

2023



Life's Food



# 2023 Benefit Enrollment Guide

**HELPING YOU UNDERSTAND**  
Your Benefit Choices

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# Enrollment Checklist

## Information You Need to Know:

- The plan year is January 1 through December 31.
- You can enroll in benefits during your initial enrollment period as a newly eligible associate, during Annual Open Enrollment, or if you experience a Qualifying Life Event (QLE).
- Choose your elections carefully. Section 125 of the IRS Internal Revenue Code (IRC) governs how employers provide benefits to employees on a pre-tax basis. Employers may choose to permit mid-year elections based on specified Qualified Life Events (QLE) defined by IRS regulations. After an employee has made an initial enrollment election, Section 125 permits changes outside of annual Open Enrollment for specific reasons as outlined in the Permitted Election Changes Regulation of Section 125 (1.125-4). Life's Food has chosen to permit QLE changes as outlined in benefit SPDs and Certificates. Life's Food is required to follow the IRC consistently, or all employees could become immediately responsible for paying taxes on benefits. Therefore Life's Food adheres to the IRC for the protection of all employees. Contact Human Resources at 704-230-1982 x802 if you have questions on mid-year benefit election changes.
- Before enrollment begins, take the time to educate yourself on all of the benefit options that are available to you. Review this Benefits Guide carefully as you consider your plan choices.
- If you are electing coverage for your eligible dependents, proof of dependent eligibility may be required.

## Current Employees:

- Actively enroll between **December 13th through December 22nd**.
- If you are currently enrolled in benefits and you do not wish to make any changes, your current coverage will NOT roll over. However, Health Savings Account (HSA) contributions require active enrollment elections each year.
- Verify your 2023 benefits elections and deductions on the first paycheck you receive after your January 1 effective date to confirm everything is correct. If you see any errors, notify Human Resources at 704-230-1982 x802 immediately, otherwise corrections will not be honored.

## New Hires:

- Be sure to make your elections **before your benefits effective date**. If you do not make elections, then you may not be able to enroll until the next open enrollment period.
- When you elect certain benefits, you may receive an ID card in the mail. Your ID card contains important information about you, your employer group and the benefits to which you are entitled. Always remember to carry your ID card with you, present it when receiving health care services or supplies, and make sure your provider always has an updated copy of your ID card.
- If you need to replace your ID card, or need an additional card, you can request another by contacting the carrier or by visiting the carrier's website online to print another copy.
- Verify your 2023 benefits elections and deductions on the first paycheck you receive after your effective date to confirm everything is correct. If you see any errors, notify Human Resources at 704-230-1982 x802 immediately, otherwise corrections will not be honored.



# Eligibility & Enrollment

Life's Food is proud to offer a comprehensive program of benefits to service the diverse needs of our workforce, and we are committed to continually enhancing and expanding our offerings. The information in this document is meant to familiarize you with the benefits and programs currently in place. During each Annual Open Enrollment period, the benefits you elect will be effective January 1. Please remember that this guide is not intended to cover all provisions of all plans, but rather is a quick reference tool to help answer most of your basic questions. Please see each carrier's benefits Summary Plan Description or Certificate of Coverage for complete details of the benefits.

## Am I Eligible?

Eligibility and required contributions for these benefits and programs depend on both your employee classification and whether you elect to extend coverage to your dependents.

Individuals eligible for coverage under the plans include:

- Your legal spouse
- Your dependent child(ren) up to age 26, regardless of full-time student status or marital status
- Your unmarried child(ren) of any age who, prior to age 26, has been declared incapable of self-support due to mental or physical disability

Once eligible, you will enroll in benefits using an online portal through Paycor.

## Qualifying Life Events (QLE)

Once you have made your benefit elections and your enrollment is closed, you cannot make changes until the next open enrollment period unless you experience a QLE such as:

- Marriage, divorce or legal separation
- Birth, adoption or placement for adoption
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in employment status or a change in coverage under another employer-sponsored plan
- Gain or loss of eligibility for CHIP or Medicare\*

\*You have 30 days from the date of the QLE to notify Human Resources and provide appropriate documentation to change your benefits. The exception to this rule is in the case of CHIP or Medicare benefits which allow a 60-day notification period.

Please note: Not every QLE permits a change in benefit plan elections. A change in election is permitted only when it is determined that the QLE affects eligibility for coverage of the employee, a spouse or a dependent under a benefit plan and in accordance with Section 125 regulations.

Plan	Eligibility	Benefits Effective Date
Medical & Prescription	Full-time, actively at work and scheduled to work 30+ hours per week	Benefits are effective 90 days following date of hire
Voluntary Dental		
Voluntary Vision		
Voluntary Life/ AD&D		
Voluntary Short-Term Disability		
Voluntary Accident		

## Medical Insurance– HDHP

Life's Food's medical and prescription drug insurance is provided through Blue Cross Blue Shield of North Carolina. *If you elect the HDHP option, you may also participate and contribute to a Health Savings Account (HSA).* In order to make the best use of your benefits and out-of-pocket expenses, we strongly encourage the use of in-network providers, Tier 1 drugs whenever possible, and Urgent Care facilities instead of Emergency room visits.

Medical HDHP		
Services	In-Network (You Pay)	Out-of-Network (You Pay)
Plan Year	January 1st through December 31st	
Plan Year Deductible Individual / Family	\$5,000 / \$10,000	\$10,000 / \$20,000
Plan Year Out-of-Pocket Maximum Individual / Family	\$7,500 / \$15,000 (includes deductible, coinsurance and copays)	\$15,000 / \$30,000 (includes deductible, coinsurance and copays)
Member Coinsurance	20%	30% or 50%
Preventive Care Services *	100% covered, no charge	Deductible then 30%
Primary Care Office Visit (in-person or virtual)	Deductible then 20%	Deductible then 50%
Specialist Office Visit	Deductible then 20%	Deductible then 50%
Virtual Visits	Deductible then 20%	Not available
Urgent Care Facility	Deductible then 20%	Deductible then 50%
Emergency Room	Deductible then 20%	Deductible then 20%
Inpatient Services	Deductible then 20%	Deductible then 50%
Outpatient Services	Deductible then 20%	Deductible then 50%
Prescription Drugs	Retail (up to 30-day supply)	Mail Order (up to 90-day supply)
- All tiers	Deductible then 20%	Not available
<b>PRESCRIPTION NOTE: You will have to pay the cost difference between a brand medication and a generic medication WHEN a generic equivalent is available and provider does not require brand to be dispensed.</b>		

\*You can find a list of preventive services at <https://www.healthcare.gov/coverage/preventive-care-benefits/>. When both preventive and diagnostic or therapeutic services occur at the same visit, members will pay a cost share for the diagnostic or therapeutic services. Additionally, when a preventive service turns into a diagnostic or therapeutic service in the same visit, the appropriate cost sharing will apply.

## Medical Insurance– PPO

Life’s Food’s medical and prescription drug insurance is provided through Blue Cross Blue Shield of North Carolina. In order to make the best use of your benefits and out-of-pocket expenses, we strongly encourage the use of in-network providers, Tier 1 drugs whenever possible, and Urgent Care facilities instead of Emergency room visits.

Medical PPO		
Services	In-Network (You Pay)	Out-of-Network (You Pay)
<b>Plan Year</b>	January 1st through December 31st	
<b>Plan Year Deductible</b> Individual / Family	\$5,000 / \$10,000	\$10,000 / \$20,000
<b>Plan Year Out-of-Pocket Maximum</b> Individual / Family	\$9,100 / \$18,200 (includes deductible, coinsurance and copays)	\$18,200 / \$36,400 (includes deductible, coinsurance and copays)
<b>Member Coinsurance</b>	30% or 50%	30% or 60%
<b>Preventive Care Services*</b>	100% covered, no charge	Deductible then 30% coinsurance
<b>Primary Care Office Visit</b> (in-person or virtual)	\$35 Copay	Deductible then 60% coinsurance
<b>Specialist Office Visit</b>	Deductible then 50% coinsurance	Deductible then 60% coinsurance
<b>Virtual Visits **</b>	\$10 copay	Not available
<b>Urgent Care Facility</b>	\$100 Copay	\$200 copay
<b>Emergency Room</b>	Deductible then 50% coinsurance	Deductible then 50% coinsurance
<b>Inpatient Services</b>	\$250 per admission then Deductible then 30% coinsurance	\$500 per admission then Deductible then 60% coinsurance
<b>Outpatient Services</b>	Deductible then 50% coinsurance	Deductible then 60% coinsurance
<b>Prescription Drugs</b>	<b>Retail (up to 30-day supply)</b>	<b>Mail Order (up to 90-day supply)</b>
<ul style="list-style-type: none"> <li>- Tier 1</li> <li>- Tier 2</li> <li>- Tier 3</li> <li>- Tier 4</li> <li>- Tier 5</li> </ul>	<ul style="list-style-type: none"> <li>\$10 copay</li> <li>\$35 copay</li> <li>\$60 copay</li> <li>25% up to \$100</li> <li>25% up to \$100</li> </ul>	<ul style="list-style-type: none"> <li>\$30 copay</li> <li>\$105 copay</li> <li>\$180 copay</li> <li>Not available</li> <li>Not available</li> </ul>
<b>PRESCRIPTION NOTE: You will have to pay the cost difference between a brand medication and a generic medication WHEN a generic equivalent is available and provider does not require brand to be dispensed.</b>		

\*You can find a list of preventive services at <https://www.healthcare.gov/coverage/preventive-care-benefits/>. When both preventive and diagnostic or therapeutic services occur at the same visit, members will pay a cost share for the diagnostic or therapeutic services. Additionally, when a preventive service turns into a diagnostic or therapeutic service in the same visit, the appropriate cost sharing will apply.

\*\* Network Benefits are available only when services are delivered through a Designated Virtual Network Provider

## When and Where to Get Health Care



### Telehealth Virtual Visits

- Average wait time: 5 minutes
- Available 24/7/365
- Basic physician care from your PC, phone, laptop or tablet



### Retail Health Clinics

- Average wait time: 15 minutes
- Available extended hours
- Basic care from a nurse practitioner



### Primary Care Physician

- Scheduled visits
- Diagnose & treat a range of issues for the whole family
- Refer you to the right care when you need a specialist



### Urgent Care Clinic

- Average wait time: 45 minutes
- Immediate quality care on a walk-in basis when your doctor is unavailable



### Emergency Room

- Average wait time: 4 hours
- Available 24/7/365
- Emergency care when your life or health is threatened

#### Things to think about

- Non-emergency care delivered in the ER costs 5 times more than in a doctor's office or clinic
- Research studies indicate that between 8-27% of ER visits could have been treated in a less expensive care setting
- ER doctors do not typically have your full medical history, so they must order expensive tests to determine a diagnosis and course of treatment.
- Patients, when possible, should be treated by their primary care physician for non-emergency conditions in order to promote consistent, preventive and quality care.

# Prescription Drug Plan Highlights

## National Preferred Formulary Drug List

A preferred drug list helps keep healthcare costs down for everybody. It is a list of medicines that have been reviewed and approved for safety, effectiveness and cost by a panel of doctors and pharmacists. This list is continually reviewed and updated as new medicines become available.



## Generic Drug Program

At Wal-Mart, Sam's Club, Target, and Walgreens you can get generics that are on their "approved" list for a lower cost than your normal drug copay. Some of them offer \$4.00 per prescription, per month. This list is available on each of their respective websites (Walmart.com, Samsclub.com, Target.com, Walgreens.com) for further information.



## Mail Order Program

The mail order program offers the convenience of obtaining home delivery of certain covered maintenance Prescription Drugs and Related Supplies through designated mail order Pharmacies. You can save money and take advantage of 24/7 access to a pharmacist. Order refills online, on the phone, or register for auto-refills. For more information go to the member portal at [www.bcbsnc.com](http://www.bcbsnc.com).

## Dispense as Written

When your doctor writes a prescription for you or a covered family member, unless the doctor specifically designates "DAW" (Dispense As Written), the pharmacist will dispense a generic medication, if one is available. Your doctor must write DAW on your prescription to avoid incurring a higher cost. Always talk to your doctor about what is right for you and your family.

## Prior Authorization (PA)

The PA Program encourages safe and cost-effective medication use. The program applies to certain high-cost drugs that have the potential for misuse. Before medications in the PA Program can be covered under your benefit plan, your doctor will need to receive approval. If you are already taking or are prescribed a drug from the PA listing, your doctor must submit a request for consideration for coverage. Be sure to visit the member portal at [www.bcbsnc.com](http://www.bcbsnc.com) for a listing of the drugs requiring PA.

## Step Therapy

Step Therapy helps you choose the most cost effective and appropriate medicine for certain medical conditions. The first step in the step therapy process, "first-line therapy," is usually a simple, inexpensive treatment that is known to be safe and effective for most people. First-line therapy is usually a generic drug in the same therapy class. If the first-line therapy does not work, the next step is to try second-line therapy.

## Specialty Pharmacy

A specialty pharmacy provides medicine and therapy for patients with serious, chronic conditions like cancer, rheumatoid arthritis and hepatitis C. These medications normally have to be stored or handled in special ways. Your Specialty Pharmacy offers specialized teams of pharmacists, nurses and clinicians who are specially trained on your condition. This level of specialization gives you the most comprehensive and customized care available. Specialty medications must be filled through the specialty pharmacy.

## Mobile Apps for Prescription Savings

There are free mobile apps for your iPhone, Android, or Windows phone. These apps will compare prescription drug costs in your area. You provide the drug name and quantity and it compares the costs at various pharmacies in your area. Rx Saver and Good Rx are just two available mobile apps.

## Partnership for Prescription Assistance

As the cost of prescription drugs rise, Partnership for Prescription Assistance (PPA) is a free service that connects individuals with payment assistance programs for prescriptions and other medical supplies. PPA provides a single point of access to more than 475 patient assistance programs. For a full list of patient assistance programs visit [www.pparx.org/](http://www.pparx.org/).



# Health Savings Account (HSA)

If you enroll in a High Deductible Health Plan (HDHP), whether with Life’s Food or otherwise, you should consider contributing to a Health Savings Account (HSA), administered by Health Equity. With an HSA, you can gain more control over your health care expenses because contributions, interest and withdrawals for qualified health care expenses are all tax-advantaged. **This plan is not available for those enrolled in a PPO Plan, including one other than the Life’s Food PPO Plan.**

## Why have an HSA?

- Contributions are pre-tax
- Withdrawals to pay for eligible expenses are never taxed
- Accumulated interest earnings are tax-deferred, and if used to pay for eligible expenses, are not taxed upon withdrawal
- Use the money in the account to pay for eligible health care expenses throughout your life– including retirement, there is no time limit on spending your HSA funds
- The balance in your HSA account can be invested

## Eligibility Requirements for Contributing to an HSA:

- Must be enrolled in a High Deductible Health Plan (HDHP)
- Must not be enrolled in Medicare
- Must not be covered by other medical insurance(s) which do not meet the definition of a HDHP such as a Health Care Flexible Spending Account (FSA), Health Reimbursement Arrangement (HRA), Tricare, VA benefits (including your spouse’s)
- May not be claimed as a dependent on another individual’s tax return

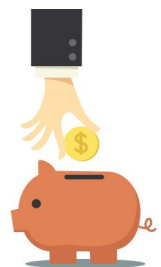
Health Savings Account (HSA)	
Coverage Level	IRS 2023 Contribution Limits*
Employee Only	\$3,850
Employee + Spouse	\$7,750
Employee + Child(ren)	\$7,750
Family Coverage	\$7,750

\*If you are married and your spouse is enrolled in an HDHP and has an HSA, the combined total of you and your spouse’s HSA cannot exceed the federal maximum for family level coverage.

\*\*If you are age 55 or older, you may make an additional pre-tax catch-up contribution of \$1,000 per year.

All HSA participants will receive an HSA debit card from Health Equity. Use your Debit Card for doctor’s office visits, prescription drug copays, or any other valid medical, dental or vision expenses. Please retain all receipts to verify expenses, if required.

A full list of qualified expenses can be found in IRS Publication 502, at [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf).



# Dental Insurance

Life's Food's dental plan is administered by Unum. You have the choice between a Basic Plan and Enhanced Plan. You may continue to seek treatment from the dentist of your choice, but you will always realize your biggest savings by visiting in-network providers whenever possible. The chart below provides a summary of your dental benefits.

Dental Low		
Services	Network Dentist (You Pay)	Out of Network Dentist (You Pay)
<b>Calendar Year Deductible</b>	\$50 annual deductible; maximum of three family members	
<b>Calendar Year Maximum per Covered Member</b>	\$1,000 per covered member	
<b>Preventive Services</b> (Covered services include oral exams, cleanings, fluoride treatments, and x-rays)	Covered at 100%, not subject to deductible	Subject to amount above the in-network prevailing charge
<b>Basic Services</b> (Covered services include fillings, simple extractions, emergency treatment of pain)	Covered at 80%, subject to deductible	Subject to 20% coinsurance, deductible and in-network prevailing charge
<b>Major Services</b>	Not Covered	Not Covered

\*When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Unum's Nonparticipating Dentist Fee that will be paid for those services. This Nonparticipating Dentist Fee may be less than what your dentist charges, which means that you will be responsible for the difference.

\*\*If total in-network claims per individual do not exceed the threshold amount, Unum will rollover a certain amount to the following year annual maximum. At least one eligible exam and cleaning claim must be filed during the year.



# Dental Insurance

Life's Food's dental plan is administered by Unum. You have the choice between a Basic Plan and Enhanced Plan. You may continue to seek treatment from the dentist of your choice, but you will always realize your biggest savings by visiting in-network providers whenever possible. The chart below provides a summary of your dental benefits.

Dental High		
Services	Network Dentist (You Pay)	Out of Network Dentist (You Pay)
<b>Calendar Year Deductible</b>	\$50 annual deductible; maximum of three family members	
<b>Calendar Year Maximum per Covered Member</b>	\$1,000 per covered member	
<b>Preventive Services</b> (Covered services include oral exams, cleanings, fluoride treatments, space maintainers, sealants, bite-wing x-rays and full mouth x-rays)	Covered at 100%, not subject to deductible	Subject to amount above the in-network prevailing charge
<b>Basic Services</b> (Covered services include fillings, simple/complex extractions, endodontics, surgical and non-surgical periodontics)	Subject to 20% coinsurance and deductible	Subject to 20% coinsurance, deductible and in-network prevailing charge
<b>Major Services</b> (crowns, inlays & onlays, fixed bridges and dentures)	Subject to 50% coinsurance and deductible	Subject to 50% coinsurance, deductible and in-network prevailing charge

\*When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Unum's Nonparticipating Dentist Fee that will be paid for those services. This Nonparticipating Dentist Fee may be less than what your dentist charges, which means that you will be responsible for the difference.

\*\*If total in-network claims per individual do not exceed the threshold amount, Unum will rollover a certain amount to the following year annual maximum. At least one eligible cleaning and exam must be filed during the year.



## Vision Insurance

Life's Food's vision plan is administered by Unum but *you will use the EyeMed Insight network*. You may seek treatment from the provider of your choice, but you will realize your biggest savings by visiting in-network providers whenever possible. Please see the summary below for an outline of covered services.

Vision		
Services	In-Network (You Pay)	Out-of-Network* (You Pay)
<b>Glasses Eye Exam</b>	\$10 copay	Up to \$40
<b>Retinal imaging during exam</b>	\$39 copay	Not covered
<b>Contact Lens Fitting Exam Fee</b>	\$40 copay	Not covered
<b>Standard Plastic Lenses (instead of contacts)</b>		
- Single	\$25 copay	Up to \$30
- Bifocal	\$25 copay	Up to \$50
- Trifocal	\$25 copay	Up to \$70
- Lenticular	\$25 copay	Up to \$70
<b>Frames (instead of contacts)</b>	\$130 allowance, then 20% discount	Up to \$91
<b>Contact Lenses (instead of glasses)</b>		
- Elective	\$130 allowance	Up to \$130
- Medically Necessary**	Paid 100%	Up to \$210
<b>Frequency</b>	Based on Date of Service	
- Exam	12 months	
- Lenses	12 months	
- Contacts	12 months	
- Frames	24 months	

\*Out-of-network amounts are reimbursed to member.

\*\* Contact lenses may be deemed medically necessary when vision cannot be corrected with glasses due to extreme vision problems, contact lenses will be deemed elective when vision can be corrected by glasses but contacts are worn.



# Life and AD&D Insurance

## Voluntary Life and AD&D Insurance

Life's Food is offering employees who would like to purchase life insurance through Unum. You may elect Voluntary Life & AD&D for yourself, your spouse and your dependents in the amounts shown in the table below. Please note, you must elect Voluntary Life for yourself in order to enroll your spouse and/or eligible dependents. Dependent children are eligible for coverage through age 19 (or age 26 if full-time student).

If you did not purchase voluntary coverage when you first became eligible and would like to purchase coverage at a future date, you will need to complete an Evidence of Insurability form. Coverage is subject to approval by Unum and may be denied.

Benefit	Voluntary Life and AD&D Insurance
<b>Employee Life and Matching AD&amp;D Amount</b>	\$10,000 increments up to the lesser of 5x annual earnings or \$500,000
<i>Employee Guarantee Issue Amount*</i>	\$100,000
<b>Spouse Life and Matching AD&amp;D Amount</b>	\$5,000 increments up to 100% of employee amount or \$500,000
<i>Spouse Guarantee Issue Amount*</i>	\$25,000
<b>Dependent Child and Matching AD&amp;D Amount</b> <i>(Children up to age 19 or 26 if a full-time student)</i>	\$2,000 increments up to \$10,000; Cannot be more than 100% of Employee Voluntary Life amount
<i>Child Guarantee Issue Amount*</i>	\$10,000
<b>Employee &amp; Spouse Age Reduction Schedule</b>	35% at age 65 then 50% at age 70
<b>Waiver of Premium</b>	Yes, if disabled prior to age 60
<b>Conversion and Portability Options</b>	Included (must apply within 31 days of termination date)

*\*Guarantee Issue Amount means an amount available to an employee and dependents during the new hire waiting period. This amount is also available to dependents if they become newly eligible at a future date due to marriage or birth.*

# Voluntary Short-Term Disability

## Voluntary Short-Term Disability

Disability benefits protect a portion of your income in the event of any injury, accident or illness that keeps you from working.

Employees have the option to purchase Voluntary Short-Term Disability (STD) Benefits through Unum. Benefits are provided in the event of becoming disabled for more than 15 days due to a non-work related illness, accident or injury.

If you did not purchase voluntary coverage when you first became eligible and would like to purchase coverage at a future date, you will need to complete an Evidence of Insurability form. Coverage is subject to approval by Unum and may be denied.

Benefit Detail	Voluntary Short-Term Disability
Elimination Period	15 days for accident or illness
Benefits Duration	11 weeks
Benefit Percentage	60% of weekly income
Maximum Benefit	\$1,000 per week
Guaranteed Issue Amount*	\$1,000
Rehabilitation and Return to Work Program	Receive additional 10% in benefit
Pre-Existing Conditions *	Pre-existing conditions may not be covered by this plan.

Voluntary Short-Term Disability	
Employee Age	Monthly Rate per \$10 of weekly benefit
< 25	\$0.15
25-29	\$0.32
30-34	\$0.42
35-39	\$0.31
40-44	\$0.23
45-49	\$0.25
50-54	\$0.30
55-59	\$0.41
60-64	\$0.52
65+	\$0.62

\*Guarantee Issue Amount means an amount available to an employee during the 2023 open enrollment period or new hire waiting period.

\*A pre-existing condition is a condition, regardless of cause, for which a medical device, diagnosis, care or treatment was recommended or received in the 3 months prior to your enrollment date. The plan will not pay benefits for any pre-existing conditions that result in disability during your first 12 consecutive months of coverage.

Voluntary Short-Term Disability	
Sample Premium Calculation—using age 40	
Voluntary STD Rate .....	\$0.23
Yearly Salary .....	\$30,000
Weekly Income (\$30,000 / 52 weeks) .....	\$576.92
Weekly Benefit Amount (\$576.92 x 60%) .....	\$346.15
Monthly Premium (\$346.15 x \$0.23 / \$10 of benefit).....	\$7.96
Bi-Weekly Premium (\$10.38 x 12 / 26 pay periods) .....	\$3.67

## Voluntary Accident

Life's Foods' provides eligible full-time employees with the opportunity to purchase Accident Insurance through Unum. You pay the full cost of this coverage. Accident Insurance helps you cover the costs associated with being in a covered accident. The table below highlights some of the accidents and conditions that are covered, as well as the benefit amount. This benefit is paid as a lump sum to you.

Life and Dismemberment Losses	
Accidental Death (Emp / Sp / Ch)	\$50,000 / \$25,000 / \$12,500
Catastrophic Loss	Ranges from \$12,500 to \$50,000
Initial Care and Emergency– within 72 hours of accident; Once per accident	
Emergency Room	\$100
Urgent Care Center	\$75
Initial Physician Office Visit	\$75
Ambulance (Ground / Air)	\$300 / \$1,000
Specified Injuries	
Fractures	Range from \$225 to \$4,500
Dislocations	Range from \$325 to \$3,375
Lacerations	Range from \$50 to \$600
Burns (depends on degree and area)	Range from \$500 to \$10,000
Dental (chip / extraction / crown)	\$90 / \$115 / \$350
Hospital Services, Surgery	
Hospital Admission	\$1,000
Hospital Daily Confinement	\$300 per day up to 365 days per covered accident
Surgery requiring anesthesia	Ranges from \$150 to \$1,500
Other surgery services	Ranges from \$150 to \$1,000
Wellness Benefit	
\$50 per year (for eligible employees and their dependent spouses)	

# Retirement Plan

Life’s Food, Inc has a 401(k) Retirement Savings plan which represents one of the best opportunities available for building your retirement nest egg. This retirement plan is administered through John Hancock. The plan makes investing easy, convenient and flexible. Employees make contributions on a pre-tax basis reducing current Federal, State, and Social Security taxes. Taxes are deferred until you are ready to withdraw from the account. You may elect to contribute 1% to 100% of your pay up to the IRS Contribution Limits.

Internal Revenue Service (IRS) regulations limit the annual amount of your salary deferral contributions to \$20,500 for 2023. Associates who are age 50 or older by the end of the calendar year may defer an additional \$6,500 in catch-up contributions for a total contribution limit of \$27,000.

IRS Contribution Limits	2023
Pre-Tax Contributions	\$20,500
Catch-Up (Age 50+)	\$6,500

Benefit Detail	401(k) Retirement Savings Plan
<b>Eligibility</b>	Full-time employees age 21 or older
<b>Enrollment</b>	You are eligible once you have been employed for one year and worked at least 1,000 hours. You may enroll in either January or June once you have satisfied the eligibility.
<b>Automatic Contribution Arrangement</b>	Associates are automatically enrolled at 3% and automatically increased by 1% each year until a max of 6% has been reached unless they opt-out or make their own elections.
<b>Contributions</b>	1% - 100% up to IRS Contribution Limits
<b>Employer Match</b>	100% on the 1st 3% of deferrals and 50% on the next 2% of deferrals
<b>Vesting Schedule—Employee Contributions</b>	Immediately, 100%
<b>Vesting Schedule—Employer Match</b>	1 years of service 25% 2 years of service 50% 3 years of service 75% 4 years of service 100%



## Cost of Coverage—26 pay periods

Medical	HDHP	PPO
Employee Only	\$45.09	\$70.89
Employee + Spouse	\$256.71	\$297.09
Employee + Child(ren)	\$224.97	\$263.18
Family	\$489.48	\$545.91

Dental	Low	High
Employee Only	\$6.30	\$15.27
Employee + Spouse	\$12.46	\$30.19
Employee + Child(ren)	\$23.95	\$39.81
Family	\$30.12	\$54.72

	Vision	Accident
Employee Only	\$3.08	\$4.79
Employee + Spouse	\$6.15	\$8.67
Employee + Child(ren)	\$6.92	\$11.82
Family	\$10.80	\$15.70

	Vol Life/AD&D	Vol STD
Employee Only	See page 18	See page 14
Spouse	See page 18	Not available
Child(ren)	See page 18	Not available

## Cost of Coverage—26 pay periods

### EMPLOYEE Voluntary Life and AD&D Bi-Weekly Payroll Deductions

Life/AD&D	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
Under 20	\$0.53	\$1.06	\$1.59	\$2.12	\$2.65	\$3.18	\$3.72	\$4.25	\$4.78	\$5.31
20-24	\$0.53	\$1.06	\$1.59	\$2.12	\$2.65	\$3.18	\$3.72	\$4.25	\$4.78	\$5.31
25-29	\$0.63	\$1.26	\$1.88	\$2.51	\$3.14	\$3.77	\$4.39	\$5.02	\$5.65	\$6.28
30-34	\$0.76	\$1.52	\$2.28	\$3.05	\$3.81	\$4.57	\$5.33	\$6.09	\$6.85	\$7.62
35-39	\$0.93	\$1.86	\$2.78	\$3.71	\$4.64	\$5.57	\$6.49	\$7.42	\$8.35	\$9.28
40-44	\$1.23	\$2.46	\$3.68	\$4.91	\$6.14	\$7.37	\$8.59	\$9.82	\$11.05	\$12.28
45-49	\$2.05	\$4.10	\$6.15	\$8.20	\$10.25	\$12.30	\$14.34	\$16.39	\$18.44	\$20.49
50-54	\$3.40	\$6.80	\$10.20	\$13.61	\$17.01	\$20.41	\$23.81	\$27.21	\$30.61	\$34.02
55-59	\$6.03	\$12.06	\$18.10	\$24.13	\$30.16	\$36.19	\$42.23	\$48.26	\$54.29	\$60.32
60-64	\$7.79	\$15.57	\$23.36	\$31.14	\$38.93	\$46.72	\$54.50	\$62.29	\$70.08	\$77.86

\* Benefits reduce at age 65. See summary plan description for the benefit reduction schedule

### SPOUSE Voluntary Life and AD&D Bi-Weekly Payroll Deductions - based on Spouse's Age

Life/AD&D	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
Under 20	\$0.25	\$0.50	\$0.75	\$1.00	\$1.25	\$1.50	\$1.74	\$1.99	\$2.24	\$2.49
20-24	\$0.25	\$0.50	\$0.75	\$1.00	\$1.25	\$1.50	\$1.74	\$1.99	\$2.24	\$2.49
25-29	\$0.29	\$0.58	\$0.87	\$1.16	\$1.45	\$1.74	\$2.04	\$2.33	\$2.62	\$2.91
30-34	\$0.37	\$0.73	\$1.10	\$1.47	\$1.83	\$2.20	\$2.57	\$2.94	\$3.30	\$3.67
35-39	\$0.46	\$0.92	\$1.38	\$1.84	\$2.30	\$2.76	\$3.21	\$3.67	\$4.13	\$4.59
40-44	\$0.66	\$1.32	\$1.99	\$2.65	\$3.31	\$3.97	\$4.64	\$5.30	\$5.96	\$6.62
45-49	\$1.11	\$2.22	\$3.32	\$4.43	\$5.54	\$6.65	\$7.75	\$8.86	\$9.97	\$11.08
50-54	\$1.84	\$3.68	\$5.52	\$7.37	\$9.21	\$11.05	\$12.89	\$14.73	\$16.57	\$18.42
55-59	\$3.27	\$6.55	\$9.82	\$13.10	\$16.37	\$19.65	\$22.92	\$26.20	\$29.47	\$32.75
60-64	\$4.22	\$8.44	\$12.66	\$16.88	\$21.10	\$25.32	\$29.55	\$33.77	\$37.99	\$42.21

\* Benefits reduce at age 65. See summary plan description for the benefit reduction schedule

### CHILD Voluntary Life and AD&D Bi-Weekly Payroll Deductions

Life/AD&D	\$2,000	\$4,000	\$6,000	\$8,000	\$10,000
Per Unit	\$0.21	\$0.42	\$0.63	\$0.83	\$1.04

\* Benefits available up to age 19 or 26 if a full-time student

# Terminology Tip Sheet

**Patient Protection and Affordable Care Act (ACA):** The Patient Protection and Affordable Care Act, commonly called the Affordable Care Act (ACA) is a United States federal statute signed into law by President Obama in March 2010. The law puts in place comprehensive health insurance reforms.

**Annual Limit:** A cap on specific benefits your insurance plan will pay for services in a year while you're enrolled in a particular health insurance plan. Annual limits may be placed on the dollar amount of covered services or on the number of visits that will be covered for a particular service. After an annual limit is reached, you must pay all associated health care costs for that particular service for the rest of the year.

**Out-of-Pocket Maximum:** The most a Plan member must pay towards covered medical expenses in a benefit period for both network and non-network services. Once you meet this out-of-pocket maximum, the Plan pays 100% of the cost of covered services for the remainder of the benefit period.

**Coinsurance:** Your share (a percentage) of costs of a covered health care service you must pay after you have met your deductible.

**Copayment:** A fixed amount (\$20, for example) you pay for a covered health care service.

**Deductible:** The amount you pay for covered health care services before your insurance plan starts to pay. After you pay your deductible, you usually pay only a copayment or coinsurance for covered services. Your insurance company pays the rest. Many plans pay for in-network preventive care before you meet your deductible or may pay the balance for a service, after you pay a copayment, prior to satisfying the deductible. Some of your dental options also have a deductible, generally for basic and major dental care services only.

**Brand Formulary Drugs:** The brand formulary is an approved, recommended list of brand-name medications. Drugs on this list are available to you at a lower cost than drugs that do not appear on this preferred list.

**Generic Drugs:** These drugs are usually the most cost-effective. Generic drugs are chemically identical to their brand-name counterparts. Purchasing generic drugs allows you to pay a lower out-of-pocket cost than if you purchase formulary or non-formulary brand name drugs.

**Maintenance Drugs:** Prescriptions commonly used to treat conditions that are considered chronic or long-term. These conditions usually require regular, daily use of medicines. Examples of maintenance drugs are those used to treat high blood pressure, heart disease, asthma and diabetes.

**Non-Formulary Drugs:** These drugs are not on the recommended formulary list. These drugs are usually more expensive than drugs found on the formulary. You may purchase brand-name medications that do not appear on the recommended list, but at a significantly higher out-of-pocket cost to you.

**Specialty Drugs:** Prescription medications that require special handling, administration or monitoring. These drugs may be used to treat complex, chronic and often costly conditions. Injectable drugs are an example of Specialty Drugs.

**Primary Care Physician (PCP):** The health care professional who monitors your health needs and coordinates your overall medical care, including referrals for tests or specialists.

**Network:** The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services. These providers agree to accept pre-determined rates when servicing members, and will cost you the least out-of-pocket.

**Qualifying Life Event:** An occurrence that qualifies the subscriber to make an insurance coverage change, most often to pre-tax benefits, outside of Open Enrollment.

For a full glossary of terminology visit: <https://www.healthcare.gov/glossary/>

## Contact Information

Service	Vendor	Phone Number	Website
Human Resources Mgr	Lori Fleming	704-230-1982 x802	lori@lifesfood.net
Benefits Website	Paycor		
Medical	BCBS NC	888-206-4697	www.bcbsnc.com
Prescriptions	BCBS NC	888-206-4697	www.bcbsnc.com
Health Savings Account (HSA)	Health Equity	866-346-5800	www.healthequity.com
Dental	Unum	800-275-8686	www.unum.com
Vision	Unum	800-275-8686	www.eyemedvisioncare.com/unum
Life or Disability	Unum	800-275-8686	www.unum.com
Accident	Unum	800-275-8686	www.unum.com
Retirement Plan	John Hancock	855-543-6765	www.jhgoenroll.com Contract #131847 / Enrollment Access #515938
COBRA	Health Equity	866-346-5800	www.healthequity.com

The information in this Enrollment Guide is presented for illustrative purposes and was taken from various summary plan descriptions and benefit information. While every effort was made to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Enrollment Guide, contact Human Resources.

# Additional Information

## **PAYCOR BENEFITS PORTAL—PAYROLL AND BENEFITS**

You can access your account on the Paycor portal to view the benefits that you are enrolled in, access plan summaries and more.

## **BLUE CROSS BLUE SHIELD OF NORTH CAROLINA (BCBSNC) —MEDICAL**

You can logon on to your PayCor account to access the plan summary for the plan that you are enrolled in, or login to your individual account at BCBSNC to access your personal plan information. The member portal can be found at [www.bcbsnc.com](http://www.bcbsnc.com). The member portal will allow you to access real time information on claims status, download a digital copy of your ID card and search for providers.

ID cards are mailed to you at the following times:

- Initial enrollment
- Open enrollment—ONLY if you made a plan change
- Mid-year change due to qualifying event

## **HEALTH EQUITY—HEALTH SAVINGS ACCOUNT**

You must be enrolled in a medical HDHP to be eligible for the Health Savings Account (H.S.A.). At initial enrollment, Health Equity will reach out to you via email and you can also create logon access at [www.healthequity.com](http://www.healthequity.com). Customer service is also available at 866-346-5800.

## **UNUM—VOLUNTARY PRODUCTS**

Please visit the Unum website at [www.unum.com](http://www.unum.com) to register for online access to your benefits. You will use your personal information to create a profile. Customer service is also available at 800-275-8686.

### *Dental Plan*

An ID card will be mailed to you but you will also be able to download a digital copy from the member portal.

### *Vision Plan*

An ID card will not be mailed to you but you will be able to download a digital copy from the Eyemed portal—[www.eyemedvisioncare.com/unum](http://www.eyemedvisioncare.com/unum). Your provider can also access your benefits through the EyeMed provider portal. To reduce your cost for services, you will want to use an EyeMed INSIGHT provider whenever possible. You can access a provider listing at [www.eyemedvisioncare.com/unum](http://www.eyemedvisioncare.com/unum). If you see a non-Eyemed provider, you will need to submit a claim to Eyemed for reimbursement.

### *Voluntary Life, Accident and Short Term Disability*

There are no ID cards for these benefits but customer service can assist with questions on these benefits or how to file a claim.





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