



2016 U.S. EMPLOYEE BENEFITS GUIDE





In 2016 Heifer Project International and Viverae are taking your wellness higher than ever!

Moove It is a vital part of our overall benefits program. Whether your goal is to have more energy, to lose weight, to manage stress, or to improve your diet, the Moove It program can help you. In partnership with Viverae, a leading provider of health management services, we bring you the latest health and wellness content, educational programs, and an online community to keep you motivated.

A higher Health Score = more bonus points = better rewards and better health! Those with a lower Health Score can participate in additional programs to earn points toward their program goal.

Here are the ways you can earn points in 2016

Assessments		Point Value
Member Health Assessment (Required)		50
Biometric Screening (Required)		50
Preventive Care Compliance (Required)		50
Program Activities		Point Value / Max
Questionnaires		5 each / 45 max
Targeted Programs		15 each / 45 max
Online Courses		10 each / 30 max
Webinars		5 each / 30 max
Employer Challenges		15 each / 45 max
Peer Challenges		10 each / 30 max
250,000 Step Challenge (must have a compatible app or device)		25 each / 75 max
Healthy Events		5 each / 15 max
Healthy Events		25 each / 50 max
Health Metric Bonus		Point Value
Body Mass Index / Waist Measurement	<p>BMI: Less than 25.0 OR Waist Measurement: (Females) Less than 35 inches (Males) Less than 40 inches OR 4 week Target Program: "Reaching your Healthy Weight"</p>	20
Total Cholesterol	<p>Less than 200 mg/dL OR Online Course: "Lipids-Managing your Risk"</p>	20
Glucose	<p>Fasting: Less than 100 mg/dL OR Non-fasting or Unknown: Less than 140 mg/dL OR Online Course: "Healthy Eating-Mindful Portion Control"</p>	20
Blood Pressure	<p>Systolic: Less than 120 mmHG AND Diastolic: Less than 80 mmHG OR Online Course: "Blood Pressure-Healthy Habits"</p>	20
Coaching II		Point Value / Max
High Health Score (> 80)		20 each / 20 max
Moderate Health Score (70 - 79.9)		10 each / 20 max
Low Health Score (< 70)		5 each / 20 max
Program Goal		300 Points

All programs are confidential and HIPAA compliant. Any information shared with the Viverae team will not be disclosed except in accordance with HIPAA laws. Your Protected Health Information (PHI) will not be shared with your employer.

This chart provides an overview of the benefits Heifer International offers. You have a choice between two medical plans: A plan with a higher deductible at a lower cost or a plan with a lower deductible at a higher premium. Please review and ask questions to determine which benefit option is right for you.

Benefit amounts noted are for services rendered with an In - Network Provider. Using an Out of Network Provider will result in higher out of pocket costs.

Services	Low Deductible Option	High Deductible Option
Annual Deductible Individual Family	\$750 \$1,500	\$2,000 \$4,000
Coinsurance (Insurance pays)	80%	100%
Out of Pocket Max (including deductible) Individual Family	\$4,000 \$8,000	\$2,000 \$4,000
Physician Visit Primary Care Specialist	\$25 Copayment \$50 Copayment	0% after Deductible 0% after Deductible
Emergency Room Visit	\$250 Copayment	0% after Deductible
Urgent Care Services	\$75 Copayment	0% after Deductible
Inpatient Hospital Services	20% after Deductible	0% after Deductible
Outpatient Surgical Services	20% after Deductible	0% after Deductible
Prescription Drugs Generic Preferred Non-Preferred Mail Order Prescription	\$10 Copay \$35 Copay \$60 Copay \$25/\$87.50/\$150	0% after Deductible
*Your Cost Twice Per Month Employee Only Employee/Spouse Employee/Child(ren) Family	\$52.81 \$110.91 \$97.70 \$153.15	\$40.37 \$84.77 \$74.68 \$117.07

NOTE: Preventive services such as mammogram, pap smear, prostate antigen test, bone density testing, routine adult physical exam, routine well baby care, child immunizations, etc... are covered at 100% with no out of pocket cost to you on all available plan options.

*Employees who participated in the Moove It wellness program and met the 300 points requirement by December 31st will receive a \$50 monthly medical premium credit in 2016.

With Delta Dental you may choose to visit any dentist, but you will always pay less out of pocket when you choose a network dentist. A pre-determination is recommended for any services exceeding \$300. Dental benefits are available for dependent children up to age 26.

Services	In Network	Out-of-Network
Deductible Individual Family	\$25 (No More Than 3 Per Family)	\$25 (No More Than 3 Per Family)
Preventive Services Cleaning & Exam X-Rays Fluoride Treatment Sealants	100% (Deductible does NOT apply)	90% (Deductible does NOT apply)
Basic Services Extractions Endodontics (Root Canal) Fillings Oral Surgery Surgical Periodontics (Gum Disease) Non-Surgical Periodontics	80% (After Deductible)	72% (After Deductible)
Major Services Dentures Crowns Bridges Implants	50% (After Deductible)	45% (After Deductible)
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 Employee/Spouse Employee/Child(ren) Family	\$4.41 \$8.54 \$8.72 \$15.20	

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



VISION INSURANCE



Heifer International calls for only the best, that's why VSP will serve as your vision care provider. The VSP Member Promise guarantees you will be completely satisfied as doctors are held to the highest quality standards to fulfill your vision care needs.

Services	VSP Preferred Providers	Other Providers
Eye Exam	\$10 Copay Routine retinal screening up to \$39	Reimbursed up to \$50
Lenses (Per Pair) Single Vision Bifocal Trifocal Lenticular	\$25 \$25 \$25 \$25	Reimbursed up to \$50 Reimbursed up to \$75 Reimbursed up to \$100 Reimbursed up to \$125
Frames	Up to \$130 allowance 20% discount for anything exceeding allowance	Reimbursed up to \$70
Contact Lenses (Instead of glasses) Elective Medically Necessary (Exam, fitting, follow-up, lenses)	Up to \$130 Allowance Covered in Full	Reimbursed up to \$105 Reimbursed up to \$210
Frequency Exams Lenses (glasses or contacts) Frames		12 Months 12 Months 24 Months
Your Cost Twice Per Month Employee Only Employee/Spouse Employee/Child(ren) Family		\$4.45 \$7.13 \$7.27 \$11.73

Laser VisionCare Program: 15% average discount or 5% off promotional price for PRK, LASIK, and Custom LASIK. Members who've had LVC surgery can use their frame benefit for non-prescription sunglasses.

TruHearing: Hearing aid discount program available to ALL VSP members. Sign up at vsp.truhearing.com



Effective January 1, 2016 Heifer will be changing third party administrators for our flexible spending accounts (FSAs) and our health savings accounts (HSAs).

Consolidated Admin Services (CAS) will offer new features such as:

- 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.

Health Savings Account (HSA)

If you enroll in the Heifer International High Deductible Health Plan, you may also **enroll in a Health Savings Account and Heifer International will contribute \$300/year for those with single coverage or \$600 per year for family coverage.** Any money you contribute into this account will be withdrawn from your check before taxes are deducted to help pay for eligible medical, dental and vision expenses and any unused money in your HSA will carry forward. Also, your HSA is yours to keep which means that you can take it with you if you change jobs or retire. If you have any money remaining in your HSA after your retirement, you may withdraw the money as cash. Please check with your tax advisor for more information about possible tax implications.

2016 HSA Contribution Limits (Including Employer Amt): Individual: \$3,350 and Family: \$6,750

A “Catch Up” contribution of an additional \$1,000 can be made at any time during the year in which a participant turns 55.

Flexible Spending Account (FSA)

For those of you who do NOT enroll in the HSA account, Heifer provides you the opportunity to pay for out-of-pocket medical, dental & vision expenses with pre-tax dollars through the Flexible Spending Account. **If you are enrolled in the HSA you may only enroll in a Limited Flexible Spending Account for your dental & vision expenses.**

Contributions to your FSA come out of your paycheck before any taxes are taken out just like the HSA. This means that you don't pay federal income tax, Social Security taxes, or state and local income taxes on the portion of your paycheck contributed to your FSA. Your elected amount will be divided equally and deducted through your payroll before taxes and will be available to you for eligible expenses whenever you need it. You may carry over up to \$500 in unused health FSA funds to the following year but any additional unused funds will be forfeited; there is NO grace period. **The 2016 FSA Contribution Limit is \$2,550**



You MUST re enroll each year to continue to participate in the HSA and/or FSA accounts!

Dependent Care FSA

You may also elect a Dependent Care FSA to be reimbursed for expenses related to the care of your eligible dependents while you and your spouse work. **The maximum you may contribute to the Dependent Care FSA is \$5,000 if you are a single employee or married filing jointly, or \$2,500 if you are married and filing separately.**





Healthcare Consumer Tools and Support for You and Your Family

MEDICAL CARE CAN BE FRUSTRATING! which is why Heifer has teamed with Compass to provide you with **experts in Resolving Problem Medical Bills, Finding Physician Specialists and Avoiding Overcharges.**

The professional advisors at Compass will give you **unbiased advice and expert guidance** to help you with **understanding your coverage, reviewing your bills, and resolving disputes.** They are available to assist you with Dental and Vision too. Most requests for assistance are answered the same or next business day. **Compass is even there to assist members of your household that are on a different insurance plan!**

EVER WONDER HOW TO CHOOSE YOUR PRIMARY CARE DOCTOR OR SPECIALIST?

Compass will help you select a doctor or hospital that is right for you and whose services are affordable yet of the highest quality. Doctors and hospitals have different fees for the same medical services. Compass will **compare costs** to ensure you get high quality health care without getting overcharged! Prescription costs are constantly increasing and that's why Compass will offer you the best **Prescription Assistance** in order to save you the maximum costs yet get you the medication you need.

TAKING ADVANTAGE OF THIS VALUABLE SERVICE COULD SAVE YOU PRECIOUS TIME & MONEY!



Personal Legal Plan

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 as well as safeguard for minors.

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

Your Cost Twice Per Month:

Legal Plan	\$9.48
ID Theft Protection	\$7.48
Legal/IDT Combo	\$14.45 (Best Value)

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

Life and Disability Insurance at NO COST TO YOU!

You will automatically be enrolled in the Basic Life & AD&D as well as the Short Term and Long Term Disability Insurance Plans and Heifer International will pay the full cost of these coverage's for you!

It is very important that you check to be sure your beneficiaries are up to date.

Life Benefit: \$75,000 and if your death is the result of an accident, your beneficiaries will also receive a \$75,000 Accidental Death & Dismemberment (AD&D) benefit.

AD&D also provides a specified benefit for covered accidental bodily injury that directly causes dismemberment (the loss of a hand, foot, eye, etc...)

AGE REDUCTIONS:

Benefits will reduce to 67% at age 70 and an additional 17% at age 75. The benefit terminates at retirement.



What is Disability Insurance?

Disability Insurance is income protection in the event that you are sick or seriously injured (car accident, cancer, stroke, etc...) and are not able to return to work for an extended period of time.

Short Term Disability: You will be eligible to receive Short Term Disability benefits after you have been unable to return work for a continuous **10 days** due to a covered illness or injury. Your benefits will pay **60% of your weekly earnings to a maximum of \$2,500 per week** and you may receive this benefit for **up to 25 weeks**.

Long Term Disability: If your injury or illness prevents you from returning to work for **180 days** and you meet benefit qualifications, your Long Term Disability benefits will pay **60% of your monthly salary but no more than \$6,000 per month**. Your LTD benefits are payable for the period during which you continue to meet the definition of disability and if necessary, may continue to your social security normal retirement age.

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.

Would You Like to Purchase Additional Life Insurance?

If you feel like your family needs additional life insurance protection, you have the opportunity to purchase more for yourself, your spouse and your child(ren).

AD&D coverage is included when you purchase additional life insurance for you and your family.

Benefits Available:

Employee: You may purchase in \$10,000 increments with a minimum of \$20,000 up to \$150,000 (guarantee issue without evidence of insurability) or up to \$500,000 after medical review.

Spouse: You may purchase for your spouse no more than 100% of your elected amount in \$5,000 increments up to \$50,000 (without evidence of insurability) or up to \$250,000 after medical review.

Child(ren): Dependent children between the ages of 14 days and 6 months old, the benefit is \$250, for children ages 6 months to 19 years old (26 if a full time student) you may purchase a benefit of either \$1,000, \$5,000 or \$10,000.

HOW MUCH DOES VOLUNTARY LIFE INSURANCE COST?

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	
\$5,000	\$10,000
\$1.00	\$2.00

*One premium covers all dependent children

NOTE: Age reductions apply, please see your benefit certificate for details

What are Voluntary Benefits?

Voluntary Benefits are offered to strengthen your overall benefits package. You customize the benefit based on need and affordability.

- Ownership - Policies are fully portable and belong to you if you leave your employer, same price and same plan
- Benefits are payroll deducted
- **Cash benefits are paid directly to you, not to a hospital or to a doctor**
- **Benefits are 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

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

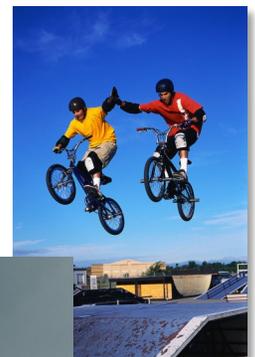
Accident Plan

A 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



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

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

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.

**Special Underwriting at Initial Offering: Guaranteed Issue
Employee Only - \$25,000**

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.

Examples of Wellness Benefit Screenings

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

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.

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

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/pwba or by contacting the U.S. Department of Labor at 1-866-275-7922.





RESOURCES FOR YOU

Plan	Carrier	Phone Number	Website
Medical	United Healthcare	866-314-0335	www.myuhc.com
Care 24 (Nurses Line)	United Healthcare	888-887-4114	www.myuhc.com
Dental	Delta Dental	800-462-5410	www.deltadentalar.com
Vision	VSP	800-877-7195	www.vsp.com
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 Tools	Compass	800-513-1667	www.compassphs.com/getconnected
Legal Services	Legal Shield	800-654-7757	www.legalshield.com
Transamerica Claims Help	Explain My Benefits	888-734-6937, Option 2	Email: service@explainmybenefits.biz

Other Contacts

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

JoAnne Edmondson: 1-800-852-5053 or **Direct** 501-377-8412 or **Email** jedmondson@stephens.com

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

Human Resources:

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

Ariel Maxwell: 501-907-2875 or ariel.wright@heifer.org

Arisha Hogan: 501-907-2627 or arisha.hogan@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 above.