenefits.com to help compare some possible cost scenarios under each plan.

YOUR SHARE OF THE PREMIUM

(THE MONEY DEDUCTED
FROM YOUR PAYCHECK)

+

YOUR OUT-OF-POCKET COSTS

(COINSURANCE, DEDUCTIBLES, ETC.)

-

HBC HSA CONTRIBUTION AND WELLNESS INCENTIVE

(IF YOU CHOOSE THE GOLD OR SILVER PLAN)

YOUR TOTAL COST OF HEALTH CARE

DENTAL

Maintaining good oral health is essential to maintaining good overall health. The HBC Dental Plans provide coverage for a wide range of dental services and supplies through Cigna. You may choose from one of three coverage options. Plan highlights are provided below for the Core and Buy-Up plans. For a list of costs per service under the DHMO, see the Cigna Dental benefit schedule, which can be found at www.MyHBCBenefits.com under Important Resources > Documents/Forms.

CIGNA DENTAL BENEFITS					
	Core Dental Plan		Buy-Up Dental Plan		DHMO Plan
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only
Deductible (Single/Family)	\$50/\$150	\$150/\$450	\$25/\$75	\$75/\$225	None
Annual Maximum (per person)	\$1,500		\$2,000		None
Preventive Services	100%	80%	100%	80%	Copay, coinsurance or fee schedule
Basic Services	80%	60%	90%	70%	
Major Services	50%	50%	60%	50%	
TMJ	N/A	N/A	50%	50%	
Bleaching and Whitening (max \$600 per year)	N/A	N/A	50%	50%	N/A
Orthodontia (Child & Adult)	N/A	N/A	50%	50%	50% up to 24 months
Orthodontics Lifetime Maximum	N/A	N/A	\$2,000 per person		None

NOTE: Puerto Rico and Hawaii Associates have different options. Please refer to your local HR contact for details.

VISION

The HBC Vision Plan provides access to vision care through VSP. Eyesight is a precious thing, and this coverage allows you to take steps in keeping your eyes healthy and protected. Plan highlights are outlined below.

VISION SERVICE PLAN (VSP)		
	In-Network	Out-of-Network
Exam (once every 12 months)	\$10 copay	Up to \$40 allowance
Standard Glass or Plastic Lenses (once every 12 months)		
Single Vision	\$10 copay	Up to \$30 allowance
Lined Bifocal	\$10 copay	Up to \$52 allowance
Lined Trifocal	\$10 copay	Up to \$65 allowance
Lens Options		
Standard Anti-Reflective	\$41	N/A
Standard Polycarbonate	\$31	N/A
Standard Scratch-Resistant	\$17	N/A
Frames (once every 24 months)	\$10 copay up to \$150 allowance	Up to \$60 allowance
Contact Lens Exam (fitting & evaluation)	\$10 copay	Up to \$130 combined allowance
Contact Lenses (once every 12 months; in lieu of frame and lenses)	Up to \$130 allowance	

NOTE: Hawaii Associates have different options. Please refer to your local HR contact for details.

Please visit www.MyHBCBenefits.com for more information, including plan premiums.

CRITICAL ILLNESS INSURANCE

The out-of-pocket costs of a serious illness can be catastrophic, even with medical insurance. Critical Illness Insurance helps provide financial protection in the event of a covered serious illness. The policy pays a lump sum benefit directly to you if you are diagnosed with a covered condition. You can use this benefit any way you choose — to pay deductibles and coinsurance, expenses your family incurs to be by your side, or simply to replace your lost earnings from being out of work.

You choose the benefit amount when you enroll.

COVERED ILLNESSES INCLUDE:

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

**The coverage pays 25% of the face amount of the policy once per lifetime for Carcinoma in Situ and Coronary Artery Bypass Surgery.*

PLAN FEATURES:

- You do not have to be terminally ill to receive benefits.
- Family coverage is available.
- A Wellness Benefit is included, which pays an annual benefit if a covered health screening test is performed (blood tests, stress tests, colonoscopies, chest X-rays, mammograms, biometric screening, etc.). You can even use the same biometric screening from your Wellness Incentive requirements to qualify for this Wellness Benefit.
- Coverage is portable — you can take your policy with you if you change jobs or retire.

Your benefits counselor can help you calculate the cost of the benefit, which will vary depending upon factors such as your age, coverage level and tobacco use.

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

HOSPITAL INDEMNITY INSURANCE

The bills that result from a hospital stay can be overwhelming for anyone — even when you have health insurance. 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 benefit to you when you are admitted to the hospital and additional amounts for each day you are confined. The funds can be used to pay for out-of-pocket expenses, such as coinsurance and deductibles, and even for non-medical expenses like rent or mortgage payments, car payments, groceries, child care and more.

Plan Highlights:

- No pre-existing condition limitations
- No waiting period
- Benefits do NOT reduce as you get older
- Coverage can be purchased for spouse and children (Associate must elect coverage)

Additional Plan Features:

- Hospital Admission – \$1,000 per confinement
- Hospital Confinement – \$150 per day, up to 31 days for each covered sickness or accident
- Hospital Intensive Care – \$150 per day, up to 10 days per confinement for each covered sickness or accident (paid in addition to Hospital Confinement benefit)
- Health Screening Benefit – \$50 per calendar year (payable for health screening test performed as a result of preventive care)
- Guaranteed Issue – If you enroll during this Annual Enrollment period, you will not be required to provide medical information

Your benefits counselor can help you calculate the cost of the benefit.

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

LIFE INSURANCE

Your family depends on your income for a comfortable lifestyle and for the resources necessary to make their dreams — such as a college education — a reality. Like anyone, you don't like to think of the scenario where you're no longer there for your family. However, you do need to ensure their lives and dreams can continue if the worst does happen.

HBC knows how difficult it can be to provide this peace of mind on your own, which is why we have made it a priority to give you the ability to assemble a complete life insurance portfolio.

BASIC TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

HBC provides eligible Associates with basic term life and AD&D coverage at no cost to you, and enrollment is automatic.

Basic Term Life: The benefit is equal to one times your annual earnings to a maximum of \$1,000,000. (Associates may elect to limit coverage to \$50,000 to avoid taxable imputed income.)

AD&D: If you are seriously injured or lose your life in an accident, you will be eligible for a benefit equal to one times your annual earnings to a maximum of \$1,000,000. This benefit is separate from and paid in addition to the Basic Term Life benefit.

SUPPLEMENTAL TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

You may also choose to purchase supplemental life insurance and/or supplemental AD&D insurance in addition to the company-paid benefit. You pay the total cost of this benefit through convenient payroll deductions.

Supplemental Term Life Insurance

Associate: You can elect one to five times your annual earnings, to a maximum of \$2,000,000. Newly eligible Associates can enroll in coverage up to \$500,000 Guaranteed Issue, without Evidence of Insurability (EOI). If you are currently enrolled in Supplemental Life Insurance and have a Qualifying Life Event, you can increase coverage up to one times your earnings with no EOI. For all other increases in coverage, satisfactory EOI is required before that increase will become effective. If previously eligible, but electing for the first time, EOI is required at all levels. Costs vary based on age, coverage level and tobacco use.

Spouse/Domestic Partner: You can elect coverage of \$10,000 or \$25,000 up to \$250,000 (in \$25,000 increments) for your spouse or domestic partner, not to exceed the Associate life insurance amount. Amounts above \$50,000 will require EOI. Costs vary based on age, coverage level and tobacco use.

Child(ren): You can elect \$5,000 or \$10,000 in child life coverage.

Supplemental AD&D

Associate: You can elect one to five times your annual earnings, to a maximum of \$2,000,000 Guaranteed Issue.

PERMANENT LIFE INSURANCE

Can your family maintain their lifestyle without you? Permanent Life Insurance helps ensure they can.

Permanent Life Insurance is an individual insurance policy designed to provide a death benefit to your beneficiaries if something should happen to you. It can also build cash value that you can utilize while you are still living. At an affordable premium, you can have the added financial protection you and your family may need during times of uncertainty.

PLAN FEATURES:

- You can purchase coverage for yourself, your spouse, your children and/or your grandchildren.
- Permanent Life Insurance is voluntary, which means you purchase the amount of coverage that is right for your needs.
- The benefit is Guaranteed Issue, so no physical exams are required to apply for coverage up to a certain amount during this Annual Enrollment period.
- As the policy builds cash value, you can eventually use it to make premium payments or to pay urgent expenses while you are still living.
- You can take your policy with you if you leave the Company or retire.

CHOOSE A PLAN FOR A LIFETIME

Permanent Life Insurance never expires. You keep the policy as long as you make the payments, which means the premiums will not go up. Lock in a lower premium NOW and save thousands of dollars in the future!

Cost varies based on age, coverage level and tobacco use. A benefits counselor can assist you with options and costs.

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

ACCIDENT INSURANCE

Accidents happen. You can't always prevent them, but you can take steps to reduce the financial impact.

Accident Insurance is designed to help cover the out-of-pocket medical expenses and extra bills you may incur as a result of an accident. The plan pays benefits directly to you — not a doctor or hospital — for injuries and accident-related expenses. You can use the money however you choose.

Benefit amounts are based on the type of injury and treatment needed.

COVERED INJURIES AND ACCIDENT-RELATED EXPENSES INCLUDE:

- Fractures
- Dislocations
- Hospitalization
- Death Benefit
- Emergency Room Treatment
- Transportation
- Physical Therapy
- Lodging, and more!

PLAN FEATURES:

- Benefits are paid for accidents that occur on or off the job, so you have 24-hour coverage.
- You can elect coverage for your spouse and children.
- There are no health questions or physical exams required to enroll.
- Death benefit available.
- If you change jobs or retire, you can take your policy with you.

Your benefits counselor can help you calculate the cost of the benefit.

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

DISABILITY INSURANCE

A disabling injury or illness that keeps you out of work could have a devastating impact on your income, jeopardizing your ability to cover normal household expenses. With the right disability insurance, your income is protected, relieving you of the anxiety of depleting your savings to pay your bills.

SHORT TERM DISABILITY INSURANCE

Short term disability insurance replaces a portion of your income if an injury or illness forces you out of work for an extended period of time. HBC provides basic short term disability coverage at **no cost to you**, and enrollment is automatic.

Salaried Associates

After you are declared disabled, you will receive 100% of your weekly earnings for up to eight weeks, 75% for up to the next 8 weeks and 50% of weekly earnings for up to the next 10 weeks.

Hourly Associates

After you are declared disabled, you will receive 60% of your weekly earnings. Benefits will continue for up to 26 weeks.

LONG TERM DISABILITY INSURANCE

HBC also provides long term disability insurance to protect your finances when your disability continues beyond the period covered by the short term disability plan.

Salaried Associates

HBC provides Salaried Associates with a core Long Term Disability benefit at NO COST to you. You will receive 40% of your monthly covered earnings, up to a maximum of \$12,500 per month (\$100 minimum or 10% of monthly benefit). Salaried Associates can also elect to enroll in the buy-up Long Term Disability plan, which pays 60% (an additional 20%) of your monthly earnings (\$12,500 per month maximum, \$100 minimum or 10% of monthly benefit). You pay the cost of the buy-up benefit through convenient payroll deductions. You also have the option to pay taxes on the company-paid premium to allow a tax-free benefit in the event you become disabled.

Hourly Associates

Hourly Associates can choose to enroll in core or buy-up Long Term Disability coverage. You will receive 40% of your monthly covered earnings under the core plan, or 60% of your monthly earnings under the buy-up plan (\$12,500 per month maximum, \$100 minimum or 10% of monthly benefit for both core and buy-up). You pay the cost of these benefits through convenient payroll deductions.

FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts (FSAs) allow you to set aside money on a pre-tax basis to pay for qualified out-of-pocket health care or dependent care expenses. Because the money is deducted from your paycheck on a pre-tax basis, you will reduce the amount of your taxable income.

HBC offers a Limited Purpose Health Care FSA, a General Purpose FSA and a Dependent Care FSA. These accounts are separate — you cannot use money from a Health Care FSA to cover expenses eligible under the Dependent Care FSA or vice versa.

HOW FLEXIBLE SPENDING ACCOUNTS WORK

1. Each year during the Annual Enrollment period, 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. As you incur health care or dependent care expenses throughout the year, you'll need to submit a claim form for reimbursement. Your claim will be processed, and you will be reimbursed from your account.

**YOU MUST ACTIVELY RE-ENROLL IN FSA COVERAGE EACH YEAR.
YOU ARE NOT AUTOMATICALLY RE-ENROLLED.**

PLAN	ELIGIBILITY	ANNUAL MAXIMUM CONTRIBUTION	EXAMPLES OF COVERED EXPENSES*
Limited Purpose Health Care FSA	Any Associate enrolled in a CDHP with HSA	\$2,550	Dental and vision expenses only
General Purpose Health Care FSA	Any Associate NOT enrolled in a CDHP with HSA	\$2,550	Medical, dental, vision and all other eligible health care expenses, including copays, deductibles, prescription drugs, orthodontia, etc.
Dependent Care FSA	All Associates	\$5,000 (\$2,500 if married and filing separate tax returns)**	Day care, nursery school, elder care, etc.

*See IRS Publications 502 and 503 for a complete list of covered expenses.
**Highly compensated Associates earning \$120,000 or more can contribute a maximum of \$1,000 per year.

IMPORTANT FSA REMINDERS:

- Consider your contributions. Be sure to calculate your expenses conservatively when making your FSA elections. IRS regulations require that you forfeit any money left in your account after the claims submissions deadline.
- Limited Purpose Health Care FSA Reminder. You may wish to consider making contributions to your HSA first. The HSA may also cover dental and vision expenses, and does not have a risk of forfeiture if amounts go unused.
- FSA with a CDHP Reminder. If you elected a General Purpose Health Care FSA for 2016 and you choose to enroll in an HBC CDHP for 2017, any funds remaining in your 2016 General Purpose Health Care FSA will roll over into a Limited Purpose Health Care FSA for 2017.

OTHER BENEFITS

HBC tries to meet the needs of our diverse population by providing programs and services necessary to maintain a successful balance between work and personal lives. Some of the additional voluntary benefits available to HBC Associates are described below. **For more details on each benefit, visit www.MyHBCBenefits.com.**

MDLIVE

Can't get an appointment with your doctor? MDLIVE might be able to offer the care you need! MDLIVE provides access to affordable, quality healthcare...anytime, anywhere. You will have access to board certified primary care doctors and pediatricians via video, phone or email – 24/7. Physicians can discuss symptoms, diagnose many common conditions, recommend treatment options and prescribe medication. Each "visit" only costs \$40. MDLIVE is a convenient health care option and can save you money.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

HBC offers all Associates and their family members access to the Optum Employee Assistance Program (EAP) to help you cope with personal problems affecting you at work or at home. The EAP provides a confidential resource for assistance with a wide variety of work/life concerns, including:

- Depression, anxiety and stress management
- Alcohol, drug or gambling addictions
- Family conflict, parenting concerns and relationship problems
- Child and elder care
- Financial or legal concerns

You and your family have access 24 hours a day, seven days a week. Call toll free **(866) 248-4094** or visit **www.liveandworkwell.com** and use access code **HBC**.

LEGAL INSURANCE

Affordable legal assistance can sometimes be difficult to find. With Legal Insurance, you have access to comprehensive legal assistance, advice and discounted representation on many different legal services, including:

- Divorce
- Child custody
- Traffic tickets
- Wills, and much more!

The cost for the plan covers you and your eligible dependents.

COMMUTER BENEFITS PROGRAM

HBC offers Commuter benefits that reduce your cost of getting to and from work. With the Commuter Benefits Program, you can pay for eligible public transportation expenses on a pre-tax basis. You can set aside up to \$255 per month for public transportation costs and up to \$255 per month for parking costs. Take advantage of the Commuter Benefits Program and reduce your commuting expenses.

ADOPTION ASSISTANCE PROGRAM

Thinking about adopting? The HBC Adoption Assistance Program provides financial assistance if you adopt a child under the age of 16. You may be eligible for reimbursement of certain adoption costs, up to \$5,000 per child for up to two children. Visit www.MyHBCBenefits.com and select Adoption Assistance from the Benefits tab for more information and to access an Adoption Assistance Claim Form.

WHO DO I CALL?

Below is a summary list of important benefit carrier contact information. For a more detailed list, visit www.MyHBCBenefits.com. Select Important Resources then Contacts.

BENEFIT	CARRIER	PHONE NUMBER	WEBSITE
Benefit Information	HBC Benefits Service Center	1-800-498-8705 M – F, 9am-6pm, ET	www.myhbcbenefits.com
Medical – US	Cigna	1-855-281-1206	www.mycigna.com
Medical – Hawaii	HMSA	PPO: 1-808-948-6111 HMO: 1-808-948-6372 M – F, 8am-5pm, HST	www.hmsa.com/CRG/SBC220 www.hmsa.com/CRG/SOCWSG www.hmsa.com/CRG/GTB013
Medical – Puerto Rico	MCS	1-787-281-2800	www.mcs.com.pr
Prescription Drug	CVS Health	1-888-202-1652	www.caremark.com
Health Savings Account (HSA)	Cigna	1-855-281-1206	www.mycigna.com www.mycigna.hsabank.com
Wellness Incentive	Cigna	1-855-281-1206	www.mycigna.com
Dental	Cigna	1-855-281-1206	www.mycigna.com
Vision	VSP	1-800-877-7195 M – F, 5am-8pm, PT Saturday, 7am-8pm, PT Sunday, 7am-7pm, PT	www.vsp.com
Flexible Spending Accounts (FSA)	ConnectYourCare (CYC)	1-844-220-8782	www.ConnectYourCare.com
Employee Assistance Program (EAP)	Optum	1-866-248-4094	www.liveandworkwell.com Access Code: HBC
Telemedicine	MDLIVE	Cigna Members: 1-888-726-3171 Non-Cigna Members: 1-800-657-6169	Cigna Members: www.mdlive.com/hbc Non-Cigna Members: www.mdlive.com/hbc-nomed
Report Disability or FMLA	Cigna	1-855-281-1206 M – F, 6am-6pm, ET	www.mycigna.com www.myhbcbenefits.com Benefits>Disability
Commuter Benefits	ConnectYourCare (CYC)	1-844-220-8782	www.ConnectYourCare.com
Permanent Life Insurance	Unum	1-800-635-5597	www.unum.com
Accident Insurance	Unum	1-800-635-5597	www.unum.com
Critical Illness Insurance	Lincoln Financial Group	1-877-815-9256	www.lfg.com
Hospital Indemnity Insurance	AFLAC	1-800-433-3036	www.aflacgroupinsurance.com
Legal Benefits	ARAG	1-800-247-4184	www.arag.com
Retirement 401(k)	Saks: Wells Fargo L&T: Merrill Lynch GILT: Ascensus	1-800-728-3123 M – F, 7am-11pm, ET 1-800-228-4015 M – F, 8am-7pm, ET 1-888-800-5359 M – F, 8am-7pm, ET	www.wellsfargo.com www.benefits.ml.com https://myaccount.ascensus.com/ml/
COBRA	ConnectYourCare (CYC)	1-855-687-2021 M – F, 8am-5pm, ET	www.myrrsc.com
Associate Inquiries, including: Payment of Premiums, Time Away from Work, Wellness Contributions, Adoption Benefits, Pension (Saks Fifth Avenue only), Associate Discount	Benefits Helpline	1-877-725-7238 M – F, 10am-5pm, ET	

REQUIRED NOTICES

Required legal notices are available at www.MyHBCBenefits.com. Select Important Resources then Documents/Forms.

Some locations will also have printed copies available.



TOTAL REWARDS

BENEFITS | PAY | OPPORTUNITY | RESOURCES