



2018 Employee Benefits

As an employee of Mission Yogurt we are pleased to offer you a full selection of benefits. You are eligible for medical, dental, vision, and life insurance. Your coverage will begin on the first of the month following 60 days of employment.

Please visit mycigna.com to view and download your ID cards (medical and dental), search for your providers and to view your explanations of benefits.

You can select one of two medical plans. Please note the Health Savings Account will allow you to contribute pre-tax money to help pay for out-of-pocket medical expenses.



| MEDICAL (Local Plus Network Summary) | Local Plus | Local Plus HSA |
|---|-----------------------------|--------------------------|
| Preventative / Wellness Copay | \$0 | \$0 |
| Primary / Specialist Copay | \$30 / \$50 | 70% after deductible |
| Urgent Care / Emergency Room Copay | \$75 / \$300 | 70% after deductible |
| Prescription Drugs | \$10 / \$20 / \$40 / 20% | 70% after deductible |
| Deductible (individual / family) | \$1,500 / \$3,000 | \$5,000 / \$6,850 |
| Out-of-Pocket maximum (individual / family) | \$6,000 / \$12,000 | \$6,350 / \$6,850 |
| Coinsurance | 80% after deductible | 70% after deductible |
| Outpatient Facility Deductible | \$0 | \$500 |
| Out-of-Network Coverage | Yes (refer to SBC) | Yes (refer to SBC) |
| | Amount Per Pay Check | |
| Employee Only | \$10.00 | \$0.00 |
| Employee + Spouse | \$225.99 | \$175.22 |
| Employee + Children | \$186.72 | \$143.36 |
| Employee + Family | \$402.69 | \$318.57 |



2018 Employee Benefits

There are two dental plans. Both plans will pay for your cleanings twice each year but the enhanced plan has a larger network of dentists and will pay more at the time of service.



| DENTAL (In Network Summary) | PPO / Low | PPO / High |
|----------------------------------|-----------------------------|---------------|
| Cleanings 2x per Year | \$0 | \$0 |
| Deductible (individual / family) | \$50 / \$150 | \$50 / \$150 |
| Basic Services | 80% | 90% |
| Major Services | 50% | 60% |
| Annual Maximum | \$1,000 | \$1,000 |
| Out-of-Network Coverage | Yes (reduced benefit) | Yes (90% UCR) |
| | Amount Per Pay Check | |
| Employee Only | \$10.13 | \$19.28 |
| Employee + Spouse | \$21.04 | \$40.02 |
| Employee + Children | \$23.73 | \$44.99 |
| Employee + Family | \$36.28 | \$68.82 |

Vision will cover your eye exam as well as glasses or contact lenses.

| Vision (In Network Summary) | Vision PPO |
|---|-----------------------------|
| Exam Copay (1x every 12 months) | \$10 |
| Lenses (1x every 12 months) | \$25 |
| Retail Frame Allowance (1x every 12 months) | \$200 |
| Covered Selection Contacts (1x every 12 months) | \$200 |
| | Amount Per Pay Check |
| Employee Only | \$4.48 |
| Employee + Spouse | \$9.36 |
| Employee + Children | \$9.87 |
| Employee + Family | \$16.11 |

2018 Employee Benefits



| Life Insurance Rates Per Pay Period | | | | | | | | |
|-------------------------------------|------------|---------|---------|---------|---------|---------|---------|----------|
| Benefit | 29 & Under | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 |
| \$10,000 | \$0.49 | \$0.53 | \$0.72 | \$1.07 | \$1.56 | \$2.46 | \$3.78 | \$5.19 |
| \$20,000 | \$0.98 | \$1.05 | \$1.43 | \$2.14 | \$3.13 | \$4.92 | \$7.56 | \$10.38 |
| \$30,000 | \$1.47 | \$1.58 | \$2.15 | \$3.21 | \$4.69 | \$7.38 | \$11.34 | \$15.56 |
| \$40,000 | \$1.96 | \$2.10 | \$2.86 | \$4.28 | \$6.26 | \$9.84 | \$15.12 | \$20.75 |
| \$50,000 | \$2.45 | \$2.63 | \$3.58 | \$5.35 | \$7.82 | \$12.30 | \$18.90 | \$25.94 |
| \$60,000 | \$2.94 | \$3.16 | \$4.29 | \$6.42 | \$9.39 | \$14.76 | \$22.68 | \$31.13 |
| \$70,000 | \$3.42 | \$3.68 | \$5.01 | \$7.50 | \$10.95 | \$17.22 | \$26.46 | \$36.31 |
| \$80,000 | \$3.91 | \$4.21 | \$5.72 | \$8.57 | \$12.52 | \$19.68 | \$30.24 | \$41.50 |
| \$90,000 | \$4.40 | \$4.74 | \$6.44 | \$9.64 | \$14.08 | \$22.14 | \$34.02 | \$46.69 |
| \$100,000 | \$4.89 | \$5.26 | \$7.15 | \$10.71 | \$15.65 | \$24.60 | \$37.80 | \$51.88 |
| \$110,000 | \$5.38 | \$5.79 | \$7.87 | \$11.78 | \$17.21 | \$27.06 | \$41.58 | \$57.06 |
| \$120,000 | \$5.87 | \$6.31 | \$8.58 | \$12.85 | \$18.78 | \$29.52 | \$45.36 | \$62.25 |
| \$130,000 | \$6.36 | \$6.84 | \$9.30 | \$13.92 | \$20.34 | \$31.98 | \$49.14 | \$67.44 |
| \$140,000 | \$6.85 | \$7.37 | \$10.02 | \$14.99 | \$21.90 | \$34.44 | \$52.92 | \$72.63 |
| \$150,000 | \$7.34 | \$7.89 | \$10.73 | \$16.06 | \$23.47 | \$36.90 | \$56.70 | \$77.82 |
| \$160,000 | \$7.83 | \$8.42 | \$11.45 | \$17.13 | \$25.03 | \$39.36 | \$60.48 | \$83.00 |
| \$170,000 | \$8.32 | \$8.94 | \$12.16 | \$18.20 | \$26.60 | \$41.82 | \$64.26 | \$88.19 |
| \$180,000 | \$8.81 | \$9.47 | \$12.88 | \$19.27 | \$28.16 | \$44.28 | \$68.04 | \$93.38 |
| \$190,000 | \$9.30 | \$10.00 | \$13.59 | \$20.34 | \$29.73 | \$46.74 | \$71.82 | \$98.57 |
| \$200,000 | \$9.78 | \$10.52 | \$14.31 | \$21.42 | \$31.29 | \$49.20 | \$75.60 | \$103.75 |
| \$210,000 | \$10.27 | \$11.05 | \$15.02 | \$22.49 | \$32.86 | \$51.66 | \$79.38 | \$108.94 |
| \$220,000 | \$10.76 | \$11.58 | \$15.74 | \$23.56 | \$34.42 | \$54.12 | \$83.16 | \$114.13 |
| \$230,000 | \$11.25 | \$12.10 | \$16.45 | \$24.63 | \$35.99 | \$56.58 | \$86.94 | \$119.32 |
| \$240,000 | \$11.74 | \$12.63 | \$17.17 | \$25.70 | \$37.55 | \$59.04 | \$90.72 | \$124.50 |
| \$250,000 | \$12.23 | \$13.15 | \$17.88 | \$26.77 | \$39.12 | \$61.50 | \$94.50 | \$129.69 |

| Life Insurance Rates Per Pay Period | | | | | | | | |
|-------------------------------------|------------|---------|---------|---------|---------|----------|----------|----------|
| Benefit | 29 & Under | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 |
| \$260,000 | \$12.72 | \$13.68 | \$18.60 | \$27.84 | \$40.68 | \$63.96 | \$98.28 | \$134.88 |
| \$270,000 | \$13.21 | \$14.21 | \$19.32 | \$28.91 | \$42.24 | \$66.42 | \$102.06 | \$140.07 |
| \$280,000 | \$13.70 | \$14.73 | \$20.03 | \$29.98 | \$43.81 | \$68.88 | \$105.84 | \$145.26 |
| \$290,000 | \$14.19 | \$15.26 | \$20.75 | \$31.05 | \$45.37 | \$71.34 | \$109.62 | \$150.44 |
| \$300,000 | \$14.68 | \$15.78 | \$21.46 | \$32.12 | \$46.94 | \$73.80 | \$113.40 | \$155.63 |
| \$310,000 | \$15.17 | \$16.31 | \$22.18 | \$33.19 | \$48.50 | \$76.26 | \$117.18 | \$160.82 |
| \$320,000 | \$15.66 | \$16.84 | \$22.89 | \$34.26 | \$50.07 | \$78.72 | \$120.96 | \$166.01 |
| \$330,000 | \$16.14 | \$17.36 | \$23.61 | \$35.34 | \$51.63 | \$81.18 | \$124.74 | \$171.19 |
| \$340,000 | \$16.63 | \$17.89 | \$24.32 | \$36.41 | \$53.20 | \$83.64 | \$128.52 | \$176.38 |
| \$350,000 | \$17.12 | \$18.42 | \$25.04 | \$37.48 | \$54.76 | \$86.10 | \$132.30 | \$181.57 |
| \$360,000 | \$17.61 | \$18.94 | \$25.75 | \$38.55 | \$56.33 | \$88.56 | \$136.08 | \$186.76 |
| \$370,000 | \$18.10 | \$19.47 | \$26.47 | \$39.62 | \$57.89 | \$91.02 | \$139.86 | \$191.94 |
| \$380,000 | \$18.59 | \$19.99 | \$27.18 | \$40.69 | \$59.46 | \$93.48 | \$143.64 | \$197.13 |
| \$390,000 | \$19.08 | \$20.52 | \$27.90 | \$41.76 | \$61.02 | \$95.94 | \$147.42 | \$202.32 |
| \$400,000 | \$19.57 | \$21.05 | \$28.62 | \$42.83 | \$62.58 | \$98.40 | \$151.20 | \$207.51 |
| \$410,000 | \$20.06 | \$21.57 | \$29.33 | \$43.90 | \$64.15 | \$100.86 | \$154.98 | \$212.70 |
| \$420,000 | \$20.55 | \$22.10 | \$30.05 | \$44.97 | \$65.71 | \$103.32 | \$158.76 | \$217.88 |
| \$430,000 | \$21.04 | \$22.62 | \$30.76 | \$46.04 | \$67.28 | \$105.78 | \$162.54 | \$223.07 |
| \$440,000 | \$21.53 | \$23.15 | \$31.48 | \$47.11 | \$68.84 | \$108.24 | \$166.32 | \$228.26 |
| \$450,000 | \$22.02 | \$23.68 | \$32.19 | \$48.18 | \$70.41 | \$110.70 | \$170.10 | \$233.45 |
| \$460,000 | \$22.50 | \$24.20 | \$32.91 | \$49.26 | \$71.97 | \$113.16 | \$173.88 | \$238.63 |
| \$470,000 | \$22.99 | \$24.73 | \$33.62 | \$50.33 | \$73.54 | \$115.62 | \$177.66 | \$243.82 |
| \$480,000 | \$23.48 | \$25.26 | \$34.34 | \$51.40 | \$75.10 | \$118.08 | \$181.44 | \$249.01 |
| \$490,000 | \$23.97 | \$25.78 | \$35.05 | \$52.47 | \$76.67 | \$120.54 | \$185.22 | \$254.20 |
| \$500,000 | \$24.46 | \$26.31 | \$35.77 | \$53.54 | \$78.23 | \$123.00 | \$189.00 | \$259.38 |

***LIFE BENEFIT AMOUNTS**

Employees choose to purchase benefits in \$10,000 increments with a maximum benefit of \$500,000 (for employees under 70, proof of good health is required for amounts greater than \$160,000). Spouses choose to purchase benefits in \$10,000 increments with a maximum benefit of \$100,000 (for spouses' under 70, proof of good health is required for amounts greater than \$30,000). Children 14 days or older, employees may elect coverage in the amount of \$10,000 or \$20,000.



2018 Employee Benefits

Enrollment Form

Your Name: _____

Your coverage will begin on the first of the month following 60 days of employment.

| Open Enrollment Change Request | Your Election |
|--|---|
| NO changes to my current election | <input type="checkbox"/> No Changes |
| I'm enrolling for the first time (complete this form and the CIGNA enrollment form) | <input type="checkbox"/> New Enrollment * <u>Additional</u> Form Needed |
| My dependents are enrolling for the first time (complete this form and the CIGNA enrollment form) | <input type="checkbox"/> New Dependent Enrollment * <u>Additional</u> Form Needed |

| Enrollment Elections | Medical: Copay | Medical: HSA | Dental: Basic | Dental: Enhanced | Vision | Voluntary Life |
|----------------------|-----------------------------------|-----------------------------------|----------------------------------|----------------------------------|----------------------------------|--------------------------|
| Employee Only | <input type="checkbox"/> \$10.00 | <input type="checkbox"/> \$0.00 | <input type="checkbox"/> \$10.13 | <input type="checkbox"/> \$19.28 | <input type="checkbox"/> \$4.48 | <input type="checkbox"/> |
| Employee & Spouse | <input type="checkbox"/> \$225.99 | <input type="checkbox"/> \$175.22 | <input type="checkbox"/> \$21.04 | <input type="checkbox"/> \$40.02 | <input type="checkbox"/> \$9.36 | <input type="checkbox"/> |
| Employee & Children | <input type="checkbox"/> \$186.72 | <input type="checkbox"/> \$143.36 | <input type="checkbox"/> \$23.73 | <input type="checkbox"/> \$44.99 | <input type="checkbox"/> \$9.87 | <input type="checkbox"/> |
| Employee & Family | <input type="checkbox"/> \$402.69 | <input type="checkbox"/> \$318.57 | <input type="checkbox"/> \$36.28 | <input type="checkbox"/> \$68.82 | <input type="checkbox"/> \$16.11 | <input type="checkbox"/> |
| Waive Coverage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| NAMES OF ENROLLING MEMBERS | BIRTHDATE | LIFE INSURANCE BENEFIT AMOUNT |
|----------------------------|-----------|-------------------------------|
| (SEE NOTE BELOW) | | |
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PLEASE REMEMBER TO ALSO SUBMIT THE CIGNA ENROLLMENT FORM IF YOU ARE ENROLLING FOR THE FIRST TIME IN MEDICAL, DENTAL, VISION OR LIFE. THIS ENSURES YOUR COVERAGE IS ABLE TO BE VERIFIED AT THE DOCTORS OFFICE AND YOUR ID CARDS ARE MAILED TO THE CORRECT ADDRESS.

Signature _____ Date _____

If you waive coverage during your initial enrollment period your next opportunity to enroll in health insurance will be when you experience a qualifying life event or during the next annual open enrollment period.