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WE
HAVE
POWER
OVER HUNGER
AND POVERTY**



U.S. EMPLOYEE BENEFIT ENROLLMENT GUIDE



2018 PLAN YEAR



Dear Heifer Colleague,

Welcome to the Heifer Project International (Heifer) employee benefits program. We are happy to provide you with a copy of this 2018 Benefit Guide. The purpose of this guide is to assist you in understanding and selecting the benefits that meet your individual needs.

We are pleased to offer a competitive and comprehensive benefits program for all eligible employees. Our program includes medical, dental, vision, life and long-term disability coverage, along with a 403(b) retirement plan, flexible spending and health savings account options, legal plan, and an employee assistance program—just to name a few. In addition to these options, Heifer provides traditional leave benefits (vacation, sick, holiday) to all eligible employees.

Coverage or participation in health benefit plans are **not automatic**. You must complete the enrollment process each year. Additionally, health benefits are effective for the calendar year (January 1 through December 31). To make changes to your benefits after the initial enrollment, you will have the opportunity to change your health benefit selections once a year during the Open Enrollment period or immediately following a qualifying life event (such as marriage, divorce, birth/adoption of a child).

The Human Resources Department is available to assist you with any questions you may have. Please do not hesitate to contact us at 501-907-6950 or send us an email at HR@heifer.org. Additionally, you may contact your Compass HealthPro Consultant at 800-513-1667 x 511. This consultant is available free of charge and can assist you in selecting benefit plans. NOTE: More information about Compass can be found on page 12 of this guide.

We also encourage you to visit the Human Resources Benefits Portal at <http://www.explainmybenefits.biz/heifer/>.

Sincerely,

Your Benefits Team

This is not a contract of employment, and nothing stated herein implies or guarantees any special term of employment or entitlement of benefits. For specific details please consult the Summary Plan Description for each benefit.

BENEFITS AT A GLANCE

The benefit options that are offered through Heifer are very competitive and are reviewed annually to ensure that they meet the needs of our employees. The chart below will give you a quick overview of the information provided in this Benefit Guide. After you review this, please go each specific section for more detailed information.

Page	Benefit Plan	Options
4-5	General Plan Information	Information on eligibility, how to enroll and how and when you can make changes to your benefit elections
6-8	Medical	You have two options: ⇒ High Premium / Low Deductible ⇒ Low Premium / High Deductible / Health Savings Account
9	Health Savings Account	Pre-tax savings account for high deductible health plan participants
10	Medical Care Flexible Spending Accounts	Pre-tax account used to pay for eligible health care expenses
11	Wellness Program	Learn how you can receive reduced medical rates for 2019.
12	COMPASS	Receive assistance from a Professional Health Pro Consultant.
13	edocAmerica	Receive expert medical support
14-15	Dental	Dental plan with PPO and Premier network provides coverage for preventive, basic and major services, as well as orthodontia for dependent children
16	Vision	Vision plan provides coverage for lenses, frames and/or contacts
17-18	Life Insurance	Information on basic group term life insurance and voluntary insurance offerings.
19	Short & Long Term Disability	Information on disability income protection
20-23	Voluntary Benefits	Transamerica (Hospital/Critical Illness/Accident); Legal Shield (Legal & ID Theft Protection); Employee Assistance Program
24	Enrollment Rights	Additional notices can be found at http://www.explainmybenefits.biz/heifer/
25	Retirement Savings	Information on Heifer's 403(b) retirement savings account
26	Time-Off Benefits	Information on Heifer's generous leave benefits
27	Terms Defined	Definitions of terms you should know in order to best understand and utilize your benefits
28	Important Resources	Listing of the resources available to answer questions or provide information about your benefits

Employee Benefits

We've got you covered



GENERAL PLAN INFORMATION

As a Heifer employee, you have a variety of benefit options to choose from. This Benefit Guide provides an overview of the plans available to you to help you make informed enrollment decisions. **Please review this Benefit Guide, share it with your family and keep it for future reference.**

ELIGIBILITY

You are eligible to participate in Heifer International's benefit program on the first of the month following your date of hire. Part-time employees working at least 20 hours per week, spouses, domestic partners and children are eligible for some benefits as outlined in the chart below:

	Full Time	Part Time	Paid Intern	Spouse	Domestic Partner	Child
Medical	X			X	X	X (up to age 26)
Dental	X	X		X	X	X (up to age 26)
Vision	X			X	X	X (up to age 26)
Life Insurance	X					X (up to age 19; 25 if a FT student)
Voluntary Life Insurance	X			X		X (up to age 19; 25 if a FT student)
Health Savings Account	X			X	X	X (up to age 26)
Flexible Spending Accounts	X			X	X	X (up to age 26)
Retirement Savings Account	X	X	X			

NOTE: You will be taxed for the fair market value of the premium Heifer pays for your domestic partner.

CHANGING YOUR ELECTIONS DURING THE YEAR

The benefit elections you make during your initial or annual enrollment will remain in effect for the entire calendar year due to IRS regulations. You are, however, allowed to modify your elections in certain situations, called **“qualifying life events”**. If you experience a qualifying life event, you may make changes to your benefits within 30 days of the event.

[For an explanation of qualifying life events, please review the information on page 5 of this guide.](#)

ENROLLMENT PROCEDURES

Processing Qualifying Life Events:

If you have a qualifying life event that requires you to make a change to your existing benefits, please reach out to the Human Resources department as soon as possible. These changes are time sensitive and may require the need to turn in appropriate documentation such as a **marriage license, an official divorce decree, birth certificate and social security card for a birth or adoption.**

Examples of qualifying life events might include, but is not limited to:

- Marriage
- Divorce or legal separation
- Birth or adoption of eligible child(ren)
- Death of your spouse or covered dependent
- Change in your spouse's work status that affects his/her benefits
- Change in your work status that affects your benefits
- Change in your child's eligibility for benefits
- Receiving Qualified Medical Child Support Order (QMCSO)

If you experience a life event while employed at Heifer, please contact the Human Resources Benefits Team to get a list of documents that you will need to provide in order to change your benefit elections.

Phone: 501-907-6950

Email: HR@heifer.org



Completing your New Hire Enrollment:

Heifer International has partnered with **Explain My Benefits**, an Enrollment Technology and Benefits Communication Vendor, to assist you with completing your benefit enrollment. **All newly hired benefit eligible employees will enroll in benefits over-the-phone with a EMB benefits counselor.**

*Prior to completing your benefit enrollment, **please review this guide completely.** Write down any questions you may have in the guide and review these with your enrollment counselor to make sure that all of your questions are answered. The Benefits Coordinator will work with you to schedule a date/time to complete this enrollment.*

NOTE: As a NEW HIRE, you are required to complete this enrollment over the phone in order to receive the opportunity to elect voluntary benefits.

The cornerstone of Heifer’s benefit package is medical coverage. Whether you are facing an illness or injury, or simply utilizing preventive care, Heifer offers comprehensive protection against the financial hardship that can accompany a medical need.

How the Plans Work:

Heifer offers two medical plan options with both options providing high-quality, affordable medical care, including preventive care, doctor’s visits, hospitalization, and emergency care. However, each plan has unique characteristics and advantages. *These plans are offered through Arkansas BlueCross BlueShield.*

⇒ **Plan A: High Premium / Low Deductible.**

A Preferred Provider Organization (PPO) Plan typically has copays for charges by a provider when the service is rendered. It offers a lower deductible for in-network expenses and a \$30 copay for in-network visits.

⇒ **Plan B: Low Premium / High Deductible / Health Savings Account**

A High Deductible Health Plan (HDHP) which is usually paired with a Health Savings Account (HSA) offers a high deductible with lower premiums. This plan does not have copays. Additional information on the Health Savings Account can be found on page 9 of this guide.

Remember that each plan:

Offers you the flexibility of choosing in-network or out-of-network providers for care.

⇒ In-network providers offer the lowest cost for both you and Heifer. Visit AR BlueCross Blue Shield at www.arkansasbluecross.com for a list of providers.

⇒ Out-of-network providers may attempt to collect the full amount of charges by billing the member for the difference between how much the Plan reimbursed and the provider’s total charge. This is typically referred to as balance billing.

All plans provide 100% coverage for annual in-network preventive care benefits for all members. This wellness benefit is used for preventive care to cover such screenings as:

Annual physicals	Colorectal and prostate screen-
Immunizations and vaccines	Screenings for high blood pres-
Well-baby care, including im-	Breastfeeding support
Well-woman care, including mammograms and osteoporosis	

Use Your Preventive Care Benefit—It Could Save Your Life!...Did you know that:

⇒ Regular mammograms reduce the risk of breast cancer through early detection.

⇒ Routine colorectal screens reduce colorectal cancer through early detection.

⇒ Nearly 70% of those who have high blood pressure do not have it under control. Lowering blood pressure levels reduces the risk of heart disease and stroke.

MEDICAL INSURANCE

Prescription Drug Coverage:

How you pay for your prescriptions will vary by plan and where you fill your prescription.

- ⇒ **Retail Pharmacy** – Under the HDHP participants are responsible for the full cost of the prescription until the deductible has been met; Participants in the PPO plan will pay a copay based on whether the drug is generic, brand or specialty.
- ⇒ **Mail Order Pharmacy** – Participants in all plans can utilize the CVS Caremark home delivery service for maintenance medications. Mail order provides the convenience of receiving a 3-month supply mailed directly to your home.



Benefit Summary:

While this is not a complete listing of your benefits, below is a summary of your medical benefits. NOTE: A more comprehensive listing can be found in your Summary of Benefits and Coverage (SBC).

Services	Plan A	Plan B
Annual Deductible		
Individual	\$1,000	\$2,000
Family	\$2,000	\$4,000
Coinsurance (Insurance pays)	80%	80%
Out of Pocket Max (including deductible)		
Individual	\$4,000	\$4,000
Family	\$8,000	\$8,000
Physician Visit		
Primary Care	\$30 Copay	20% after Deductible
Specialist	\$50 Copay	20% after Deductible
Emergency Room Visit	\$250 Copay	20% after Deductible
Urgent Care	\$30 Copay	20% after Deductible
Inpatient Hospital Services	20% after Deductible	20% after Deductible
Outpatient Surgical Services	20% after Deductible	20% after Deductible
Prescription Drugs		
Generic	\$15 Copay	20% after Deductible
Preferred	\$35 Copay	
Non-Preferred	\$75 Copay	
Mail Order Prescription	\$37.50/\$87.50/\$187.50	
*Employees who participate in the Moove It wellness program in 2018 and meet the 350 points requirement by November 30, 2018 will receive a \$50 monthly medical premium credit in 2019. Learn more on the next page.		

MEDICAL COVERAGE

Cost of Medical Coverage:

Full Time (40 Hour) Medical Benefit Plan Rates

	Level of Coverage	Heifer's Semi-Monthly Rate	Employee Semi-Monthly Rate	Total Monthly Premium Cost	Heifer's Semi-Monthly Rate (w/ Wellness)	Employee Semi-Monthly Rate (w/ Wellness)	Total Monthly Premium Cost (w/ Wellness)
Plan A	Employee Only	\$140.71	\$52.05	\$385.52	\$165.71	\$27.05	\$385.52
	Employee + Spouse	\$295.51	\$109.30	\$809.61	\$320.51	\$84.30	\$809.61
	Employee + Child(ren)	\$260.33	\$96.28	\$713.22	\$285.33	\$71.28	\$713.22
	Employee + Family	\$408.08	\$150.93	\$1,118.02	\$433.08	\$125.93	\$1,118.02
Plan B	Employee Only	\$120.75	\$44.66	\$330.83	\$145.75	\$19.66	\$330.83
	Employee + Spouse	\$253.58	\$93.79	\$694.73	\$278.58	\$68.79	\$694.73
	Employee + Child(ren)	\$223.39	\$82.63	\$612.04	\$248.39	\$57.63	\$612.04
	Employee + Family	\$350.18	\$129.52	\$959.41	\$375.18	\$104.52	\$959.41

Part Time (30 Hour) Medical Benefit Plan Rates

	Level of Coverage	Heifer's Semi-Monthly Rate	Employee Semi-Monthly Rate	Total Monthly Premium Cost	Heifer's Semi-Monthly Rate (w/ Wellness)	Employee Semi-Monthly Rate (w/ Wellness)	Total Monthly Premium Cost (w/ Wellness)
Plan A	Employee Only	\$111.80	\$80.96	\$385.52	\$136.80	\$55.96	\$385.52
	Employee + Spouse	\$234.79	\$170.02	\$809.61	\$259.79	\$145.02	\$809.61
	Employee + Child(ren)	\$206.83	\$149.78	\$713.22	\$231.83	\$124.78	\$713.22
	Employee + Family	\$324.23	\$234.78	\$1,118.02	\$349.23	\$209.78	\$1,118.02
Plan B	Employee Only	\$95.94	\$69.47	\$330.83	\$120.94	\$44.47	\$330.83
	Employee + Spouse	\$201.47	\$145.89	\$694.73	\$226.47	\$120.89	\$694.73
	Employee + Child(ren)	\$177.49	\$128.53	\$612.04	\$202.49	\$103.53	\$612.04
	Employee + Family	\$278.23	\$201.48	\$959.41	\$303.23	\$176.48	\$959.41

HEALTH SAVINGS ACCOUNT (HSA)

If you enroll in the High Deductible Medical Health Plan, you can also choose to contribute to an HSA on a pre-tax basis through a payroll deduction. Keep in mind that annual contributions are limited by federal law depending on the level of health coverage you elect.

Eligibility:

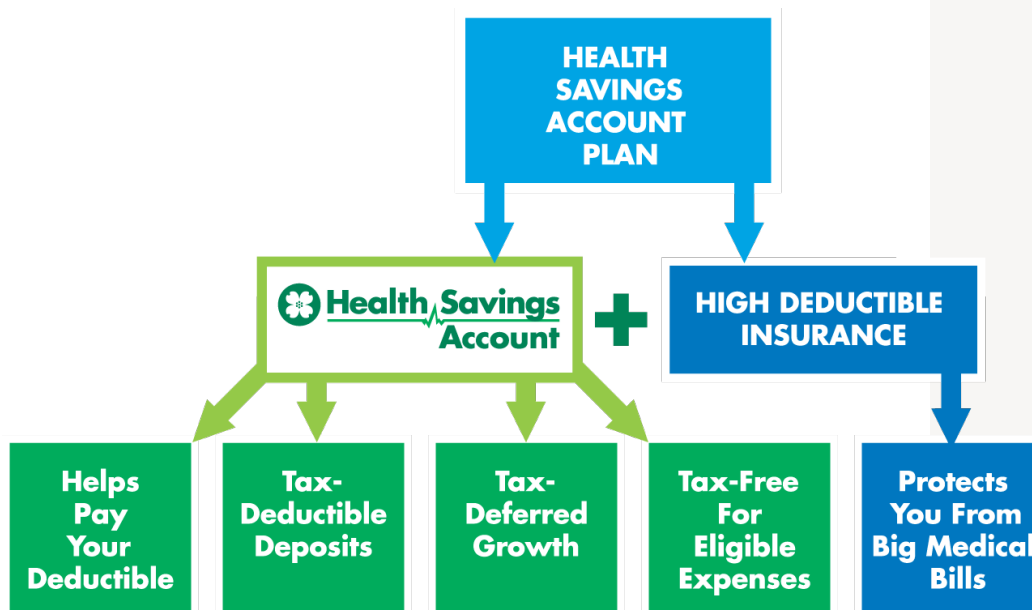
Because of the tax-advantaged nature of HSAs, there are specific eligibility requirements, including:

- You may not be covered by another non-HDHP health plan (for example, a spouse's traditional medical plan that covers you);
- You and your spouse may not enroll in a medical Flexible Spending Account that could reimburse your medical expenses. Participation in a limited Flexible Spending Account that covers only dental and vision expenses is allowed;
- You may not be enrolled in a government health plan, such as Medicare or Medicaid;
- Domestic partners covered by the HDHP are not eligible for reimbursement from the HSA;
- Children who are not your tax dependent are not eligible for reimbursement from the HSA;
- You may not have an HSA and be claimed as a dependent on someone else's tax return.

Health Savings Account Contributions:

Coverage Level	Annual (Employee) Maximum Contribution	Heifer (Employer) Contribution
Employee Only	\$3,150	\$300
Family	\$6,300	\$600
Catch-Up Contribution if Age 55+	\$1,000	

NOTE: If you are married and your spouse is also enrolled in a HDHP through his/her employer, your combined HSA contributions cannot exceed the federal maximum shown above. The IRS contribution limits **INCLUDES** the employer contribution amount. Please consider then when electing your employee contributions. Heifer (Employer) Contribution amounts will be prorated for new hires.



MEDICAL CARE FLEXIBLE SPENDING ACCOUNTS

By allowing you to set aside money directly from your paycheck before taxes are taken out, flexible spending accounts (FSAs) are a great way to save money for eligible expenses and to lower your taxable income. You can use that tax-free money to pay for eligible out-of-pocket health care and dependent care expenses.

Heifer offers the following FSA options, administered by Consolidated Admin Services (CAS):

Health FSA:

- ⇒ Pay for eligible medical, dental, and vision care expenses such as copays, coinsurance, deductibles, medical supplies and equipment, mental health and substance abuse treatment, orthodontia, and eyeglasses and contact lenses for yourself and your eligible dependents. (If you have the HDHP, you will not be eligible for the Health FSA, but you may elect a Limited Purpose FSA).
- ⇒ Contribute up to \$2,650 per year.

Limited Purpose FSA:

- ⇒ You may open this account only if you are enrolled in the High Deductible Health Plan. If you enroll in the HDHP and elect a Health FSA, you will automatically be enrolled in the Limited Purpose FSA.
- ⇒ Pay for out-of-pocket dental and vision care expenses for yourself and your dependents.
- ⇒ Contribute up to \$2,650 per year.

Dependent Care FSA:

- ⇒ Pay for eligible dependent care for a child under age 13 or adult care expenses, including day care, care for a disabled spouse or dependent, after-school care, and many types of summer camps. This account is NOT for a dependent's health expenses.
- ⇒ Contribute up to \$5,000 per family per year (\$2,500 if you are married and filing taxes separately).

Estimate carefully with an FSA:

FSAs are “use-it-or-lose-it” accounts, which means you will forfeit any amount left in the account at the end of the Plan Year. You have until March 15, 2019, to incur eligible expenses and until April 1, 2019 to submit requests for reimbursement.

Managing your HSA and FSA Accounts:

Consolidated Admin Services (CAS) provides:

- A plan Debit Card for you and one family member.
- A website that provides 24/7/365 access to account information.
- A mobile device app that allows you to see available balances anywhere, anytime, as well as to file claims and upload receipts.



Search for **Consolidated Admin Services**

Download the CAS app for your chosen device from the Apple App Store or Google Play. Log in using the user ID & password you use to access the CAS consumer portal. Once you are logged into the APP create a Pin and you are ready to GO!

WHY IS WELLNESS IMPORTANT?

Focusing on wellness is an investment in your health, which can save you money in the long run.

When you're in good health and feel well, you can be your best at home and at work. To help understand your health, take advantage of the voluntary wellness activities—a health screening, questionnaire and other health related activities. You'll get to know your numbers and keep a \$600 credit toward your annual medical plan premium for 2019.

Once you know about your health, you can take advantage of the benefits and programs available to support your wellness. You have access to:

- ⇒ **Free one-on-one health coach sessions**
- ⇒ **Wellness challenges with your colleagues**
- ⇒ **Programs that can help you quit using tobacco**

Important Reminder

You will have 90 days from your date of hire to complete the Member Health Assessment (MHA) and Biometric Screening. You will find exact wellness activity deadlines and information for how to complete your registration in your Benefit Enrollment kit that was provided to you by Human Resources. NOTE: Your MHA and Screening results must be submitted by the deadline to be considered complete.



ASSESSMENTS (REQUIRED)		POINTS
Member Health Assessment (MHA)		50
Biometric Screening		50
PREVENTIVE CARE COMPLIANCE (REQUIRED)		POINTS
Preventive Care Compliance (Complete 3)		50
COACHING II		POINTS
Coaching Session Completed		30 each / 100 max
PROGRAM ACTIVITIES		POINTS / MAX
Targeted Programs		15 each / 45 max
Online Courses		10 each / 30 max
Employer Challenges (goal met)		15 each / 45 max
Peer Challenges (Completed – 4 Days)		10 each / 30 max
250,000 Step Challenge (must have compatible app)		25 each / 75 max
Healthy Events (Self-Reported – Auto Approved)		5 each / 15 max
Healthy Events (Self-Reported – Auto Approved)		25 each / 50 max
HEALTH METRIC BONUS POINTS		POINTS / MAX
Body Mass Index / Waist Measurement	BMI: < 25.0 OR	25
	Waist Measurement: < 35 inches (females) AND < 40 inches (males)	
Total Cholesterol	Less than 200mg/dL	25
Blood Pressure	Systolic: < 120 mmHg AND Diastolic: < 80 mmHg	25
Glucose	Fasting: < 100 mg/dL OR Non-fasting or unknown: < 140 mg/dL	25
PROGRAM GOAL		350

COMPASS PROFESSIONAL HEALTH SERVICES

Medical Care Can Be Frustrating:

“I had no idea this procedure would be so **expensive**.”

“Why are my bills so **hard to understand**? I thought insurance paid for more.”



“My doctor’s office is **rude to me** and nobody will call me back.”

What can Compass do for you?

- ⇒ Understand Insurance Benefits – receive guidance selecting a healthcare plan and understanding benefits throughout the year.
- ⇒ Coordinate Care – receive help scheduling appointments and coordinating care.
- ⇒ Get Help with Medical Bills – have medical bills reviewed to make sure you are not being overcharged.
- ⇒ Find a Great Doctor – find highly-rated doctors, dentists and eye care professionals in your area who meet your personal preferences and healthcare needs.
- ⇒ Save Money on Medical Care – get price comparisons before receiving care. Depending on the doctor, hospital or facility, costs can vary by hundreds or thousands of dollars – even in-network.
- ⇒ Pay Less for Prescriptions – let Compass compare medication prices and explore lower-cost options.

Your Compass Health Pro

You can reach your Compass Health Pro, Siri Athota, by calling 1-800-513-1667 x511 or by emailing siri.athota@compassphs.com.

NOTE: Utilization of this benefit is free for Heifer employees and their dependents. Additionally, you will be asked to complete COMPASS and AR BlueCross BlueShield medical release authorization forms in order for COMPASS to provide assistance. You can contact HR to retrieve these forms.

LOOKING FOR EXPERT MEDICAL SUPPORT?

eDocAmerica is a **free benefit** paid for by Heifer and provided to all Heifer employees and their dependents who are enrolled in the Medical plan. This benefit allows you to consult with a medical provider through the Internet with a Webcam or telephone. **This benefit will allow you to save time and potentially hundreds of dollars by helping you avoid costly emergency room visits.**

The majority of minor ailments and non-life-threatening medical issues can be treated through eDocAmerica online or by phone without the hassle of going to the doctor's office. You can be treated while at home, the office, or traveling!

Below is a sample of medical conditions that eDocAmerica providers can evaluate:

- ⇒ Abrasions, bruises
- ⇒ Colds, flu, and fever
- ⇒ Sore throat, cough, congestion
- ⇒ Allergies, hives, skin infections
- ⇒ Bites and stings
- ⇒ Minor headaches, arthritic pains
- ⇒ Diarrhea, vomiting, nausea
- ⇒ Urinary tract infections
- ⇒ Headaches, body aches
- ⇒ Eye infections, conjunctivitis
- ⇒ And more!

Visit <https://www.edocamerica.com/> or call 501-907-7117 for more information.

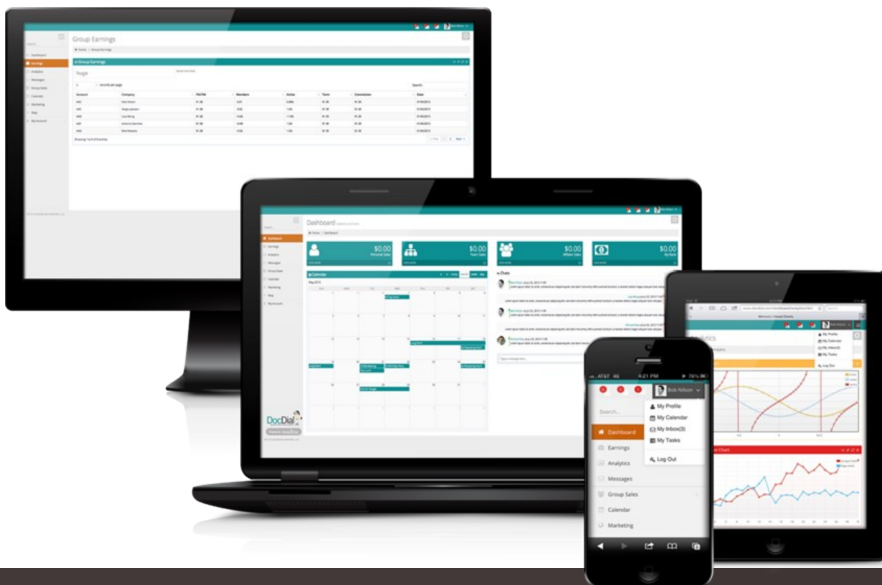
To register your account—follow these simple steps:

1. Go to www.eDocAmerica.com
2. Click the “Sign-In” button and then click the “Register Now” button
3. Agree to the “Terms of Use” and Choose “Heifer Project” on the company/organization drop down menu
4. Enter your last name and the last four digits of your SS#
5. Create your screen name and password
6. Fill out your medical profile (bold items required).
7. Start asking questions



Before you are able to gain access to the app, you have to register on a computer first.

Download the app for your chosen device from the Apple App Store or Google Play.



Staying healthy includes good dental care. Heifer's dental plan provides the comprehensive coverage necessary to help you and your family maintain good dental health. The dental benefit is administered by Delta Dental.

How the Plans Work:

Plan participants have the flexibility to see any dentist they choose. But greater discounts and benefits are available by seeing an in-network dentist. The provider options include:

- Delta Dental PPO – smaller network; larger discounts
- Delta Dental Premier – larger network; discounts
- Out-of-Network – all other providers; no negotiated discounts

Finding Network Providers:

Dentists who participate in the Delta networks will:

- Save the participant and the plan money,
- File claims on behalf of the covered participant, and
- Agree not to charge more than the plan's negotiated rates (or "allowed amount").

To find in-network preferred providers, go to www.deltadental.com. Simply click on any "Find a Dentist" links found throughout the website and you can search for dentists who participate with Delta Dental. You can search for a network provider based on your location and within a certain mile radius. You may also search by provider name and specialty.

For more plan information, such as the average cost of dental procedures, claims information, or to print an ID card, go to www.deltadental.com.

What Does "Allowed Amount" Mean?

This is a term for the negotiated rate that Delta Dental has set with network providers for a specific service. Out-of-network providers may charge more than the allowed amount, leaving you responsible for the difference in cost.

Max Carry Over Benefit: An annual maximum carryover amount of up to \$375 will be rolled into your Carryover Account at the end of the year as long as you: Submit at least one claim for covered services during the benefit year; AND do not have paid claims that exceed \$749 within that calendar year. You may accumulate a carryover maximum of up to \$1,500.



Benefit Summary:

Services	In Network	Out-of-Network
Annual Deductible		
Individual	\$25	\$25
Family	(No More Than 3 per Family)	(No More Than 3 per Family)
Preventative Services		
Cleaning & Exam	100% (Deductible does NOT apply)	90% (Deductible does NOT apply)
X-Rays		
Fluoride Treatment		
Sealants		
Basic Services		
Extractions	80% (After Deductible)	72% (After Deductible)
Endodontics (Root Canal)		
Fillings		
Oral Surgery		
Surgical Periodontics (Gum Disease)		
Non-Surgical Periodontics		
Major Services		
Dentures	50% (After Deductible)	45% (After Deductible)
Crowns		
Bridges		
Implants		
Annual Benefit Maximum	\$1,500	\$1,500
Orthodontics (adults & children)	50% to \$1,000/Lifetime	45% to \$1,000/Lifetime
Your Cost Twice per Month		
Employee Only		\$4.86
Employee/Spouse		\$9.42
Employee/Child(ren)		\$9.61
Family		\$16.75



VOLUNTARY VISION COVERAGE

DeltaVision®

Vision coverage is a voluntary benefit that features coverage for prescription glasses and contact lenses, as well as other vision-related items. The vision benefit is administered by DeltaVision.

How the Plans Work:

As with the dental plan, you have the freedom to receive services from any provider. You will, however, receive a higher level of benefits if you receive care from a provider who participates in the Supervisor Vision network. For vision services, to find a participating provider, visit: www.superiorvision.com/member/locate_provider_ddar.

BENEFIT FREQUENCY		
Eye Exam	Every 12 months	
Lenses	Every 12 months	
Frames	Every 24 months	
Contact Lens Fitting Exam	Every 12 months	
Contact Lenses	Every 12 months	
IN-NETWORK COPAYMENTS		
Eye Exam	\$10	
Frames and/or Lenses ¹ (no copay for contacts)	\$25	
Contact Lens Fitting Exam ²	\$25	
	IN-NETWORK BENEFITS	OUT-OF-NETWORK REIMBURSEMENTS
Eye Exam (subject to copay)	Covered in full	\$36
Standard Lenses (per pair - subject to copay)		
Single Vision	Covered in full	\$28
Bifocal	Covered in full	\$42
Trifocal	Covered in full	\$56
Lenticular	Covered in full	\$78
Progressive Lens Upgrade (subject to copay)	See description ²	\$56
Frames (subject to copay)	\$130 retail allowance	\$61
Contact Lens Fitting (CLF) Exam (subject to copay)		
Standard CLF Exam	Covered in full	\$0
Specialty CLF Exam	\$50 retail allowance	\$0
Contact Lenses⁴		
Elective (Conventional or Disposable)	\$130 retail allowance	\$100
Medically Necessary ⁵	Covered in full	\$210

DISCOUNTS ⁶	
Insured Materials	
Frames	20% off amount over allowance
Lens Options (scratch coat, UV coat, tint, etc.)	20% off retail or out-of-pocket maximums ⁷
Progressives	20% off amount over retail lined trifocal lenses ⁸
Additional Services	
Exams, Frames & Prescription Lenses	30% off retail
Lens Options & Contacts	20% off retail
Disposable Contacts	10% off retail
Refractive Surgery (LASIK)	15% – 50% off retail

MONTHLY RATES (Employee Paid)	
Employee Only	\$6.84
Employee & Spouse	\$12.30
Employee & Child(ren)	\$13.32
Family	\$18.44



LIFE INSURANCE

All life insurance plans are offered through Reliance Standard.

Basic Group Term Life Insurance and AD&D

To ensure that all benefit eligible employees have a basic level of protection, Heifer provides Basic Group Term Life insurance and AD&D **at no cost**.

The Accidental Death and Dismemberment (AD&D) benefit pays in addition to Basic Life insurance if the employee's death or covered loss is due to an accident.

Both policies are provided **at no cost** to employees. The Basic Group Term Life policy is convertible to an individual policy upon termination of employment from Heifer.

Amount of Coverage:

The Basic Group Term Life plan covered benefit eligible employees with a policy equal to \$75,000. The AD&D policy amount equals the life benefit. Benefits are reduced to 67% at age 70 and 50% at age 75. Coverage terminates at retirement.

Employee Voluntary Term Life Insurance and AD&D

Summary of Benefit:

When it comes to protecting the financial security of you and your family, nothing is more important than planning ahead. Part of any personal financial plan should include adequate life insurance coverage that provides protection against financial hardship in the event of an unexpected death.

Even if you already have a life insurance policy, it is important to ask yourself—does it provide the protection you need to cover all of your financial responsibilities? Voluntary Term Life insurance can be purchased in addition to the Basic Group Term Life insurance provided by Heifer.

Voluntary Term Life insurance covers you for as long as you remain eligible and continue to pay your premium. Because Voluntary Life is a Term Life insurance product, it does not build any cash value for you to borrow against or receive upon policy cancellation. The Voluntary Term Life policy is convertible to an individual policy upon termination from employment from Heifer.

Amount of Coverage:

Eligible employees may purchase Voluntary Term Life insurance coverage in increments of \$10,000 to a maximum of \$500,000.

The Guaranteed Issue amount for Voluntary Term Life combined is \$150,000.

An equal amount of AD&D insurance is included with the Employee Voluntary Life insurance. Benefits are reduced to 67% at age 70 and 50% at age 75. Coverage terminates at retirement.

NOTE: Evidence of Insurability (EOI) must be provided for amounts in excess of \$150,000. Additionally, any annual increase in coverage or coverage for late entrants require EOI.

Spouse Voluntary Term Life Insurance and AD&D

The Spousal Voluntary Term Life insurance can be purchased in \$5,000 increments and cannot exceed 100% of the employee's coverage amount or \$250,000. An equal amount of AD&D insurance is included with the spouse optional life insurance. Once the spouse turns age 70, coverage will end.

NOTE: Employee Optional Life election is required if Spouse Life coverage is elected. EOI must be provided for amounts in excess of \$10,000. Additionally, any annual increase in coverage or coverage for late entrants require EOI.

Reliance Standard does not allow for Domestic Partner coverage.

Dependent Children Voluntary Term Life Insurance

Coverage for the dependent child(ren) are flat dollar amounts as follows:

- ⇒ 14 days of age to 6 months old: \$250
- ⇒ Child(ren) 6 months old to age 26: \$1,000, \$5,000 or \$10,000

NOTE: Employee Optional Life election is required if Child Life coverage is elected. The Dependent Life Insurance Rate is not affected by the number of children. Rate is based on the coverage amount and covers each child for the same amount.

Age	Benefit Amount For Employee and Spouse								
	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
To 29	\$1.30	\$1.95	\$2.60	\$3.25	\$3.90	\$4.55	\$5.20	\$5.85	\$6.50
30-34	\$1.70	\$2.55	\$3.40	\$4.25	\$5.10	\$5.95	\$6.80	\$7.65	\$8.50
35-39	\$2.00	\$3.00	\$4.00	\$5.00	\$6.00	\$7.00	\$8.00	\$9.00	\$10.00
40-44	\$2.40	\$3.60	\$4.80	\$6.00	\$7.20	\$8.40	\$9.60	\$10.80	\$12.00
45-49	\$3.40	\$5.10	\$6.80	\$8.50	\$10.20	\$11.90	\$13.60	\$15.30	\$17.00
50-54	\$5.60	\$8.40	\$11.20	\$14.00	\$16.80	\$19.60	\$22.40	\$25.20	\$28.00
55-59	\$9.40	\$14.10	\$18.80	\$23.50	\$28.20	\$32.90	\$37.60	\$42.30	\$47.00
60-64	\$13.70	\$20.55	\$27.40	\$34.25	\$41.10	\$47.95	\$54.80	\$61.65	\$68.50
65-69	\$20.40	\$30.60	\$40.80	\$51.00	\$61.20	\$71.40	\$81.60	\$91.80	\$102.00
70-74	\$36.10	\$54.15	\$72.20	\$90.25	\$108.30	\$126.35	\$144.40	\$162.45	\$180.50
75-79	\$82.46	\$123.69	\$164.92	\$206.15	\$247.38	\$288.61	\$329.84	\$371.07	\$412.30
80-85	\$143.66	\$215.49	\$287.32	\$359.15	\$430.98	\$502.81	\$574.64	\$646.47	\$718.30

Child Benefit Amount		
\$1,000	\$5,000	\$10,000
\$0.10	\$0.52	\$1.03

DISABILITY INCOME PROTECTION

Short Term Disability Insurance

This plan pays 60% of your base salary up to a maximum benefit of \$2,500 per week for qualifying non-work-related disabilities. There is a 10-day elimination period, which is the period of time you must remain disabled before benefits begin. Payments may continue for up to 25 weeks. Accrued PTO and Sick Time must be exhausted before you can use this benefit. (Please review HR policies regarding leave usage).

Upon becoming benefits eligible, you will automatically be enrolled in Short Term Disability and there is no pre-existing condition limitation and coverage is guaranteed issue. There is no cost to full-time employees as Heifer pays the premium.



Short Term Disability Tip:

Employees anticipating a leave should contact Human Resources Benefits prior to the start of their leave or as soon as possible after their leave begins to complete the process for filing a claim.

Long Term Disability Insurance

If your disability continues for 180 consecutive days or longer, you could receive this paycheck insurance equal to 60% of your gross base pay up to \$6,000 per month. Benefits may continue until age 67 or longer depending upon your age at disability onset and may be reduced by other sources of income.

Upon becoming benefits eligible, you will automatically be enrolled in Long Term Disability. There is no cost to full-time employees as Heifer pays the premium.

Long Term Disability does have a 3/12 pre-existing clause which means no condition that existed 3 months before the policy effective date will be covered until 12 months after the policy effective date.

Claims are easy to file right over the phone!

Simply call Matrix Absence Management (a division of Reliance Standard) at:

1-877-203-0549



VOLUNTARY BENEFITS



Voluntary Benefits, offered through Transamerica, are offered to strengthen your overall benefits package. You will be able to customize the benefit based on need and affordability.

The Voluntary Benefits offered through Transamerica are **Accident, Critical Illness** and **Hospital Indemnity**. These benefits are:

- Fully portable and belong to you if you leave your employer, same price and same plan
- Payroll deducted
- ***Paid directly to you, not to a hospital or to a doctor***
- ***Paid regardless of any other coverage you may have***
- Level premiums - Rates do not increase with age
- Guaranteed Renewable
- Designed to provide additional cash flow to assist with out of pocket medical costs and other bills

Accident Plan

This plan that helps pay for the unexpected expenses that result from an accident:

- **On and off the job coverage** = 24 hours per day, 7 days per week
- Family coverage available
- Sports related injuries covered as well

Just a few examples of benefits included in the plan:

- Initial Accident Treatment - \$125
- Hospitalization - \$1,500 admission benefit, \$250 per day benefit
- Fractures - up to \$5,000
- Dislocations - up to \$4,000
- Wellness Benefit - \$60 per insured per year

**See brochure for a complete list of benefits*



Accident Plan Pricing

*Dependents through age 25 can be covered regardless of student status.

Your Cost Twice per Month	Employee	Employee & Spouse	Employee & Children*	Family*
	\$11.40	\$17.79	\$14.43	\$21.33

Critical Illness/Cancer

Critical Illness/Cancer is a benefit that will pay you a lump sum of money if you are diagnosed with a critical illness, heart attack, internal cancer or stroke. The cash benefit is provided upon the first diagnosis of a covered condition to help you with associated costs and beyond.

Regardless of other coverage in force the benefit is paid out in a full lump sum.

Examples of covered conditions: Heart Attack, Stroke, Major Organ Transplant, End-Stage Renal Failure, Coma, Loss of Sight, Speech and/or Hearing, paralysis (not due to stroke), Invasive Cancer, Bone Marrow Transplant, Carcinoma in situ (25% benefit), Coronary Bypass Surgery (25% benefit), and others.

A Wellness Benefit is included in your Critical Illness/Cancer Policy and pays \$50 for each insured.

Each covered person will get one screening test per calendar year. Also included is a **Recurrent benefit** that provides a second cash payment in the event a covered person is diagnosed with the same condition. Pays an additional **50%** of the original benefit.

Rates: This benefit is customized by each employee so rates vary, but can start as little as a few dollars a week. Please speak to a Benefit Counselor to customize your plan and rates. *See brochure for more details.

Examples of Wellness Benefit Screenings

- Low dose mammography
- Stress Test
- Serum Cholesterol
- Bone Marrow
- Pap Smear
- Colonoscopy
- Prostate Specific Antigen
- Chest X-ray

Hospital Indemnity

The Hospital Indemnity Plan can help offset your out-of-pocket expenses including deductibles, co-insurance and services not covered in your group health coverage for Hospitalization and Outpatient surgery.

Daily In-Hospital Benefit - Pays each day a covered person is confined to a hospital (but not an ER, outpatient stay or stay in an observation unit)	\$150 Max. 31 days per confinement
Intensive Care Benefit - Pays each day a covered person is confined to an intensive care unit	\$150 Calendar Year Max. 10 days
Hospital Confinement Benefit - Pays each day a covered person is confined to a hospital (but not an ER, outpatient stay or stay in an observation unit) lasting a minimum of 24 continuous hours from time of admission	\$1,000 Max. 1 day per confinement/1 day per calendar year

Your Cost Twice per Month	Employee	Employee & Spouse	Employee & Children*	Family*
	\$11.12	\$23.86	\$16.43	\$27.04



LegalShield Legal Protection Plan provides you with the ability to talk to an attorney about any personal legal issues. Benefits include: Advice on an unlimited number of topics such as family or financial matters, auto, home or estate issues. Other services include letters and phone calls on your behalf, legal document review, will preparation and much more.

Identity Theft Plan

These days, you can never be too cautious. The Identity Theft Plan will provide benefits that include:

- Credit reporting
- Personal credit score analysis
- Continuous credit monitoring with safety alerts
- Identity consultation and restoration services
- Safeguard for minors

You may purchase either as a separate plan, or purchase both the Legal and the Identity plans and enjoy package savings.

This plan covers one household (you, your spouse and children to age 26).

Your Cost Twice per Month	Legal Plan	ID Theft Protection	Legal/IDT Combo
	\$9.48	\$7.48	\$14.45

NOTE: Costs may vary depending on which state you live in.

EMPLOYEE ASSISTANCE



Southwest Employee Assistance Program (EAP)

Your (EAP) counseling program offers a confidential service which is designed to help Heifer employees and their families with personal or work related problems. Southwest EAP provides assessment, short-term counseling, problem-solving assistance, referral if needed and follow-up services. Basically, you and your family have access to free, confidential and professional counseling.

Assessment means a counselor will help you identify the problems you are experiencing and recommend the most appropriate steps you can take to resolve your problems successfully. These steps may involve either a referral and/or short-term counseling. Southwest EAP can help in such areas as:

- Stress Management
- Emotional Issues
- Depression & Anxiety
- Eating Disorders
- Marriage/Relationship Issues
- Family Problems
- Financial Literacy

Using EAP is easy. Simply give them a call at : **501-663-1797** or **1-800-777-1797**. *Their services are at no cost to you as a Heifer Employee and the services are confidential.*

NOTE: You may also receive 25 points towards your Wellness credits for scheduling a consultation with EAP. This will be self-reported as a *healthy event*.

Keeping People Productive at home...at work...at life.

ENROLLMENT RIGHTS

Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA)

COBRA requires most employers sponsoring group medical plans to offer employees and their eligible family members the opportunity for a **temporary extension** of medical and/or dental coverage called “continuation coverage.” In certain instances where coverage under the plan is lost (referred to as a qualifying event), this coverage is offered at 102% of group rates.

Depending on the qualifying event and the eligible participant, coverage can extend up to **18 or 29 months for employees, or 36 months for dependents**; 29 months may be granted when the participant is social security disabled at the time of initial COBRA eligibility or within the first 60 days of the COBRA period (additional paperwork required).

If you are covered by the group medical or dental plan, you have the right to choose continuation coverage if coverage is lost for the following reasons: resignation, termination (except for gross misconduct), or reduction of hours. If your spouse or dependent child is covered by your group plan, he or she has the right to choose continuation coverage if coverage is lost for the following reasons: your death, your termination, your reduction of hours, divorce, you become entitled to Medicare or your child loses dependent status due to age or marriage.

Health Insurance Portability & Accountability Act of 1996 (HIPAA)

The legislation of HIPAA is great in scope but its focus is to improve portability of health coverage, reduce health care costs by standardizing the processing of health care transactions, increase the security and privacy of health care information, limit exclusions for preexisting conditions, and allow a special opportunity to enroll in a new plan in certain circumstances. We encourage employees to further educate themselves on HIPAA’s portability rules, privacy mandates and special enrollment rights.

Additional information is available at www.dol.gov or by contacting the U.S. Department of Labor at 1-866-275-7922.



RETIREMENT: 403(B) PLAN

Heifer cares about your financial well-being, which includes having the financial resources to enjoy life once you retire. The 403(b) Plan helps you prepare for retirement. You can grow your account by making contributions and receiving matching contributions (if eligible) from the company in the 403(b) Plan. You decide how to invest your account, and your investment may grow tax-free until you take money out of the plan.

PLAN HIGHLIGHTS

Who is eligible	All employees on U.S. payroll
Employee contributions	You can contribute 0% to 100% of your base pay (up to IRS limits) on a pre-tax basis. You can also contribute additional catch-up contributions, up to IRS limits, if you are age 50 or older in 2018.
Employer contributions	Heifer contributes to an employee's 403b retirement plan in two parts: 1) Heifer will make a three percent discretionary contribution directly into the employee's 403(b) retirement plan, and 2) Heifer will provide a match of one percent (employee) to two percent (Heifer), up to a maximum four percent contribution by Heifer.
Vesting	You are always 100% vested in—have full rights to—any contributions you make to the 403 (b) Plan. You are fully vested in the company's matching contributions after three (3) years of service.
Investing your account	<p>CUNA Mutual offers an investment line up with a diverse selection of funds to choose from. You have access to online and phone support through CUNA Mutual for managing your account, plus additional resources to help with investment decisions and planning for retirement.</p> <p style="text-align: center;">Participant Website: www.myretirementfuture.com Participant Service Center: 800-279-4015 (ext. 8473206) Financial Advisor: Jeremy McDade / 501-221-5137 / jeremy.mcdade@ubs.com</p>
Getting money from your account	<p>In general, your vested account balance is available to you:</p> <ul style="list-style-type: none"> • If you retire or terminate employment with the company • Through plan loans • Through in-service withdrawals which are limited to hardships withdrawals while you're working for the company • At any time following attainment of age 59-1/2 while working for the company <p>Distribution Request Forms can be accessed through the participant website or by contacting HR.</p>

Disclaimer: The above highlights are only a brief overview of the Plan's features and are not a legally binding document. You will have access to a Summary Plan Description (SPD) that contains more information. If there are discrepancies between the Plan Highlights and the Summary Plan Description and the Plan Document, the Plan Document will govern. Please read it carefully and contact your Plan Representative if you have any further questions. The Plan Sponsor reserves the right to amend, modify or terminate this Plan at any time at its sole discretion.

PAID TIME OFF SUPPORTS:

The infographic features five circular icons on a yellow background. From left to right: 1. A green circle with a white silhouette of a muscular person flexing their arms. 2. A blue circle with a white silhouette of a family (two adults and two children). 3. A green circle with a white silhouette of a head profile containing a gear and a lightning bolt. 4. A blue circle with a white silhouette of a hand making an 'OK' gesture. 5. A green circle with a white silhouette of a heart containing a dollar sign and a circular arrow.

HEALTHIER WORKERS & THEIR FAMILIES

STRONGER FAMILY TIES

INCREASED PRODUCTIVITY

EMPLOYEE RETENTION

LOWER HEALTHCARE COSTS

LEAVE HIGHLIGHTS

Parental Leave	Six weeks of paid leave (30 working days) for mother and for non-child bearing parent
Holiday Leave	10 holidays per year
Sick Leave	Sick time is available when you need to be away from work because of your or your family's illness or injury. You are eligible to receive 10 sick days per year . *Pro-rated based on scheduled hours.
Vacation Leave	Vacation benefits give you paid, scheduled time away from work. You accrue vacation benefits upon hire and may start using the time as you accrue hours. You are eligible to receive 22 vacation day per year . *Pro-rated based on scheduled hours.
Other Eligible Leave	<ul style="list-style-type: none"> • Compassionate Leave • Jury Duty/Witness Appearance Leave • Recuperation Leave • Voting Leave • Military Leave

NOTE: Please refer to the U.S. Employee Handbook for more detailed information on leave benefits.

TERMS DEFINED

Understanding Benefit Lingo

Here are some terms and definitions that will help you understand your coverages:

Coinsurance or Cost Sharing

The cost of a health or dental expense that is shared between you and the plan after you pay your deductible. For example, the medical plan's share of most expenses is 80% and your share (coinsurance amount) is 20%.

Copayment (Copay)

A set dollar amount you pay toward an expense, such as an office visit or prescription drug. The remaining cost is covered by the plan.

Deductible

The amount of money you must pay toward health, prescription drug or dental expenses for each family member each year before health, drug or dental benefits are reimbursable in most cases. After you have paid your deductible, future expenses are covered at the coinsurance or copayment amount. Copayments do not count toward the deductible when enrolled in the PPO medical plan. You can submit claims for reimbursement of deductible, coinsurance and copayment amounts through a Health Care Spending Account.

Explanation of Benefits (EOB)

The statement sent to you and your provider by the insurance company listing services received, amount billed, and any payment made. You can find your EOBs online through each insurance company's member portal.

In-Network

A system of contracted physicians, hospitals, and other health care providers that provide care to members at discounted rates.

Out-of-Network

Coverage for treatment obtained from non-participating providers. With an out-of-network provider there are no network discounts and you will pay more out of your pocket than if you choose an in-network provider.

Out-of-pocket Maximum

Generally, the most you will have to spend each plan year for each covered family member is the annual deductible, and the copayments and coinsurance. Once you've met the out-of-pocket maximum on yourself or a covered dependent, the plan pays 100% of most remaining expenses for you or the dependent for the rest of that plan year.

Primary Care Physician (PCP)

Under the Medical Health Plans, a PCP is a general or family practitioner, an internal medicine doctor or a pediatrician.

QUESTIONS/NOTES

IMPORTANT CONTACTS

Plan	Carrier	Phone Number	Website
Medical	Arkansas BlueCross	800-238-8379	www.arkansasbluecross.com
Nurse 24	Arkansas BlueCross	800-318-2384	www.arkansasbluecross.com
Dental	Delta Dental	800-462-5410	www.deltadentalar.com
Vision	DeltaVision (Superior)	800-507-3800	www.superiorvision.com/member
Life & AD&D	Reliance Standard	800-351-7500	www.reliancestandard.com
Short & Long Term Disability	Reliance Standard	800-351-7500	www.reliancestandard.com
Cafeteria Plan - FSA/ HSA	Consolidated Admin Services (CAS)	877-941-5956	www.consolidatedadmin.com
Voluntary Benefits	Transamerica	888-763-7474	www.transamericaemployeebenefits.com
Wellness	Viverae	888-848-3723	www.mooveitwellness.com
Healthcare Advisor Services	Compass	800-513-1667	www.compassphs.com/getconnected
Legal and ID Theft Services	Legal Shield	800-654-7757	www.legalshield.com
Transamerica Claims Help	Explain My Benefits	888-734-6937 Option 2	Email: service@explainmybenefits.biz
Explain My Benefits (Benefits Resources Por- tal)	Explain My Benefits	321-296-8060, option 1	www.explainmybenefits.biz/heifer
Employee Assistant Program	Southwest EAP	501-663-1797	www.southwesteap.com
Expert Medical Support	eDocAmerica	501-907-7117	Email: info@edocamerica.com

Other Contacts

You may contact **Stephens Insurance** if you have any questions regarding your insurance benefits, have claims issues or need assistance enrolling.

Laura Humphrey: 1-800-852-5053 or Direct: 501-377-8213 Email: laura.humphrey@stephens.com

**COMPASS HealthCare Pro Professional: Siri Athota Direct: 800-513-1667 x511
Email: Siri.Athota@compassphs.com**

HUMAN RESOURCES

Chasity Knight: 501-907-6950 or chasity.knight@heifer.org

Diane Souza: 501-907-2885 or diane.souza@heifer.org

DISCLAIMER: This is not a summary plan description (SPD) and does not guarantee benefits or payment. This document provides a brief summary of benefits that are available to you. Please refer to your coverage booklets and policies for complete details regarding covered charges, exclusions and plan payments or contact your benefits provider at the numbers located.