



Benefits Eligibility

Full-time salaried and hourly employees (full-time hourly are scheduled to work at least 30 hours per week, not in a temporary status) are eligible for medical, dental, and vision benefits on the first day of the month following a 30-day waiting period.

Variable hour employees (other or seasonal employees) may be eligible for coverage if they work an average of at least 30 hours per week over a specified measurement period of 6 months. Once this requirement has been met, you may enroll in the plan and benefits will be effective the first day of the month following a 30-day waiting period.

Eligibility for Unum products begins after a 60-day waiting period.

The medical, dental, and vision plans offer coverage for eligible dependents, including:

- Your legal spouse, domestic partner, or civil union partner
- Your children to age 26, regardless of student, marital, or tax-dependent status (including a stepchild, legally-adopted child, a child placed with you for adoption, or a child for whom you are the legal guardian)
- Your dependent children of any age who are physically or mentally unable to care for themselves

Medical, Dental, and Vision Plan Contributions

The amount you pay for coverage is deducted from your paycheck on a pre-tax basis. Please see the enrollment form for the 2017 rates.

Medical Insurance Plans

Big Red F offers three medical plan options through Cigna. All three plans provide in- and out-of-network benefits, allowing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose a network provider. Locate a Cigna network provider at www.mycigna.com.

The table below summarizes the key features of the medical plans. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

If you enroll in the Silver Plan, you may be eligible to open and fund a health savings account (HSA) through the financial institution of your choice.

Learn more about HSAs at <http://www.irs.gov/pub/irs-pdf/p969.pdf>

Summary of Covered Benefits	Bronze Plan (LocalPlus Network)		Silver Plan (HSA Eligible)		Gold Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible Individual/Family	\$4,500/\$9,000	\$9,000/\$18,000	\$2,600/\$5,200	\$6,000/\$12,000	\$1,500/\$3,000	\$4,000/\$12,000
Out-of-Pocket Maximum Individual/Family	Includes deductibles, coinsurance, and copays \$6,600/\$13,200		Includes deductible, coinsurance, and Rx copays \$6,000/\$12,000		Includes deductible, coinsurance, and copays \$5,500/\$11,000	
Preventive Care	Plan pays 100%	Not covered	Plan pays 100%	Not covered	Plan pays 100%	Not covered
Physician Services						
Primary Care Physician	\$35 copay	50% after ded.	0% after ded.	50% after ded.	\$25 copay	40% after ded.
Telehealth	\$35 copay	Not covered	\$40 copay	Not covered	\$25 copay	Not covered
Specialist	\$75 copay	50% after ded.	0% after ded.	50% after ded.	\$50 copay	40% after ded.
Urgent Care	\$75 copay	50% after ded.	0% after ded.	50% after ded.	\$50 copay	40% after ded.
Lab/X-Ray	At office visit/outpatient facility				At office visit/outpatient facility	
Diagnostic Lab/X-Ray	30% after ded.	50% after ded.	0% after ded.	50% after ded.	No charge	40% after ded.
High-Tech Services (MRI, CT, PET)	\$300 copay	50% after ded.	0% after ded.	50% after ded.	\$300 copay	40% after ded.
Hospital Services		\$1,000/admit ded. applies				\$1,000/admit ded. applies
Inpatient	30% after ded.	50% after ded.	0% after ded.	50% after ded.	20% after ded.	40% after ded.
Outpatient	30% after ded.	50% after ded.	0% after ded.	50% after ded.	20% after ded.	40% after ded.
Emergency Room	\$500 copay		0% after ded.		\$250 copay	
Prescription Drugs			Medical deductible, then:			
Generic	\$15 copay*	Not covered	\$15 copay	Not covered	\$15 copay	Not covered
Preferred Brand	\$40 copay*		\$40 copay		\$40 copay	
Non-Preferred Brand	\$70 copay*		\$60 copay		\$60 copay	
Mail Order (up to 90-day supply)	2.5x retail copay*		2.5x retail copay		2x retail copay	

*Prescription drug deductible applies: \$150 for individual coverage/\$450 for family coverage.

Note: If electing dependent coverage, the individual deductible applies for each covered family member (i.e., once each individual hits the individual deductible, they are subject to coinsurance). Two or more family members can satisfy the family deductible. The same rule applies for the out-of-pocket maximum.

Voluntary Dental Insurance Plan

Big Red F offers a dental insurance plan through Guardian. The dental plan offers in- and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose a network provider. Locate a Guardian network provider at www.guardiananytime.com. The table below summarizes the key features of the dental plan. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Guardian Dental Plan	
	In-Network	Out-of-Network
Calendar Year Deductible Individual/Family	\$50/\$150	
Plan Year Benefit Maximum	\$1,000 (Up to \$350 rollover allowed into next plan year*)	
Preventive Care Oral exams, cleanings, x-rays	0%	20%
Basic Services Periodontal services, endodontic services, oral surgery, fillings	20% after ded.	20% after ded.
Major Services Bridges, crowns (inlays/onlays), dentures (full/partial)	50% after ded.	50% after ded.

*The Maximum Rollover benefit allows you to carry forward a portion (\$350) of your unused annual benefit maximum for use in future years. That means your benefit maximum in future years may actually increase. In order to be eligible for Maximum Rollover, you must have claims that are less than the \$500 threshold during the year.

Voluntary Vision Insurance Plan

Big Red F offers a vision insurance plan through Cigna. The plan offers in- and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose a network provider. Locate a Cigna network provider at www.mycigna.com. The table below summarizes the key features of the vision plan. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Cigna Vision Plan	
	In-Network	Out-of-Network
Eye Exam (every 12 months)	\$10 copay	Reimbursement up to \$45
Standard Plastic Lenses (every 12 months) Single/Bifocal/Trifocal	\$25 copay	Reimbursement up to \$32/\$55/\$65
Frames (every 24 months)	\$130 allowance	Reimbursement up to \$71
Contact Lenses (every 12 months in lieu of standard plastic lenses)	\$130 allowance	Reimbursement up to \$105

Basic Life and Accidental Death and Dismemberment (AD&D) Insurance

Life insurance is an important element of your income protection planning. Big Red F provides basic life insurance to all eligible employees at no cost.

- **Employee life benefit:** \$25,000
- **Employee AD&D benefit:** \$25,000

Long-Term Disability Insurance

Big Red F provides long-term disability (LTD) insurance to eligible employees at no cost through Unum. LTD insurance is designed to help you meet your financial needs if you become unable to work due to an illness or injury.

- **Benefit amount:** 60% of salary up to \$10,000 per month
- **Elimination period:** 90 days
- **Benefit duration:** If disabled before age 60, two years own occupation, then any occupation to age 65. If disabled after age 60, refer to official plan documents

Important Contact Information

If you have any questions regarding your benefits or the material contained in this guide, please contact Human Resources.

Iva Townsend, Big Red F Human Resources Department: 303-448-9182 x119, iva.townsend@bigredf.com

Provider/Plan	Contact Number	Website
Medical and Voluntary Vision —Cigna	866-494-2111	www.mycigna.com
Voluntary Dental —Guardian	800-541-7846	www.guardiananytime.com
Life and AD&D —Unum	800-858-6843	www.unum.com

This summary of benefits is not intended to be a complete description of the terms and Big Red F insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan. In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although Big Red F maintains its benefit plans on an ongoing basis, Big Red F reserves the right to terminate or amend each plan, in its entirety or in any part at any time.