



2019 Benefits Guide



The purpose of this enrollment guide is to describe the highlights of your benefit program through Herschend Family Entertainment (HFE). Your specific rights to benefits under the Plans are governed solely, and in every respect, by the official Plan documents and insurance contracts, and not by this guide. If there is any discrepancy between the descriptions of the Plans as described in this material and official Plan documents, the language in the Plan documents shall govern.

(OE—FTS)

Benefits Resource Website

For the 2019 plan year, HFE has partnered with Explain My Benefits to provide educational tools and resources to help you pick the coverages best suited for the needs of you and your family.

Please visit www.HFE-BENEFITS.com to access an electronic version of this benefit guide, videos, the ALEX tool (as further discussed below) and many other flyers on your benefit plans. Please take time to review these materials prior to making your elections. Your local benefits representative will be able to answer any additional questions that you may have.



What benefits plan is right for you?

Ask alex[®]

HFE offers an online decision support tool called ALEX that will help you select the best benefit plan for you and your family. When you talk to ALEX he will ask you a few questions about your health care needs, crunch some numbers, and point out what makes the most sense for you and your family. Anything you tell ALEX remains **anonymous**.

You can visit ALEX at www.HFE-BENEFITS.com.

How long will this take?

Most users spend about 7 minutes with ALEX, but it really just depends on how much guidance you would like. ALEX can also save your place if you are interrupted so you can go back to where you left off.

How should I prepare?

You do not need to do much of anything. ALEX will ask you to estimate what type of medical care you might need this upcoming year (doctor visits, surgeries, ER visits, prescriptions, etc.), so you may want to tally those up and talk to your family about their needs, but ALEX can also help you come up with some estimates.

How does ALEX know what plan is best for me?

ALEX takes the amount each plan would cost you out of your pocket (your premium) and adds that to the amount it would cost for services you said you might use. Then he will recommend the least expensive plan for your needs.

Can I use ALEX on my phone?

Yes! ALEX is optimized for any device you have.



Who can I enroll?

For the Medical, Dental, and Vision plans, you are allowed to add eligible dependents to the same plan in which you are enrolled. Eligible dependents include:

Contractual Beneficiary: An adult with whom you are eligible to file a joint federal tax return, if such adult's current status were to be in effect at the end of the tax year. The adult is assumed to be a U.S. resident.

Eligible Children: Children whose ages are less than the limiting age and include the employee's biological children, stepchildren, legally adopted children or children placed with the employee for adoption.

- The limiting age for each of the above-referenced children is the end of the month in which the child attains the age of 26 years. Children may be covered to the limiting age regardless of whether the children are married; are a tax dependent; are a student; are employed; reside with or receive financial support from you; or are eligible for other coverage through employment.
- Eligible children also include an Employee's child whose age is less than the limiting age and is entitled to coverage under the provisions of this Plan because of a medical child support order.
- Covered children who attain the limiting age while covered under this Plan will remain eligible for benefits if all of the following exist at the same time: permanently mentally disabled or permanently physically handicapped; incapable of self-sustaining employment; is declared on and legally qualifies under IRS rules as a "dependent" on the Employee's federal personal tax return filed for each year of coverage; and are not married.

When can I make changes to my benefits?

Generally, there are three times when you can enroll in or make changes to your benefit plans: 1) as a newly hired or benefit eligible employee, 2) after experiencing a qualifying status change (as defined by the IRS), or 3) during annual enrollment (to begin January 1st following election).

Newly Hired or New Benefit Eligible Employee

All benefit forms must be completed and returned to your local benefit representative within 30 days of eligibility. Failure to complete these forms within the 30 day deadline will result in no insurance coverage for the entire plan year.

Qualifying Status Change Event/Special Enrollment Period

If you have a qualifying "status change" event during the year, you may be allowed to make changes to your benefits mid-year. Please contact your local benefits representative within 30 days of the qualifying event in order to complete the necessary paperwork to make changes to your benefits. Documentation to support the qualifying event will be required. Newly elected coverage will be effective on the date of the qualifying event. Examples of such status changes include, but are not limited to:

- Change in the number of your dependents—such as birth, adoption, divorce, death.
- You and/or your dependent(s) lose other coverage due to exhaustion of COBRA coverage, loss of eligibility or employer termination of coverage.

Annual Enrollment

Annual Enrollment is your opportunity to review and/or change your benefit elections without having an IRS defined change in status.

What happens after I enroll?

You will receive ID cards, via mail, shortly after you have enrolled in benefits. Medical ID cards will come from Humana and prescription drug cards will come from OptumRx®. You will also receive dental and vision cards from Guardian. If you enroll in a flexible spending account or a health savings account, you will also receive those cards in the mail. (These cards will be separate from your medical ID cards.)

Provider Contacts

Benefits	Phone	Website
Health: Humana Group Number: 553632	(866) 427-7478	myhumana.com
Telemedicine: Doctor on Demand (Humana) Group Number: 553632	N/A	www.doctorondemand.com Download from the App Store or Google Play.
Dental: Guardian Group Number: 00531486	(800) 541-7846	www.GuardianAnytime.com
Vision: Guardian Group Number: 00531486	(844) 557-2646	www.GuardianAnytime.com
Flexible Spending Account: Humana Group Number: 553632	(800) 604-6228	humanaaccess.com
Health Savings Account: Humana Group Number: 553632	(800) 604-6228	humanaaccess.com
Voluntary Term Life Insurance: Guardian Group Number: 0055261	(800) 525-4542	www.GuardianAnytime.com
Voluntary Cancer Coverage: Guardian Group Number: 0055261	(800) 541-7846	www.GuardianAnytime.com
Voluntary Critical Illness: Guardian Group Number: 0055261	(800) 268-2525	www.GuardianAnytime.com
Voluntary Accident Coverage: Guardian Group Number: 0055261	(800) 541-7846	www.GuardianAnytime.com

Reasons to Call:

Claim Questions: Contact Carrier or PSC Benefits (mhudson@hfecorp.com or (417) 336-7094)

I.D. Cards/Number: Contact Carrier

Provider Search: Carrier Websites

Payroll Issues / Status Changes / Miscellaneous Benefit Issues: Property HR/Benefits Representative

Your Health Plans Options: PPO/QHDP

Herschend Family Entertainment is pleased to be offering all benefit eligible employees the opportunity to enroll in a Qualified High Deductible (QHDP) or a Preferred Provider Organization (PPO) Health Plan. The information below, along with resources at www.HFE-BENEFITS.com, are tools designed to help you make informed benefit decisions for you and your family.

Option 1: QHDP (Qualified High Deductible Plan)

- Premiums are significantly lower than the PPO Plan.
- You will pay a \$4,000 single/\$8,000 family deductible when using an in-network provider.
 - The QHDP deductible is an embedded deductible. An embedded deductible means your plan contains two components, an individual deductible and a family deductible. Having two components to the deductible allows for each member of your family the opportunity to have the insurance policy cover their medical bills prior to the entire dollar amount of the family deductible being met. The individual deductible is embedded in the family deductible.
- After you reach your deductible, the Plan will pay 80% of the cost when using an in-network provider/pharmacy until you reach the out-of-pocket maximum of \$6,000 single/\$12,000 family.
 - Plan deductible contributes towards your out-of-pocket maximum. Similar to the deductible the Plan's out-of-pocket maximum is also embedded.
- If you select QHDP, then you may also be eligible to contribute to an HSA. HSA funds can be used to help pay for deductible and coinsurance expenses.

Option 2: PPO (Traditional Preferred Provider Plan)

- You will pay a \$650 single/\$1,300 family deductible when using an in-network provider.
 - The PPO deductible is an embedded deductible. An embedded deductible means your plan contains two components, an individual deductible and a family deductible. Having two components to the deductible allows for each member of your family the opportunity to have the insurance policy cover their medical bills prior to the entire dollar amount of the family deductible being met. The individual deductible is embedded in the family deductible.
- After you reach your deductible, the Plan will pay 80% of the cost when using an in-network provider until you reach the out-of-pocket maximum of \$3,150 single/\$6,300 family.
 - Plan deductible contributes towards your out-of-pocket maximum. Similar to the deductible the Plan's out-of-pocket maximum is also embedded.
- Your office visit and RX co-pays make it easier to budget for these expenses, but these do not count toward your out-of-pocket maximum.
- Premiums are higher than the QHDP.

QHDP

Pros

- Premiums are lower than the PPO Plan.
- The HSA can be used to pay for your deductible, or it can be used for other healthcare services like dental and vision.
- The HSA can also be used to pay eligible expenses for your spouse and eligible dependent children not covered under the plan.
- You "own" the HSA.
- You can contribute to your HSA through pre-tax payroll deductions.
- Your unused contributions roll over from year to year.
- Your HSA account is Portable if you leave employment with HFE.

Cons

- You may have to budget for the deductible in the first few months of the calendar year depending on the timing of your healthcare expenses.
- No coverage for RX until deductible is met.
- Higher plan deductible.
- Higher out-of-pocket maximums.

PPO

Pros

- 100% coverage for RX after co-pays/coinsurance.
- Lower deductibles and out-of-pocket limits.

Cons

- Premiums are higher than the QHDP.
- You cannot contribute to an HSA.

Your Health Plans Options: PPO/QHDP (continued)

MEDICAL PLANS AT A GLANCE

Plan Features	Qualified High Deductible (QHDP)		Preferred Provider Organization (PPO)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible				
Single	\$4,000	\$8,000	\$650	\$650
Family	\$8,000	\$16,000	\$1,300	\$1,300
Coinsurance (after deductible)	80%	50%	80%	50%
Calendar Year Out-of-Pocket Maximums (includes deductibles and coinsurance ; <u>does not</u> include PPO co-pays)				
Single	\$6,000	\$12,000	\$3,150	\$6,300
Family	\$12,000	\$24,000	\$6,300	\$12,600
After maximum is reached, plan pays for the remainder of the calendar year	100%	100%	100%	100%
Physician Office Visit Copay				
Office Visit	Deductible & Coinsurance	Deductible & Coinsurance	\$30/\$40*	50% after deductible
Specialist	Deductible & Coinsurance	Deductible & Coinsurance	\$60	50% after deductible
Telemedicine: Doctor On Demand	\$49	N/A	\$0	N/A
*If you work at a property without access to an onsite health clinic, your office visit copay is \$30. If you work at a property with access to an onsite health clinic, your office visit copay is \$40.				
Preventive Services				
Covered Preventive Services (as defined by ACA)	100%	50% (after deductible)	100%	50% (after deductible)
Pharmacy				
Level 1: Generic	80% after deductible	N/A	\$10 co-pay	N/A
Level 2: Preferred Brand Name	80% after deductible	N/A	\$20 co-pay + 20%	N/A
Level 3: Non-Preferred Brand Names	80% after deductible	N/A	\$35 co-pay + 20%	N/A
Maximum Annual Prescription Drug Out of Pocket	Combined with medical limits above		\$2,000/individual	
Bi-Weekly Premiums				
	You Pay		You Pay	
Employee Only	\$25.85		\$82.43	
Employee + Spouse	\$72.68		\$182.97	
Employee + Child(ren)	\$62.86		\$160.50	
Family	\$98.22		\$247.10	

Health Savings Account (HSA)

If you enroll in the Qualified High Deductible Health Plan, you may elect to participate in a Health Savings Account.

What is an HSA?

A savings account where you can either direct pre-tax payroll deductions or deposit money to be used by you to pay for current or future medical expenses for you and/or your dependents. Once money goes into the account, it's yours forever - the HSA is in your name, just like a personal checking or savings account.

Why would I want an HSA?

Because you fund the HSA with pre-tax money, you are using tax-free funds for healthcare expenses you would normally pay for out-of-pocket using after-tax dollars. Your HSA contributions do NOT count as taxable income for federal tax purposes.

What rules must I follow?

- You must be covered under a Qualified High Deductible Plan (QHDP) in order to establish an HSA.
- You cannot be enrolled in Medicare or Tricare.
- You cannot be claimed as a dependent under someone else's tax return.
- You cannot establish an HSA if you or your spouse also have a medical flexible spending account (FSA).
- You cannot set up an HSA if you have insurance coverage under another plan, for example your spouse's employer, unless that secondary coverage is also a qualified high deductible health plan.
- You are responsible for making sure you do not contribute over the IRS annual limits.

What else do I need to know?

- The contributions from your paycheck are tax-free, grow tax-free, and come out tax-free, as long as you utilize the funds for approved services (medical, dental, vision, and over-the-counter medically necessary items).
- You are able to change (increase/decrease) or stop contributing to your HSA account any time during the year.
- Your HSA funds will be available for you to use once they have posted to your account. If you have an expense greater than your HSA balance, you will have to pay the remaining cost another way, such as cash or personal check. (You can request reimbursement after you have accumulated more money in your HSA account.)
- Your unused contributions roll over from year to year and can be taken with you if you leave the Company or retire.
- If you use the money for non-qualified expenses, the money becomes taxable and may be subject to a 20% excise penalty tax (like an IRA account).
- If you will be age 55 or older in 2019, you can elect to have health savings account catchup contributions. (On top of the annual contribution limits of \$3,500 individual/\$7,000 family, you can elect to have an additional \$1,000 in catchup contributions made to your HSA.)
- If you elect to enroll in an HSA, information will be sent to UMB Bank (Humana's banking partner) so that an account can be opened in your name. Your payroll deductions will be sent to this account.
- If you currently have an existing HSA, you may transfer your funds into your UMB HSA account.
- You are responsible for making sure you use funds only for qualified healthcare expenses. You will want to save your itemized receipts and EOBs for tax purposes.
- Once you turn 65, become disabled and/or qualify for Medicare, you can use the account for other purposes without paying the 20% penalty, but you will pay income taxes.

Flexible Spending Account (FSA)

Whether or not you enroll in the Qualified High Deductible Health Plan (QHDP) or Preferred Provider Organization (PPO) you can elect to participate in the Flexible Spending Account.

What is an FSA?

A Flexible Spending Account is a special account you put money into that you use to pay for certain out-of-pocket health care costs. You do not pay taxes on this money. This means you will save an amount equal to the taxes you would have paid on the money you set aside.

Why would I want an FSA?

You could save money and spread your out-of-pocket costs over the year with a Medical FSA. You can use the funds to pay for out-of-pocket medical, pharmacy, dental and vision expenses for you and your dependents even though they may not be covered by your plans. This also includes your cost of copays, coinsurance, eyeglasses, contact lenses, orthodontia, chiropractic care and eligible over-the-counter drugs.

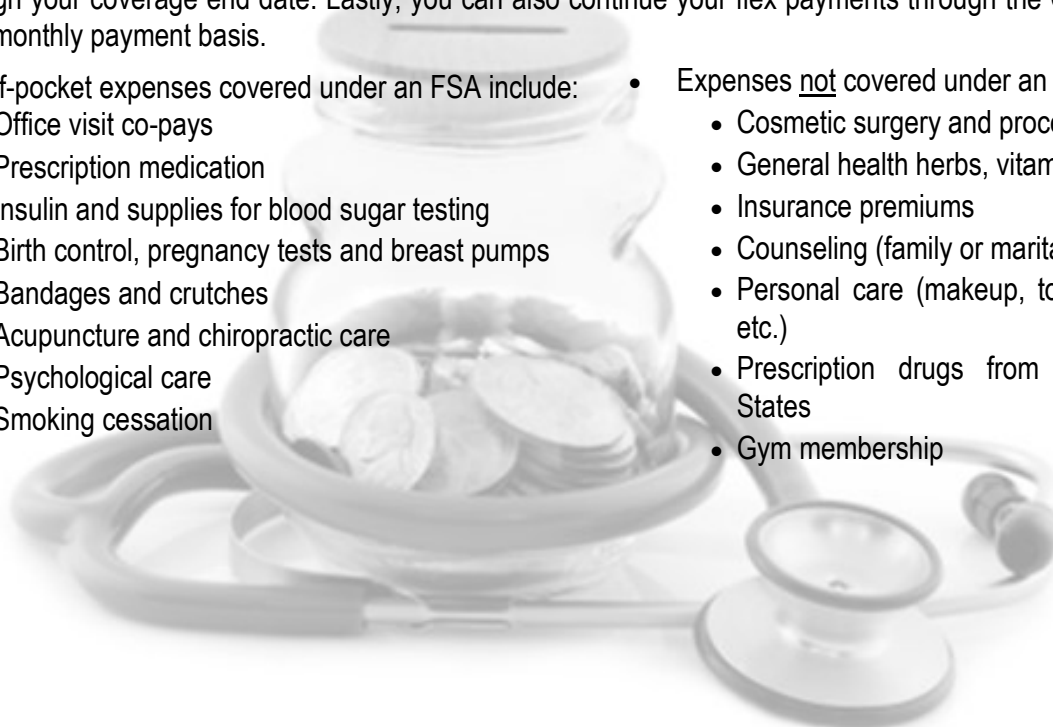
You may elect to set aside up to the maximum allowed by the IRS (\$2,700 for 2019), on a pre-tax basis. Your entire Medical FSA is available immediately. (Example: if you elect to set aside \$500 annually, that \$500 is available to you as soon as your account is opened- but is deducted from your check in equal deductions over the remaining pay periods in the plan year.)

What rules must I follow?

- You must use the funds you contribute to your FSA for services/expenses incurred during 2019 or they will be lost.
 - IRS allows, and our Plan has adopted, a Flexible Spending Account "grace period." The grace period allows qualifying flex plan expenses incurred between January 1st and March 15th, 2020 to be reimbursed with residual dollars from your 2019 flex account. The deadline for filing these FSA claims is March 31st, 2020.
- You are able to participate in the FSA plan even if you decline health coverage.
- You may have to substantiate reimbursements. Please keep receipts for all eligible expenses.
- You will need a prescription from your provider in order to use your FSA funds for over-the-counter medicines.

What else do I need to know?

- Participation in the FSA disqualifies you from HSA eligibility.
- If your employment ends with HFE and you have a balance in your FSA account, you can buy out the remainder of your annual election on your final check in order to submit claims for services incurred through the end of the year. If you do not buy out your FSA and you have an account balance, you will only be able to submit receipts for services through your coverage end date. Lastly, you can also continue your flex payments through the COBRA administrator on a monthly payment basis.
- Out-of-pocket expenses covered under an FSA include:
 - Office visit co-pays
 - Prescription medication
 - Insulin and supplies for blood sugar testing
 - Birth control, pregnancy tests and breast pumps
 - Bandages and crutches
 - Acupuncture and chiropractic care
 - Psychological care
 - Smoking cessation
- Expenses not covered under an FSA include:
 - Cosmetic surgery and procedures
 - General health herbs, vitamins and supplements
 - Insurance premiums
 - Counseling (family or marital)
 - Personal care (makeup, toothpaste, deodorant, etc.)
 - Prescription drugs from outside the United States
 - Gym membership



MyHumana (Health)

MyHumana offers you valuable tools in regard to your benefits. To create your MyHumana login, please visit www.myhumana.com, select “register”, choose “Member-All other Plan types,” and then continue to follow the steps to complete your setup.

On MyHumana, you are able to:

- Verify network providers,
- Check the status of claims,
- View/print copies of your medical cards,
- AND much, much more.



Any dependents over the age of 18 (to include your contractual beneficiary or dependent children) will need to set up their own access to MyHumana. Once signed in, they can authorize you to have access to view their claim information. (This is considered a HIPAA privacy issue.)

MyHumana Mobile (Health)

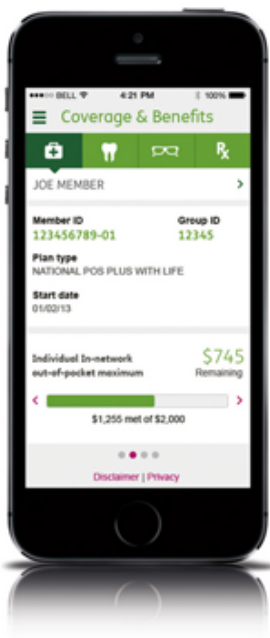
MyHumana Mobile is designed to give you the best tools while you are on the move. The app enables you to get answers to questions you might have such as:

- Checking a claim status
- Seeing if a doctor is in network
- Verifying benefits

You can access your healthcare information on a smart phone in three ways:

- Download the application to your smart phone
- Access the mobile site at humana.com using your MyHumana User ID and Password.
- Text message alerts*
 - Register or Sign in to MyHumana
 - Click on Account settings & preferences
 - Select Edit your preferences
 - Select Mobile from the tab
 - Register and verify your Mobile #
 - Select the alerts you want to receive

*Message and data rates may apply.



Humana Access - New for 2019! (HSA and FSA)

Humana Access will offer you access to FSA and HSA information and account balances. If you are enrolling in a Health Savings Account or Flexible Spending Account you will have to create a log in for Humana Access. We encourage you to do so by going to www.humanaaccess.com.

Humana Access Mobile - New for 2019! (HSA and FSA)

The **NEW** Humana Access Mobile app is available in the Apple Store or Google Play. You will be able to download this app in order to view your HSA and FSA information and account balances right from your phone.

Telemedicine: Doctor On Demand

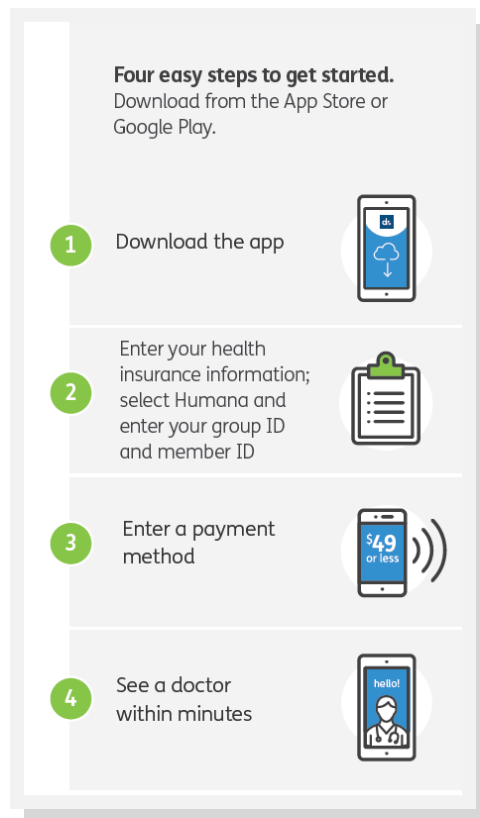
Telemedicine gives you and your covered dependents unlimited doctor access 24x7 via phone and video. If you enroll in the QHDP, there will be a \$49 co-pay, and if you enroll in the PPO, there will be a \$0 co-pay.

It's available wherever you are, without the hassle of the waiting room. Connect in minutes with board-certified doctors and therapists over live video or phone.

Just like an in-person visit, the doctor takes your history and symptoms, performs an exam and may recommend treatment—including prescriptions and lab work.

Go to [DoctorOnDemand.com](https://www.DoctorOnDemand.com) to get additional information.

Doctor On Demand may treat covered dependents, except children under the age of 2, for non-emergency health conditions. Telemedicine is not for emergencies such as chest pain, abdominal pain or shortness of breath.



HumanaFirst® - Nurse Line Advice

It's the middle of the night, and you or your child are sick. It's the weekend and you notice a strange rash. What can you do when a situation arises and your doctor is not available?

In addition to providing you with education and support, Humana nurses will assist you with programs designed to effectively manage health conditions such as diabetes, asthma, congestive heart failure, and maternity.

The Nurse Advice Line 1-800-622-9529 is a 24/7 toll-free line, provided by Humana, that you and your eligible dependents can call to seek medical advice when your doctor is not in the office. (This number can also be found on the back of your Humana medical identification card.)

If you need help finding a specialist or testing pre-authorization, you may contact the Nurse Advice Line. They are there to help you with more than just medical advice when your doctor is not available.

Personal Nurse®

Humana offers a program of specially-trained nurses who reach out to those who may be at risk for, or currently dealing with, serious health issue. You work with the same nurse every time - a nurse who takes the time to understand your unique situation.

Personal Nurses offer information so that you can make informed decisions and take control of your health. This service does not replace your doctor, but helps you communicate with your caregivers and work with your doctor so you can make decisions with confidence. A Personal Nurse will help you gain control of your health - not just manage your symptoms.

Call 1-877-416-8773 to get in touch with a Personal Nurse.

All these benefits are an extension of your health coverage, so you do need to be enrolled in one of the HFE health plans in order to participate.



Prescription Drug Benefits/Co-Pays

OptumRx® is your health plan's prescription drug provider. The OptumRx® goal is to provide safe, easy and cost effective ways for you to get the prescription medications you need.



QHDP vs PPO Prescriptions Plans:

If you enroll in the QHDP, you will pay the **full cost** of your prescriptions until you have met your deductible for the year. Once you have met the deductible, eligible prescriptions are covered at 80% until you reach the out-of-pocket maximum, at which point the Plan covers 100% of the cost. ACA preventive prescriptions are covered at 100% before your deductible is met.

If you enroll in the PPO Plan, the prescriptions co-pays are:

Level 1: Generic.....	\$10 co-pay
Level 2: Preferred Brand Name	\$20 co-pay +20%
Level 3: Non-Preferred Brand Name.....	\$35 co-pay + 20%
Maximum Annual Prescription Drug Out-of-Pocket	\$2,000/individual

The PPO Plan provides different levels of coverage for different types of medication. Each tier level has a different co-payment.

Your coverage could change for several reasons including:

- Medication could change tiers
- Medication may be required to have a prior authorization
- Medication may only be dispensed in certain quantities



If you enroll in one of the health plans, you will receive prescription drug ID card(s) via mail.

Consider using home delivery for your maintenance prescriptions. Home delivery is convenient, cheaper for the Plan, and allows you to get up to a 90-day supply of your maintenance medication(s).

Ask your doctor to call **1-800-791-7658** for instructions on how to fax your prescription directly to OptumRx® or your doctor can send an electronic prescription to OptumRx® as well.

New orders should arrive at your home address in about 10 business days after OptumRx® receives your order. Refills should arrive in about seven business days. There is no cost to you for standard delivery. (Overnight delivery is available at an additional charge.)



Dental Plan Administrator: Guardian



Taking care of your dental health is a very important part of your total health. It is recommended that you visit your dentist every six months for a preventive exam and cleaning. HFE offers a **self-insured** dental plan for eligible employees and dependents.

There is no required PPO network for dental procedures. You may go to the provider of your choice. However, if you decide to utilize a dentist who is in the Guardian network, you will be eligible for the PPO negotiated discounts which means less out-of-pocket expenses for you.

DENTAL PLAN AT A GLANCE	
Plan Features	
Services Rendered	
Preventive exams and cleanings (every 6 months) (includes exams, most x-rays, cleanings, child fluoride treatments)	100%
Basic (includes fillings, extractions, most oral surgery, anesthesia, and most root canals)	80%
Major (includes bridges, implants, denture repairs, crowns, molar root canals)	50%
Orthodontia (adult and child)	50%
Calendar Year Deductible - For Basic, Orthodontia and Major Services	
Single	\$50
Family	\$150
Maximum Benefit	
Annual Benefit Maximum-Calendar Year-per-person (includes basic, major restorative and prosthodontic services) <small>*Covered preventive services are not included in the annual maximum benefit</small>	\$2,000*
Orthodontia-Lifetime-per-person	\$1,500
Bi-Weekly Premiums	
	You Pay
Employee Only	\$8.66
Employee + Spouse	\$23.30
Employee + Child(ren)	\$18.24
Family	\$37.42



Vision Plan and Administrator: Guardian

Before visiting your eye doctor, check www.guardiananytime.com to see if your doctor is in-network.

Significant out-of-pocket savings are available by visiting one of Guardian's Vision network locations; including retail centers such as Walmart, JCPenney, Sears, Target, Sam's Club, Costco, Pearle, America's Best, For Eyes and Visionworks.

VISION PLAN AT A GLANCE		
Plan Features		
	In-Network	Out-of-Network
Copays		
Exam Copay	\$10	N/A
Material Copay (waived for non-formulary elective contact lenses)	\$15	N/A
Sample of Covered Services (Member's cost)		
Eye Exams	\$0	Amount over \$59
Single Vision Lenses	\$0	Amount over \$30
Lined Bifocal Lenses	\$0	Amount over \$50
Lined Trifocal Lenses	\$0	Amount over \$65
Lenticular Lenses	\$0	Amount over \$100
Frames	80% of amount over \$130	Amount over \$70
Contact Lenses (Elective)	Amount over \$130	Amount over \$120
Contact Lenses (Medically necessary)	\$0	Amount over \$210
Contact Lenses (Evaluation and fitting)	Standard \$50; Custom \$75	No discounts
Cosmetic Extras	Up to 45% off provider UCR	No discounts
Glasses (Additional pair of frames and lenses)	Courtesy discount from most providers up to 20% off provider UCR	No discounts
Laser Correction Surgery Discount	Up to 25% off the national average	No discounts
Hearing	Savings of 30-60%	No discounts
Service Frequencies		
Exams	Every calendar year	
Lenses (for glasses or contact lenses)	Every calendar year	
Frames	Every two calendar years	
Network discounts (glasses and contact lenses professional service)	Courtesy discount from most providers up to 20% off provider UCR	
Bi-Weekly Premiums		
	You Pay	
Employee Only	\$2.42	
Employee + Spouse	\$4.37	
Employee + Child(ren)	\$5.40	
Family	\$7.39	

- The contact lenses allowance is applied to the cost of the contacts, fittings and evaluation when the member utilizes an out-of-network provider.
- Complete eyeglasses must be purchased at one time from one provider. For example, if you purchase only lenses, you cannot purchase frames later in the same benefit period. You would not be eligible for new vision materials until the next benefit period.
- Due to lower prices being available at Walmart, Sam's Club and Costco locations, the discounts do not apply.
- Not all Pearle Vision stores are participating in-network locations. Not all doctors in a retail location are in-network. Some retail locations are materials only and do not offer exams. See the directory and contact the location to ensure participation.

Voluntary Plans: Guardian

Herschend Family Entertainment is excited to offer all benefit eligible employees the opportunity to enroll in a variety of voluntary benefit plans, including:

- **Life and Dependent Life Insurance** can be there, when the unexpected happens, to help those left behind get back on their feet financially and cover on-going expenses.
- **Cancer Insurance** is a benefit that will make payments directly to you in the event of a cancer diagnosis, certain procedures, screenings, and treatments.
- **Critical Illness Insurance** is a benefit that will make payments directly to you in the event of a heart attack, stroke, heart failure, coronary arteriosclerosis, or kidney or organ failure.
- **Accident Insurance** is a benefit that will make payments directly to you in the event of a serious accident.

Why consider enrolling in one or more of these plans?

The plans offer affordable group rates that you may not be able to get through an individual policy elsewhere. You also have the convenience of payroll deductions. (If you do not have enough hours or earnings to cover your premiums during any pay period, you are still responsible for paying your premiums in a timely manner.)

The voluntary plan premiums will be employee paid and deducted post-tax. Please review the following pages for specifics regarding each line of coverage.

If you do not enroll in any of the four voluntary plans (voluntary life, critical illness, cancer and accident) when you first become eligible, you will be able to add coverage during future annual enrollment periods with the exception of voluntary life. To add voluntary life, an Evidence of Insurability form will need to be completed, but does not guarantee enrollment.



Voluntary Term Life Insurance

VOLUNTARY TERM LIFE BENEFIT SUMMARY

About Your Benefits

When the unexpected happens, life insurance can be there to help those left behind get back on their feet financially and cover on-going expenses. Getting life insurance at work makes it easier, more convenient, and often more affordable than doing it on your own. You can buy Life Insurance through HFE's plan with no health insurance questions to answer and have your premiums deducted from your pay checks.

What Your Benefits Cover:

Coverage - Details

Employee Benefit	\$10,000 increments to a maximum of \$250,000
Accidental Death and Dismemberment	Employee, Spouse and Child(ren) coverage. Maximum 1x life amount.
Spouse Benefit	\$5,000 increments to a maximum of \$250,000. Not to exceed 100% of the employee's amount.
Child Benefit	Your dependent children age 14 days to 26 years. You may elect one of the following options: \$5,000 or \$10,000 (subject to state limits).
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount when you sign up for coverage during the initial enrollment period.	Guardian Guarantee Issue coverage up to: Employee: \$250,000 Spouse: \$25,000 Dependent Children: \$10,000
Premiums	Premiums increase on plan anniversary (1/1) after you enter next the five-year age group Premiums are based on employees age as of the first of the year.
Portability: Allows you to take coverage with you if your employment ends.	Yes, with age and other restrictions.
Conversion: Allows you to continue your coverage after your group plan has terminated.	Yes, with restrictions; see certificate of benefits.
Accelerated Life Benefit: A lump sum benefit is paid to you if you are diagnosed with a terminal condition, as defined by the plan.	Yes
Waiver of Premiums: Premiums will not need to be paid if you are totally disabled.	For employees disabled prior to age 60, with premiums waived until age 65, if conditions are met.
Benefit Reduction: Benefits are reduced by a certain percentage as an employee ages.	Reduction: 35% at age 65 60% at age 70 75% at age 75 85% at age 80

Voluntary Term Life Benefit Summary continued on next page.

* Reduction of benefit

Cancer Insurance



CANCER BENEFIT SUMMARY

About Your Benefits

Cancer Insurance is a benefit that will make payments directly to you in the event of a cancer diagnosis, certain procedures, screenings, and treatments. You can buy Cancer Insurance through HFE's plan with no health insurance questions to answer (however please note the pre-existing conditions limitation below) and have your premiums deducted from your paychecks.

What Your Benefits Cover:

Coverage - Details

Bi-Weekly Premiums	Option 1: Value Plan	Option 2: Advantage Plan
Employee Only	\$6.34	\$13.62
Employee + Spouse	\$12.69	\$27.32
Employee + Child(ren)	\$7.43	\$16.04
Family	\$13.78	\$29.75
Radiation Therapy or Chemotherapy		
Benefits	Schedule amounts up to a \$5,000 benefit year maximum.	Schedule amounts up to a \$10,000 benefit year maximum.
Pre-Existing Conditions Limitation: A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	12 month look back period, 12 month exclusion period.	12 month look back period, 12 month exclusion period.
Portability: Allows you to take your Cancer coverage with you if you terminate employment. Ported Cancer plan terminates at age 70.	Included	Included
Child(ren) Age Limits	Children age birth to 26 years	Children age birth to 26 years
Initial Diagnosis Benefit Amount	Employee \$1,500; Spouse: \$1,500; Child \$1,500	Employee \$5,000; Spouse: \$5,000; Child \$5,000
Initial Diagnosis Waiting Period	30 days	30 days
Cancer Screening	\$50: \$50 for follow-up screenings	\$100: \$100 for follow-up screenings

Cancer Benefit Summary continued on next page.

Cancer Insurance (continued)

Features		
	Option 1: Value Plan	Option 2: Advantage Plan
Air Ambulance	\$250/trip, limit 2 trips per hospital confinement	\$1,500/trip, limit 2 trips per hospital confinement
Alternative Care	No Benefit	No Benefit
Ambulance	\$200/trip, limit 2 trips per hospital confinement	\$200/trip, limit 2 trips per hospital confinement
Anesthesia	25% of surgery benefit	25% of surgery benefit
Anti-Nausea	No Benefit	\$50/day up to \$150 per month
Attending Physician	\$25/day while hospital confined. Limit 75 visits.	\$25/day while hospital confined. Limit 75 visits.
Blood/Plasma/Platelets	\$50/day up to \$5,000 per year	\$100/day up to \$5,000 per year
Bone Marrow/Stem Cell	No Benefit	Bone Marrow: \$7,500 Stem Cell: \$1,500 50% benefit for 2nd transplant. \$1,000 benefit if a donor
Experimental Treatment	No Benefit	\$100/day up to \$1,000/month
Extended Care Facility/Skilled Nursing Care	\$100/day up to 90 days per year	\$100/day up to 90 days per year
Government or Charity Hospital	No Benefit	\$300 per day in lieu of all other benefits
Home Health Care	No Benefit	\$50/visit up to 30 visits per year
Hormone Therapy	\$25/treatment up to 12 treatments per year	\$25/treatment up to 12 treatments per year
Hospice	\$50/day up to 100 days/lifetime	\$50/day up to 100 days/lifetime
Hospital Confinement	\$300/day for first 30 days; \$600/day for 31st day thereafter per confinement	\$300/day for first 30 days; \$600/day for 31st day thereafter per confinement
ICU Confinement	\$400/day for first 30 days; \$600/day for 31st day thereafter per confinement	\$400/day for first 30 days; \$600/day for 31st day thereafter per confinement
Immunotherapy	\$500 per month, \$2,500 lifetime max	\$500 per month, \$2,500 lifetime max
Inpatient Special Nursing	No Benefit	\$100/day up to 30 days per year
Medical Imaging	No Benefit	\$100/image up to 2 per year
Outpatient and family member lodging - Lodging must be more than 50 miles from your home.	No Benefit	\$75/day, up to 90 days per year
Outpatient or Ambulatory Surgical Center	No Benefit	\$250/day, 3 days per procedure
Physical or Speech Therapy	No Benefit	\$25/visit up to 4 visits per month, \$400 lifetime max
Prosthetic	Surgically Implanted: \$2,000/device, \$4,000 lifetime max Non-Surgically: \$200/device, \$400 lifetime max	Surgically Implanted: \$2,000/device, \$4,000 lifetime max Non-Surgically: \$200/device, \$400 lifetime max
Reconstructive Surgery	No Benefit	Breast TRAM Flap: \$2,000 Breast Reconstruction: \$500 Breast Symmetry: \$250 Facial Reconstruction: \$500
Reproductive Benefit	No Benefit	No Benefit
Second Surgical Opinion	\$200/surgical procedure	\$200/surgical procedure
Skin Cancer	Biopsy Only: \$100 Reconstructive Surgery: \$250 Excision of skin cancer: \$375 Excision of skin cancer with flap or graft: \$600	Biopsy Only: \$100 Reconstructive Surgery: \$250 Excision of skin cancer: \$375 Excision of skin cancer with flap or graft: \$600
Surgical Benefit	Schedule amount up to \$2,750	Schedule amount up to \$4,125
Transportation/Companion Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive treatment for internal cancer.	No Benefit	\$0.50/mile up to \$1,000 per round trip/equal benefit for companion
Waiver of Premium - If you become disabled due to cancer that is diagnosed after the employee's effective date, and you remain disabled for 90 days, we will waive the premium due after such 90 days for as long as you remain disabled.	Included	Included

Understanding Your Benefits:

Cancer – Cancer means you have been diagnosed with a disease manifested by the presence of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells in any part of the body. This includes leukemia, Hodgkin's disease, lymphoma, sarcoma, malignant tumors and melanoma. Cancer includes carcinomas in-situ (in the natural or normal place, confined to the site of origin, without having invaded neighboring tissue). Pre-malignant conditions or conditions with malignant potential, such as myelodysplastic and myeloproliferative disorders, carcinoid, leukoplakia, hyperplasia, actinic keratosis, polycythemia, and nonmalignant melanoma, moles or similar diseases or lesions will not be considered cancer. Cancer must be diagnosed while insured under the Guardian cancer plan.

Experimental Treatment – Benefits will be paid for experimental treatment prescribed by a doctor for the purpose of destroying or changing abnormal tissue. All treatment must be NCI listed as viable experimental treatment for Internal Cancer.

Critical Illness

CRITICAL ILLNESS BENEFIT SUMMARY

About Your Benefits

Critical Illness Insurance is a benefit that will make payments directly to you in the event of a heart attack, stroke, heart failure, coronary arteriosclerosis, or kidney or organ failure. You can buy Critical Illness Insurance through HFE's plan with no health insurance questions to answer (if under age 70) and have your premiums deducted from your paychecks.

What Your Benefits Cover:

Coverage - Details

Employee Benefits Amount(s)	Employee may choose a lump sum benefit of \$5,000 to 30,000 in \$5,000 increments.
Spouse Benefit Amount(s)	A spouse may choose a lump sum benefit of \$2,500 to \$15,000, in \$2,500 increments, up to 50% of the employee's lump sum benefit.
Child Benefit - Children age birth to 26 yrs	An eligible child's benefit is 50% of employee's lump sum benefit
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount when you sign up for coverage during the initial enrollment period.	For employees, less than 70, guarantee issue of \$30,000. For a spouse, less than 70, guarantee issue of \$15,000. For a eligible child all amounts are guaranteed.
Pre-Existing Condition Limitations: A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment or took prescribed drugs.	Not applicable

Conditions	1st Occurrence	2nd Occurrence
Vascular		
Heart Attack	100%	100%
Stroke	100%	100%
Heart Failure	100%	100%
Coronary Arteriosclerosis	30%	0%
Other		
Organ Failure	100%	100%
Kidney Failure	100%	100%

Condition Definition

Stroke: Stroke must be severe enough to cause neurological deficits at least 30 days after the event.

Heart Failure: An insured must be placed on an organ transplant list in order to be eligible for the Heart failure benefits.

Coronary Arteriosclerosis: Coronary Arteriosclerosis must be severe enough to require a coronary artery bypass graft.

Organ Failure: Organ failure includes both lungs, liver, pancreas, bone marrow, and requires the insured to be placed on an organ transplant list.

Kidney Failure: An insured must be placed on an organ transplant list in order to be eligible for the Kidney failure benefits.

Bi-weekly Premiums

Bi-Weekly Premiums per Age Bracket	< 30	30 - 39	40 - 49	50 - 59	60 - 69	70+
Employee¹						
\$5,000	\$0.35	\$0.62	\$1.48	\$3.16	\$5.47	\$10.71
\$10,000	\$0.69	\$1.25	\$2.95	\$6.32	\$10.94	\$21.42
\$15,000	\$1.04	\$1.87	\$4.43	\$9.49	\$16.41	\$32.12
\$20,000	\$1.39	\$2.49	\$5.91	\$12.65	\$21.88	\$42.83
\$25,000	\$1.73	\$3.12	\$7.39	\$15.81	\$27.35	\$53.54
\$30,000	\$2.08	\$3.74	\$8.86	\$18.97	\$32.82	\$64.25
Spouse²						
\$2,500	\$0.18	\$0.31	\$0.74	\$1.58	\$2.74	\$5.35
\$5,000	\$0.35	\$0.62	\$1.48	\$3.16	\$5.47	\$10.71
\$7,500	\$0.52	\$0.94	\$2.22	\$4.75	\$8.20	\$16.06
\$10,000	\$0.69	\$1.25	\$2.95	\$6.32	\$10.94	\$21.42
\$12,500	\$0.87	\$1.56	\$3.69	\$7.91	\$13.68	\$26.77
\$15,000	\$1.04	\$1.87	\$4.43	\$9.49	\$16.41	\$32.12

¹ Child premium cost is included with employee's election.

² Spouse's benefit amount can be up to 50% of employee's amount - maximum of \$15,000.

Accident Insurance



ACCIDENT BENEFIT SUMMARY

About Your Benefits

Accident Insurance is a benefit that will make payments directly to you in the event of a serious accident. Payment amounts vary based on the nature of the accident. You can buy Accident Insurance through HFE's plan with no health insurance questions to answer and have your premiums deducted from your paychecks.

What Your Benefits Cover:

Coverage - Details

Bi-Weekly Premiums	Option 1: Value Plan	Option 2: Premier Plan
Employee Only	\$5.11	\$7.65
Employee + Spouse	\$8.38	\$12.31
Employee + Child(ren)	\$8.87	\$12.82
Family	\$12.14	\$17.48
Accident Coverage Type	On and off Job	On and off Job
Portability: Allows you to take your Accident coverage with you if you terminate employment. Ported Accident plan terminates at age 70.	Included	Included
Child(ren) Age Limits	Children age birth to 26 years	Children age birth to 26 years

Accident Benefit Summary continued on next page.

Accident Insurance (continued)

Features		
	Option 1: Value Plan	Option 2: Premier Plan
Accident Emergency Room Treatment	\$150	\$200
Accident Follow-Up Visit - Doctor	\$25 up to 6 treatments	\$75 up to 6 treatments
Air Ambulance	\$500	\$1,500
Ambulance	\$100	\$200
Appliance - Wheelchair, leg or back brace, crutches, walker, walking boot that extends above the ankle or brace for the neck.	\$100	\$125
Blood/Plasma/Platelets	\$300	\$300
Burns (2nd Degree/ 3 Degree)	9 sq inches to 18 sq inches: \$0/\$2,000 18 sq inches to 35 sq inches: \$1,000/\$4,000 Over 35 sq inches: \$3,000/\$12,000	9 sq inches to 18 sq inches: \$0/\$2,000 18 sq inches to 35 sq inches: \$1,000/\$4,000 Over 35 sq inches: \$3,000/\$12,000
Burn -Skin Graft	50% of burn benefit	50% of burn benefit
Child Organized Sports - Benefit is paid if the covered accident occurred while your covered child is participating in an organized sport that is governed by an organization and requires formal registration to participate.	20% increase to child benefits	20% increase to child benefit
Chiropractic Visits	No Benefit	\$50 per visit up to 6 visits
Coma	\$7,500	\$12,500
Concussions	\$50	\$100
Dislocations	Schedule up to \$3,600	Schedule up to \$4,800
Diagnostic Exam (Major)	\$100	\$200
Emergency Dental Work	\$200/Crown, \$50/Extraction	\$400/Crown, \$100/Extraction
Epidural Pain Management	\$100, 2 times per accident	\$100, 2 times per accident
Eye Injury	\$200	\$300
Family Care	\$20/day up to 30 days	\$20/day up to 30 days
Fracture	Schedule up to \$4,500	Schedule up to \$6,000
Hospital Admission	\$750	\$1,250
Hospital Confinement	\$175/day - up to 1 year	\$250/day - up to 1 year
Hospital ICU Admission	\$1,500	\$2,500
Hospital ICU Confinement	\$350/day - up to 15 days	\$500/day - up to 15 days
Initial Physician's Office/Urgent Care Facility Treatment	\$50	\$100
Joint Replacement (hip/knee/shoulder)	\$1,500/\$750/\$750	\$3,500/\$1,750/\$1,750
Knee Cartilage	\$500	\$750
Laceration	Schedule up to \$300	Schedule up to \$500
Lodging - The hospital must be more than 50 miles from the insured's residence.	\$100/day, up to 30 days for companion hotel stay	\$150/day, up to 30 days for companion hotel stay
Occupational or Physical Therapy	\$25/day up to 10 days	\$35/day up to 10 days
Prosthetic Device/Artificial Limb	1: \$500 2 or more: \$1,000	1: \$750 2 or more: \$1,500
Rehabilitation Unit Confinement	\$150/ day up to 15 days	\$150/day up to 15 days
Ruptured Disc With Surgical Repair	\$500	\$750
Surgery	Schedule up to \$1,000 Hernia: \$125	Schedule up to \$1,500 Hernia: \$200
Surgery - Exploratory or Arthroscopic	\$150	\$350
Tendon/Ligament/Rotator Cuff	1: \$250 2 or more: \$500	1: \$750 2 or more: \$1,500
Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive special treatment at a hospital or facility due to a covered accident.	\$400, 3 times per accident	\$600, 3 times per accident
Wellness Benefit	Provides a \$50 per year benefit for completing certain routine wellness screenings or procedures	Provides a \$50 per year benefit for completing certain routine wellness screenings or procedures
X-Ray	\$20	\$40
Understanding Your Benefits:		
Accident Emergency Room Treatment - Benefit is paid only when an insured is examined or treated within 72 hours of a covered accident.		

Retirement Plan



Profit Sharing and 401(k) Retirement Plan

The Profit Sharing and 401(k) Retirement Plan is available to employees after they have been with the Company for 12 months and worked a minimum of 1,000 hours during that time frame (Quarterly Plan Entry Dates).

Employees may enroll in the 401(k) plan and contribute to their retirement accounts through payroll deductions. Go to hfec.trsretire.com to enroll or make updates to your information.



Profit Sharing and 401(k) Match: The Company may make discretionary contributions for eligible participants. Annually the Board of Directors will determine the matching 401(k) contribution for the new Plan Year and the Plan Year's Profit Sharing contribution percent (which will vary depending on Company Profits).

The 2019 401(k) match is: 100% of the first 3.5% of your salary that you contribute to the plan or 100% of the first \$300 that you contribute, whichever is greater. For example, if you contribute 3.5% of your salary and at year end you have contributed \$600, the Company will match \$600. If you contribute 1% of your salary and at the year end you have contributed \$150, the Company will match \$150.

Other Examples:

\$20,000 annual salary X 3.5% = \$700 your contribution
\$700 Company Match

\$20,000 annual salary X 15% = \$3,000 your contribution
\$700 Company Match

\$15,000 annual salary X 1% = \$150 your contribution
\$150 Company Match

Newly eligible employees will be auto-enrolled in the 401(k) plan. The auto deferral will be the same as the Company match for 2019. Employees may change their deferral or opt out of participation if they so desire.

Eligibility for Retirement Plan Example: If you were hired October 15, 2019, you would be eligible to enter the Plan January 1, 2021.

Below is an example of eligibility and Plan vesting.

Year	Hours Worked	Years towards Vesting
2019 (Hired 10/15/19)	400	0
2020	1,000+	1
2021	1,000+	2 *
2022	1,000+	3**

* Entered Plan January 1, 2021 and the first year eligible for a Profit Sharing Contribution.

**2022 - Fully Vested.

The above is only a brief description of plan benefits. For additional information, please refer to the Summary Plan Description and Plan Document.