

Prepare Your 2020 Benefits



YOUR **2020 BENEFITS** GUIDE





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Prepare Your 2020 Benefits

Dear Team Members,

Our focus in 2020 is to continue to standardize and simplify the current benefits program to make it easier for employees to navigate across segments, while adjusting the current programs to be more cost effective for many of our employees, coupled with adding enhancements our employees will value. With the changes we're making to our programs, Elixir North America is investing over **\$3 million** in our employees' health and well-being. The **\$3 million investment is in addition to the investment the company pays towards medical and pharmacy benefits today!**

- Am I paying for benefits or features I don't need?
- Do I have the right insurance coverage to protect myself and my family?
- Am I saving enough for future needs through my 401(k) Plan and Health Savings Account (HSA)?
- Are there new programs I want to participate in?

This guide will help you answer these questions and more – and it will help you take advantage of Elixir's benefits for 2020.

Thank you for being an important member of the Elixir North America team.

Pat Ahern,
EVP, Human Resources

PLEASE NOTE: This document is intended only to highlight your benefits and should not be relied upon to fully determine your coverage. If this Benefits Summary conflicts in any way with the Summary Plan Description (SPD), the SPD shall prevail. It is recommended that you review your SPD for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

Who Can Enroll

You are eligible for benefits if you're a regular, full-time employee who works a minimum of 30 hours a week. New hire benefits are effective on the first day of the month following 60 days from your date of hire. In addition, the following family members are eligible:

EMPLOYEE ONLY	
EMPLOYEE + SPOUSE	Spouse – A person to whom you are legally married under state law and with whom you have a certificate of marriage.
EMPLOYEE + CHILD(REN)	Your dependent children to age 26 who are your natural children, adopted children or step children. Your dependent children over age 26 who are physically or mentally handicapped and are unable to care for themselves.
EMPLOYEE + FAMILY	Your spouse and eligible children.
PART-TIME EMPLOYEES	Part-time employees working on average 20–29 hours per week are eligible to enroll in VSP vision, as well as accident, hospital indemnity, and critical illness coverage administered by Unum.

SPOUSAL EXCLUSION

A spouse is eligible for our medical plan coverage ONLY if he/she is NOT eligible for coverage through his/her own employer, regardless of whether or not he/she is enrolled in that coverage.

Spousal Exclusion does not apply:

- When you and your spouse both work at the company.
- To dental or vision coverage.

Changes You Can Make to Your Benefits

For all of us, life is a continuing process of change—marriage, birth, adoption, divorce and death. Should one of these events occur in your life, you may need to rethink, and more than likely make changes to, your enrollment in certain benefit programs.

When a life-changing qualifying event occurs, you may be eligible to make a midyear change to your current benefit elections without waiting for the next Open Enrollment period.

Enrollment changes can only be made within 31 days of the qualifying event!

You may make enrollment changes consistent with the change in status. After the 31-day time frame, you are only able to change your elections during the Open Enrollment period.

In most cases, the effective date of the change is the actual “event date” (for example, the date of birth, date of marriage, date of death, etc).

Qualifying Event Changes

- Marriage or divorce
- Birth, adoption or placement for adoption of a child
- Death of spouse or child(ren)
- Spouse commences or terminates employment
- You or your spouse's employment status changes from full time to part time or vice versa
- Court decree requiring coverage for your dependent children
- Entitlement to Medicare or Medicaid
- Dependent child ceasing to be an eligible dependent, such as attaining the maximum dependent age
- You or your spouse takes an unpaid leave of absence
- Your spouse has a significant change in health coverage directly attributable to your spouse's employment
- Employee or eligible family member becomes eligible for assistance under Medicaid or a state Children's Health Insurance Program (CHIP)



2020 Medical Plans at a Glance

IN-NETWORK	High Deductible HSA UNITED HEALTHCARE	PPO UNITED HEALTHCARE	Minimum Benefit UNITED HEALTHCARE
Deductible			
Individual / Family	\$3,500 / \$7,000	\$2,000 / \$4,000	\$6,350 / \$12,700
Out-of-Pocket Maximum (Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.)			
Individual / Family	\$4,750 / \$9,500	\$5,000 / \$10,000	\$6,350 / \$12,700
Coinsurance			
Amount plan pays after deductible	90%	80%	100%
Services			
Primary Care Physician Office Visits	90% after deductible	\$20 copay	100% after deductible
Specialist Office Visits	90% after deductible	\$40 copay	100% after deductible
Routine and Preventive Care	100% no deductible	100% no deductible or copay	100% no deductible
Inpatient Hospitalization	90% after deductible	80% after deductible	100% after deductible
Outpatient Surgery	90% after deductible	80% after deductible	100% after deductible
X-Rays and Lab	90% after deductible	80% after deductible	100% after deductible
Emergency Room	90% after deductible	80% after \$150 copay	100% after deductible
Retail Prescription Drugs			
Tier 1	90% after deductible	\$5 copay	100% after deductible
Tier 2	90% after deductible	\$30 copay	100% after deductible
Tier 3	90% after deductible	\$60 copay	100% after deductible

NOTE: Medical and prescription copays will apply toward the out-of-pocket maximum, but do not apply toward meeting the calendar year deductible.

OUT-OF-NETWORK	High Deductible HSA UNITED HEALTHCARE	PPO UNITED HEALTHCARE	Minimum Benefit UNITED HEALTHCARE
Deductible			
Individual / Family	\$4,000 / \$8,000	\$5,000 / \$10,000	\$6,350 / \$12,700
Out-of-Pocket Maximum (Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.)			
Individual / Family	\$9,000 / \$18,000	\$10,000 / \$20,000	\$10,000 / \$18,000
Coinsurance			
Amount plan pays after deductible	60%	60%	70%

Medical Benefit Highlights

We understand your medical insurance coverage is extremely important to you. We offer different medical plan options in an effort to provide effective medical coverage for you and your family members. Take time to consider the level of coverage you need and the premium cost you can afford before deciding which medical plan is the best choice for you and your family members.

To help you decide which plan is best for you and your family, the chart below provides an overview of each of the plan options.

SUMMARY

High Deductible HSA	PPO Plan	Minimum Benefit Plan
<ul style="list-style-type: none"> Comprehensive coverage Lower contributions Office visits and prescription drugs are subject to the deductible Preventive care is covered at 100% May set up a Health Savings Account (HSA) to fund deductible or other out-of-pocket expenses Elior contributes to your HSA 	<ul style="list-style-type: none"> Comprehensive coverage Higher contributions Office visits and prescription drugs are subject to copays Preventive care is covered at 100% 	<ul style="list-style-type: none"> Minimum coverage required by healthcare reform Lower contributions Office visits and prescription drugs are subject to the deductible Preventive care is covered at 100% May set up a Health Savings Account (HSA) to fund deductible or other out-of-pocket expenses Elior contributes to your HSA

Limits or exclusions may apply. These limits may include number of refills for certain drugs, number of visits to certain specialists, and number of days covered for certain benefits. In addition, you should carefully review all exclusions noted.

Here are some additional things to consider when choosing a plan:

- Plan Options:** The health plan option you choose determines how you and your plan share the costs of care.
- Payroll contributions:** This is the amount that is deducted from your paycheck based on the plan you select, whether you use medical services or not. Contributions are important, but they're not all you need to consider.
- Out-of-pocket costs:** It's important to know how much you have to pay out of your pocket for services when you get care. You pay these out-of-pocket costs in addition to your contributions.
- Type of insurance plan and provider network:** Different plan types provide different levels of coverage for care you get inside and outside of the plan's network of doctors, hospitals, pharmacies, and other medical service providers.
- Benefits:** All plans provided through the company cover pre-existing conditions and offer free preventive services.

HOW THE MEDICAL PLANS WORK: AN EXAMPLE

Below is an example of how the different plans' options work for an employee, Joe Smith. Joe is trying to decide what plan option is best for him in 2020 based on his claims in 2019. During 2019, Joe did not cover any dependents and had his annual physical. He made one sick visit to his doctor and a trip to an urgent care center. He also had two prescriptions filled, which were both brand-name drugs. Below are his out-of-pocket costs in 2020, including annual payroll deductions, based on his claims in 2019 under the three medical plan options.

EXAMPLE	High Deductible HSA	PPO Plan	Minimum Benefit Plan
Annual Payroll Contributions (Employee-Only Coverage)*	\$1,535	\$2,830	\$972
Annual Well Physical	Covered at 100% / \$0	Covered at 100% / \$0	Covered at 100% / \$0
Primary Care Visit - Diagnostic	\$155	\$20 copay	\$155
Prescriptions - 2 Brand Name Drugs	\$115	\$60 (@ \$30 each)	\$115
Urgent Care Visit - 1	\$95	\$40 copay	\$95
Total Out-of-Pocket Costs	\$1,900	\$2,950	\$1,337
Employer HSA Seed Money – \$500	\$365 (\$135 remaining of \$500)	--	\$365 (\$135 remaining of \$500)
Total Medical Spend	\$1,535	\$2,950	\$972

Health Savings Account (HSA)

The company will fund your HSA account up to \$500 for Employee Only coverage and \$1,000 for all other tiers of coverage. The contributions will be made quarterly. Also, you can contribute pre-tax dollars from your paycheck to use for eligible healthcare expenses throughout the year. This has several advantages:

- Debit card for direct payment at a doctor's office, pharmacy, or any healthcare provider that accepts MasterCard.
- When considering the plan options, please account for the added benefits of the HSA, including employer seed money, tax savings, and payroll contribution savings that can be used to help fund the HSA.

Total HSA Contribution

Associate Only	\$3,550
Child/Spouse/Family Coverage	\$7,100
Associates age 55 and over	\$1,000 per year

You can elect to contribute funds to our HSA vendor, Optum, by selecting this option during your enrollment. Unlike most other benefits, you can change your HSA contribution during the year without a qualifying life event. You must be enrolled in either the High Deductible HSA plan or the Minimum Benefit plan to contribute to the HSA. Please note you will be assessed a monthly maintenance fee of \$2.75. However it is waived if you average a balance is \$3,000 or more, not including investment funds.

- ✓ Free money from Elior + your tax-free contributions
- +
- ✓ Your HSA grows tax-free through Interest and Investment returns
- +
- ✓ Use your HSA savings tax-free to pay for eligible expenses
- +
- ✓ Own your HSA dollars forever — even if you leave Elior

WHO IS ELIGIBLE FOR AN HSA?

An HSA is a personal healthcare bank account that you can use to pay out-of-pocket medical expenses with pre-tax dollars when you are enrolled in a high deductible health plan (HDHP). You are eligible to open and fund an HSA if:

- You are enrolled in the High Deductible HSA Plan or Minimum Benefit Plan
- You are not covered by your spouse's non-HDHP health plan, health care flexible spending account, or health reimbursement account;
- You are not eligible to be claimed as a dependent on someone else's return; and
- You have are not enrolled in Tricare and Medicare.



WHY SHOULD YOU CONSIDER THE HDHP WITH HSA

- Contribute the difference in premiums between the PPO and the HDHP to your HSA or cover out-of-pocket expenses. Premiums for this plan are lower than the premiums for the PPO, as the out-of-pocket expenses are no longer capped at a copay.
- The HSA is your own personal savings account that can be used to pay for eligible medical expenses. The money you contribute from your check is pre-tax so it reduces your taxable income for the year. Any money you don't use continues to grow in your HSA tax-free! There is no use-it-or-lose-it issue to worry about.
- Any money you withdraw from your HSA to cover eligible medical expenses will be tax free!
- The company cares about our employees and their covered family members so we want to make sure they have funds in their HSA to help cover eligible medical expense. We are contributing \$500 to anyone that elects the employee only tier and \$1,000 to any dependent tier.



IN-NETWORK IS THE BETTER CHOICE

- You receive lower in-network costs.
- Your network provider handles all precertifications for you.
- You do not have to worry about paying costs above reasonable and customary limits because providers have negotiated rates which fall within these limits.
- To find a participating United Healthcare provider, go to myuhc.com select “Links & Tools,” select “Find a Physician, Laboratory or Facility,” click on “All UHC Plan Options” and select “Choice Plus.” You can then enter your zip code to find local providers. You can also call United Healthcare at 844-490-5775.

IF YOU CHOOSE TO GO OUT-OF-NETWORK

You still receive benefits, but at a higher cost and have a larger deductible.

PRESCRIPTION DRUG PROGRAM UHC

For the UHC plans, the prescription drug program covers both 30- and 90-day supplies. Prescription coverage is included in your medical plan.

Home Delivery

If you take maintenance medications for conditions such as blood pressure, cholesterol or asthma, you may want to consider purchasing your prescription drugs through the OptumRx Home Delivery Program. By purchasing prescriptions through mail order, you will only be charged 2.5 copayments for a 90-day supply, as opposed to three through retail locations. To learn more about OptumRx or to enroll in the home delivery program, go online to myUHC.com or call 844-490-5775.



WHY SHOULD YOU CONSIDER THE HDHP WITH HSA

- Lower premiums, which means more to contribute to your HSA or cover out-of-pocket expenses.
- No use-it-or-lose-it to worry about.
- Tax free!
- Elected contribution if elected: up to \$500 for employee only tier and up to \$1,000 to any dependent tier.

PREVENTIVE MEDICATIONS

Preventive over-the-counter medications and prescription contraceptive drugs and devices are covered in full when using an in-network pharmacy. For a complete list of covered medications, visit myUHC.com or call 844-490-5775.

You May Be Eligible for Medicaid

The Affordable Care Act provides certain states with additional federal funding to expand their Medicaid programs to cover adults under 65 with income up to 135% of the federal poverty level (\$16,862 for an individual in 2020).

This means that in states that have expanded Medicaid, free or low-cost health coverage could be available to people with incomes below a certain level regardless of disability, family status, financial resources, and other factors that are usually taken into account in Medicaid eligibility decisions.

Please visit healthcare.gov for more information.

HOW TO BE A GOOD CONSUMER

We all share in the cost of the plan. The better we use the plan, the better the plan operates. Think about the following:

- How much time do you spend researching:
 - Computers?
 - New cars?
 - Mobile phones?
 - New gadgets for you or your family members?
- How much time do you spend:
 - Searching for quality healthcare practitioners?
 - Focusing on your own health and wellbeing?
 - Preparing for a healthcare visit by taking notes and asking questions about your health condition?
 - Researching and/or asking questions about the plan?
- What services are covered by the plan?
- Are my providers in or out of network?

Throughout this guide there are tools, resources, helpful hints and programs to assist you with making your healthcare decisions.



Routine Care Plan

The company also offers a Routine Care plan through United Healthcare. This plan provides coverage for routine health expenses, such as primary and specialist doctor's visits, prescription drugs, and preventive services, but does not cover high-cost services including hospital visits, inpatient and outpatient procedures, and others.

The advantage of the Routine Care plan is that there is a \$0 deductible for covered services. The plan provides 100% coinsurance after small copays for office visits, X-rays and labs, and prescription drugs. The plan also covers preventive and routine care at no charge to you. However, the plan provides no coverage for inpatient hospitalization or outpatient surgery and has an unlimited out-of-pocket maximum.

Routine Care plan exclusions include, but are not limited to:

- Hospital inpatient services are not covered by the plan. This means any inpatient service billed by the hospital.
- Ambulatory surgical center services are not covered.
- Maternity services are not covered with the exception of services covered under the Minimum Essential Coverage (MEC) benefits.
- Mental/Behavioral Health and Substance Abuse Disorder outpatient services are not covered with the exception of services covered under the MEC benefits.
- Rehabilitative Speech Therapy services are not covered.
- Rehabilitative Occupational and Rehabilitative Physical Therapy services are not covered.
- Skilled Nursing Facility services are not covered.
- Outpatient Surgery Physician/Surgical services are not covered.
- Specialty drugs are not covered.
- Charges that are not for the care or treatment of an accident or illness except as specifically provided for in this plan.
- Organ transplants.

Please refer to your plan document for a detailed description of all exclusions.

Programs Through UHC

GIVING EMPLOYEES ACCESS TO HEALTH INFORMATION ON THE GO.

United Healthcare wants you to have more control of your health, time and money. You can now simplify your healthcare experience with online and mobile resources, which give you information about your benefits, healthcare costs and claims. The UnitedHealthcare app engaged employees through a simplified health experience where they can use the app to:

- Access their health plan ID card
- Find care and costs, including virtual care
- Review their plan information, including deductibles and copays/coinsurance
- View Optum Bank financial balances
- Estimate costs before getting care
- Review and manage claims
- Contact UnitedHealthcare
- Access pharmacy information

By understanding your care options and costs before you get care, you will have the opportunity to make sure you receive the best care for your money.

Virtual Visits may save you time and money.

An estimated 25% of ER visits could be treated with a Virtual Visit — bringing a potential \$1,700 cost down to just \$50.***

VIRTUAL VISITS MAY SAVE YOU TIME AND MONEY

With Virtual Visits, it's easy to video chat with a doctor 24/7 — whenever, wherever.

Whether you're at work, home, traveling, you name it — a Virtual Visit lets you talk with a doctor by video 24/7. If needed, a Virtual Visit doctor can treat and prescribe* medication for everyday illnesses like the flu, sinus infections, a cough and more.

And, with a UnitedHealthcare plan, your cost is **\$50 or less.****

To get started sign in at myuhc.com/virtualvisits or download the UnitedHealthcare® app.

In addition to all of the great things you can do on myuhc.com® or the UnitedHealthcare app, you can now talk to a doctor as well. There are no additional accounts to set up or apps to download.

Quality care when and where you need it.

Use a Virtual Visit for everyday medical conditions:

- Allergies
- Flu
- Sore throats
- Bronchitis
- Headaches/migraines
- Stomachaches
- Eye infections
- And more
- Rashes



Get the app and log on with Touch ID®.

Visit and register on myuhc.com or download the **UnitedHealthcare app** to take advantage of your healthcare information at your fingertips!

GET HELP WITH TOBACCO CESSATION WITH QUIT FOR LIFE

Keeping up with the kids. Spending more time with friends. Working out at the gym. Whatever reasons you have for wanting to quit, you have help with Quit for Life! Since 1985, Quit for Life has helped over 2 million people quit smoking.

The Quit for Life Program is free for you and includes:

- Support from a Quit Coach — Talk with a coach by phone as much as you want
- Quit-Smoking Medications — Prescriptions or over-the-counter medications
- Quit Guide — Breakdown of the five steps to quitting
- Texts — Timely tips and reminders to help you stay on track
- Members-Only Website — Online progress tracking and communication with others trying to quit

Start living tobacco-free by enrolling today!

Visit quitnow.net or call 866-QUIT-4-LIFE (866-784-8454).

Supplemental Benefits

CRITICAL ILLNESS, ACCIDENT, AND HOSPITAL INDEMNITY

The Unum Critical Illness, Accident and Hospital Indemnity plans pay out lump-sum benefits when certain medical events occur. These payments can help you offset other out-of-pocket costs related to those events – like your deductible and coinsurance under your medical plan. These benefits can help you be better prepared financially if you or a family member faces an unexpected health situation.

Critical Illness

Critical illnesses can happen at any age and more often than you may think. Critical Illness insurance can help safeguard your finances by providing you with a lump-sum payment when your family needs it most. The payment you receive is yours to spend as you see fit and in addition to any other insurance you may have.

Critical Illness insurance:

- Provides a lump-sum payment if you are diagnosed with a covered condition.
- Helps you focus on your recovery instead of your finances.
- Can supplement your savings to help pay for unexpected expenses related to a critical illness.

CRITICAL ILLNESS INSURANCE

Eligible Individual	Initial Benefit	Requirements
Associate	\$5,000, \$10,000, \$15,000 or \$20,000	Coverage is guaranteed provided you are actively at work.
Spouse	\$5,000 or \$10,000	Coverage is guaranteed provided the associate is actively at work and the spouse is not subject to a medical restriction as set forth in the Certificate of Coverage.
Dependent Child(ren)	50% of the employee's initial benefit	Coverage is guaranteed provided the associate is actively at work and the dependent is not subject to a medical restriction as set forth in the Certificate of Coverage.

CRITICAL ILLNESS INSURANCE COVERED CONDITIONS

Condition	Initial Benefit	Recurrence Benefit
Full Benefit Cancer	100% of initial benefit	100% of initial benefit
Partial Benefit Cancer	25% of initial benefit	25% of initial benefit
Heart Attack	100% of initial benefit	100% of initial benefit
Stroke	100% of initial benefit	100% of initial benefit
Coronary Artery Bypass Graft	25% of initial benefit	25% of initial benefit
Major Organ Failure	100% of initial benefit	100% of initial benefit
Kidney Failure	100% of initial benefit	Not applicable
Other Listed Conditions	100% or 25% of initial benefit depending on condition	Not applicable

Accident Insurance

You have the choice of covering yourself against accidental injury. Payments will be paid directly to you – not to any doctors, hospitals or other healthcare providers. You can use your payment as you see fit. Use it to help cover your medical insurance deductibles, copays, household bills and more.

Accident plans provide a lump-sum payment for more than 150 different covered events, such as:

Accident Plan	Benefit Amount
Concussion	\$150
Coma	\$10,000
Surgery	Up to \$1,500
Dislocations	Up to \$6,000
Lacerations	Up to \$600
Fractures	Up to \$7,500
Physical Therapy (10 visits)	\$15
Burns	Up to \$10,000
Emergency Dental	Up to \$300
Hospital Admission	\$750
Ambulance (Ground/Air)	\$400/\$1,500

Accident plans provide protection for covered events experienced while off the job only. Please refer to your Unum plan documents for full details and disclosures.

Hospital Indemnity Insurance

You can elect Hospital Indemnity insurance from Unum that provides you with a lump-sum payment when you are admitted or confined to a hospital due to sickness or an accident. Payments are made directly to you to use as you see fit. They can be used to help pay for medical plan deductibles and copays, out-of-network use, your family’s everyday living expenses, or for whatever else you need while recuperating from an illness or accident.

Hospital Indemnity	Benefit Amount
Initial Day Inpatient Stay	\$1,500
Daily Inpatient Stay	\$100
Daily Intensive Care Unit Stay	\$100

Please refer to your Unum plan documents for full details and disclosures.



Dental Benefits

Our dental coverage is offered through Delta Dental of North Carolina. Members are covered under the Delta Dental PPO Plus Premier network, which means you have access to two networks of providers. Providers in the PPO network offer the greatest discounts. You will still receive discounts by going to a Premier dentist, but they won't be as cost effective. Using a PPO or Premier dentist ensures that you will not be balance billed if the charges exceed Delta Dental's fee schedule. You will still be covered if you use a nonparticipating provider, but your out-of-pocket costs will likely be higher since dentists can charge you for any difference between what Delta Dental pays and the amount the dentist charges.

To find a participating provider, visit deltadentalnc.com or call 800-662-8856.

What Your Dentist Will Charge You

IN-NETWORK

Carrier's negotiated fee with participating dentists is typically 15–45% below the community average charge.

The carrier's negotiated fees apply to services covered by the plan, as well as those your plan does not cover or those rendered after you've reached your annual plan maximum.

OUT-OF-NETWORK

A fee set by each individual dentist, which is typically higher than the carrier's negotiated fee. You will be responsible for the difference between your dentist's charge and the covered percentage of the negotiated fee for a given service. You will be billed for charges that exceed the agreed fee.

2020 Dental Plan "At-A-Glance"

General Plan Information

Annual Deductible (Individual/Family) – applies to Basic and Major	\$50/\$150
Annual Maximum (per person)	\$1,500
Lifetime Orthodontia Maximum (per child to age 19)	\$1,000

What Your Plan Will Cover:	In-Network / Out-of-Network Plan Pays:
Type A —Preventive (oral exams, x-rays, preventive treatment, periodontal maintenance, sealants, space maintainers, brush biopsy)	100%
Type B —Basic (fillings, root canals, treatment of gum disease, extractions and oral surgery, relines and repairs to bridges, dentures and implants)	80%
Type C —Major (crown repair; major restorative services; prosthodontics services, including bridges, implants and dentures)	50%
Child Orthodontia – coverage to age 19	50%

Vision Coverage

The company is pleased to offer a comprehensive vision plan through VSP to support your eye health and wellness needs. Both in- and out-of-network coverage is available; however, if you decide to go to an eye care provider not in the VSP network, you will have higher out-of-pockets costs and will have to file for reimbursement. This plan is offered to full-time and part-time employees who work on average 20 – 29 hours per week.

To find a provider that participates in the VSP network, visit vsp.com or call 800-877-7195.

2020 Vision Plan “At-A-Glance”

Deductible	Description	In-Network Benefit Member Pays:	Frequency
WellVision Exam	Focuses on your eyes and overall wellness	\$10 copay	Every calendar year
Prescription Glasses		\$25 copay	See frame & lenses
Frame	\$130 allowance for a wide selection of frames \$150 allowance for featured frame brands 20% off amount over your allowance	Included in Prescription Glasses copay	Every other calendar year
Lenses	Single-vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children	Included in Prescription Glasses copay	Every calendar year
Lens Options	Standard progressive lenses Premium progressive lenses Custom progressive lenses Average 20-25% off other lens options	\$55 \$95–\$105 \$150–\$175	Every calendar year
Contacts (instead of glasses)	\$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation)	Included	Every calendar year

TRUHEARING® HEARING AID DISCOUNT PROGRAM

VSP® Vision Care members can save up to 60% on the latest brand-name hearing aids. Dependents and even extended family members are eligible for exclusive savings, too.

More Than Just Great Pricing

TruHearing provides members with:

- Three provider visits for fitting and adjustments
- A 45-day trial
- Three-year manufacturer warranty for repairs and one-time loss and damage replacement
- 48 free batteries per hearing aid

Learn more about the VSP Exclusive Member Extra program at truhearing.com/vsp or call 877-396-7194 with questions.

HERE'S HOW IT WORKS

- 1. Members call TruHearing.** Members and their family call 877-396-7194 and mention VSP.
- 2. Schedule exam.** TruHearing will answer questions and schedule a hearing exam with a local provider.
- 3. Attend appointment.** The provider will perform a hearing exam, make a recommendation, order the hearing aids through TruHearing, and fit them for the member.

Flexible Spending Accounts and Qualified Transportation Expenses

Full Use Healthcare FSA	Limited Purpose Healthcare FSA
<ul style="list-style-type: none">• Only available if neither you nor your spouse contribute to an HSA.• You must actively select your payroll contribution each year (up to \$2,700 for 2020).• Can be used for eligible medical, dental and vision expenses.	<ul style="list-style-type: none">• Only available if you or your spouse contribute to an HSA.• You must actively select your payroll contribution each year (up to \$2,700 for 2020).• Can be used for eligible dental and vision expenses only.

An FSA allows an employee to set aside a portion of earnings to pay for qualified healthcare and dependent care expenses. Money deducted from an employee's pay into an FSA is not subject to payroll taxes, resulting in payroll tax savings. Flores and Associates administers our FSAs. When considering how much to contribute to an FSA, please keep in mind that any funds remaining in the account in excess of \$500 at the end of the calendar year will be forfeited. You may submit claims for expenses incurred during the calendar year for up to 90 days following the end of year.

HEALTHCARE FSA

You can contribute up to \$2,700 to the Healthcare FSA for 2020. Any contribution that you make will be taken through payroll deduction on a pre-tax basis, thus reducing the amount of your taxable income and increasing your take-home pay. The Healthcare FSA can be used to pay for out-of-pocket healthcare expenses, such as deductibles, copays, coinsurance, dental expenses, vision expenses and some over-the-counter (OTC) medications. However, OTC medications require a doctor's prescription in order for them to be eligible for reimbursement from an FSA. You may choose to participate in the Healthcare FSA account whether or not you elect any other benefits.

Please note: If you are enrolled in the PPO or the Routine Care plan, you can participate in the Healthcare FSA. If you are enrolled in a High Deductible HSA or Minimum Benefit plan, you are not eligible to enroll in the Medical FSA, but you can enroll in a Limited Purpose FSA.

LIMITED PURPOSE FSA

If you are enrolled in an HSA-eligible plan, a High Deductible plan, or a Minimum Benefit plan, and contribute to an HSA, you are only allowed to participate in a Limited Purpose FSA.

A Limited Purpose FSA is much like a typical, general-purpose health FSA. However, under a Limited Purpose FSA, eligible expenses are limited to qualifying dental and vision expenses for you, your spouse and dependents.



CLAIM SUBMISSION AND REIMBURSEMENT OPTIONS

If you participate in the FSA, you will automatically receive a debit MasterCard that can be used for FSA-eligible expenses.

You can also file your claims online at flores247.com or submit your claims manually, via mail or fax.

You can contact Flores & Associates about your FSA account:

You can also obtain account balances, view claims history, file claims, download forms, and report a lost or stolen debit card at flores247.com.

DEPENDENT CARE FSA

A Dependent Care FSA allows you to set aside money each year to pay for out-of-pocket dependent day care expenses that are necessary for you and your spouse to work or attend school full time. The dependent must be a child, under age 13, and claimed as a dependent on your federal income tax return, or a disabled dependent that spends at least eight hours a day in your home.

The Dependent Care FSA allows you to set aside up to \$5,000 per year (or \$2,500 per year if you are married and file your taxes individually) through payroll deductions on a pre-tax basis. Dependent care expenses are reimbursable as long as the provider is not anyone considered your dependent for income tax purposes. In order to be reimbursed, you must provide the tax identification number or Social Security number of the party providing care. Reimbursement for dependent care claims is limited to the total amount that is deposited in your account at the time the claim is submitted.

Examples of eligible dependent care expenses include:

- In-home babysitting services (not by an individual you claim as a dependent)
- Care of a preschool child by a licensed nursery or day care provider
- Before- and after-school care
- Day camp
- In-house dependent care provider

	Participating in FSA	NOT Participating in FSA
FSA EXAMPLE		
Your Annual Salary Before Taxes	\$35,000	\$35,000
Less:		
Your Healthcare FSA Election	\$2,650	\$0
Your Dependent Care FSA Election	\$5,000	\$0
Your Taxable Income	\$27,350	\$35,000
Your Estimated Taxes (25% Federal & FICA)	\$6,838	\$8,750
Less:		
Healthcare Expenses You Pay Out-of-Pocket	\$0 – paid by FSA	\$2,550
Dependent Care Expenses You Pay Out-of-Pocket	\$0 – paid by FSA	\$5,000
Your Net Take-Home Salary	\$20,512	\$18,700
Your Estimated Savings Under the FSA	\$1,812	



NEW // QUALIFIED TRANSPORTATION EXPENSE ACCOUNTS

Qualified Transportation Expense Accounts (QTE) let you set aside a portion of your salary on a before-tax basis to pay public transportation and/or parking expenses that you incur commuting to and from work. By using pre-tax money, you lower your taxable income. Visit benefits.elior-na.com for more information.

You will receive a debit card from Flores to use at the point of purchase to pay for your parking and/or transit expenses. Please note that your debit card will not allow you to spend more than you have contributed to date. You also cannot swipe the card for an amount that exceeds the IRS monthly maximum in a given month.

There are three types of eligible expenses:

COMMUTER PARKING	Expenses incurred by you to park your car on or near the business premises of your company and/or expenses incurred by you to park your car on or near a location from which you commute to work.
COMMUTER TRANSIT	Expenses incurred for any pass, token, fare card, voucher or similar item entitling you to transportation if such transportation is on mass transit or provided by any person in the business of transporting persons in a vehicle with a seating capacity of at least six adults (excluding the driver).
COMMUTER VANPOOLS	Travel between your residence and work location in a vehicle that has seating capacity of at least six adults and at least 80% of the mileage use of such vehicle is for the purpose of transporting employees to and from work.

2020 Contribution Limits

	Per Month
Commuter Parking	\$265
Commuter Transit	\$265
Commuter Vanpools	\$265



Survivor Benefits

BASIC LIFE AND AD&D INSURANCE

Our benefits program is designed to give you peace of mind. This comes, in part, from knowing that your dependents or other loved ones will be provided for in the event of your death. For this very important reason, we offer basic life and accidental death and dismemberment (AD&D) protection to all full-time employees through Unum at no cost to you.

The basic life and AD&D benefit for salaried, hourly Elior Corporate, and hourly Food Service Directors is one times your annual salary up to \$500,000, and for all other hourly employees the benefit is \$15,000.

VOLUNTARY LIFE AND AD&D INSURANCE

Coverage	Benefit
Voluntary Life and AD&D Employee	\$25,000—\$200,000
Voluntary Life and AD&D Spouse	\$12,500—\$100,000; Maximum 50% Employee Elected
Voluntary Life and AD&D Child	\$10,000

In addition, you also have the option to purchase supplemental Life and AD&D insurance. You may purchase this benefit for yourself, your spouse, and your children. The amount you purchase for your spouse can't exceed 50% of the amount you elected for yourself. You have the option to convert to an individual policy when you terminate employment; you must request conversion information at that time.

Remember to log on to <http://benefits.elior-na.com> or call Empyrean to make sure your beneficiary information is up to date!





Disability Benefits

VOLUNTARY SHORT-TERM DISABILITY*

Short-Term Disability (STD) benefits are available for you to purchase. If an insured employee, under the care of a doctor, has a loss of earnings due to a nonwork-related illness or accident, benefits may be paid for one continuous period of total disability. STD benefits begin on the 15th day of disability and are payable for up to 11 weeks. This benefit replaces 66.67% of your weekly earnings up to a weekly benefit maximum of \$1,500. Visit <http://benefits.elior-na.com> or call Empyrean at 844-501-7255 for complete details on this benefit.

LONG-TERM DISABILITY

Long-Term Disability (LTD) benefits are provided at no cost to salaried employees, Elior corporate employees, and hourly food service directors. All other hourly workers have the option to purchase Voluntary Long-Term Disability insurance. Long-Term Disability insurance protects you and your family in the case of a long duration of disability. LTD begins on the 91st day of disability and continues for you as long as you meet the definition of disability, up to either your Social Security normal retirement age (SSNRA) or your return to work. This benefit replaces 60% of your monthly earnings up to a monthly benefit maximum of \$7,500. Disability incomes are reduced by income received from Social Security, state disability insurance and other sources of income. You will not be eligible for disability benefits for a condition that existed in the three months prior to your effective date of coverage (a “pre-existing condition”), until you have been covered by the LTD plan for 12 months.





Other Benefits

EMPLOYEE ASSISTANCE PROGRAM

Sometimes employees face problems that they cannot solve. Concerns can become overwhelming and affect work performance, personal happiness, family relations and personal health. When this occurs, professional help may be needed to resolve the problem before it becomes a larger issue.

The Employee Assistance Program (EAP) provides short-term telephonic counseling for both personal and work-related issues for you and your dependents. There is no premium charged to you for this benefit and there is no copayment when you use this service. You will be assisted telephonically by a behavioral health professional who will ensure that you receive treatment at the most appropriate level for your situation.

The EAP provides unlimited telephonic and three face-to-face counseling sessions, per person, per issue, per year. The EAP can assist you with issues such as individual, family and marital concerns; stress and job-related matters; child and domestic abuse; and chemical and alcohol dependency assessment.

To take advantage of this benefit, please call 800-854-1446 or go online to unum.com/lifebalance to connect with a counselor for support services. Support is confidential and available 24 hours a day, seven days a week.

FINANCIAL CONSULTING

Call to get in touch with a financial expert for help with retirement, debt consolidation, and more.

LEGAL CONSULTATION

Call for help with estate planning, family and divorce, civil and criminal, and more. One free half-hour consultation per year is covered.

NURSE LINE

24-hour access to licensed nurses who guide callers in making informed decisions about a multitude of health conditions.

Your 401(k)

START YOUR PREP FOR RETIREMENT TODAY

What's the number one most important thing you can do when it comes to retirement? It's very simple. . . get started by enrolling in the Elixir 401(k) Plan!

WHEN YOU JOIN

You join the plan as an active participant on the first day of the month on or after you meet the following requirements:

- You are an eligible employee,
- You are age 21 or older, and
- You have worked at least 6 months.

SIGNING UP

To make 401(k) elective deferral contributions, you enroll online at www.principal.com.

401(K) ELECTIVE DEFERRAL CONTRIBUTIONS

When you sign up, you decide how much you want to defer. Your 401(k) elective deferral contribution will be a pre-tax elective deferral contribution unless you designate all or a portion as Roth elective deferral contribution. These contributions and any earnings will be taxed later when the benefit is received.

MATCHING CONTRIBUTIONS

Elixir's matching contributions give you an additional return on the amount you defer. The plan offers a discretionary match.

LIMITS

401(k) Elective Deferral Limits: The IRS sets each year's contribution limit. For 2019 the employee salary deferral limit is \$19,000 plus if you will be at least age 50 by the end of 2019, you are eligible to make an additional \$6,000 catch-up contribution. Typically, the IRS announces contribution limits for the following year late October or in November.

WITHDRAWALS FROM YOUR ACCOUNT

There are specific scenarios where you can withdraw funds from your account. If you are age 59 1/2 or older, you may withdraw all or any part of your vested account under certain circumstances.

VESTING IN YOUR ACCOUNT

You are always 100% vested in the the part of your account resulting from the following: 401(k) elective deferral contributions, qualified non-elective contributions and rollover contributions. For any matching funds, your vesting percentage varies based on tenure.

TO LEARN MORE

If you are interested in learning about investing, you can use My Virtual Coach, an online, interactive conversation with a retirement assistant 24/7, at principal.com/myvirtualcoach-enroll.





The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official plan documents, the official documents will govern.