INDIANA PACKERS
CORPORATION

Advantage

BENEFITS PROGRAM



2027

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Benefit Changes

WHAT'S NEW

Your well-being is our priority. We are committed to offering a comprehensive range of benefits designed to support your diverse needs, from accessing quality healthcare and protecting your loved ones to maintaining a healthy work-life balance. Our goal is to provide meaningful support that helps you and your family thrive, both at work and in life.

Each year, we review and enhance our benefit offerings to ensure you have access to high-quality options at competitive rates.



WHAT YOU CAN EXPECT FOR 2027

YOUR PRESCRIPTION BENEFITS

$0 Preventive Medications: Many preventive medications used to help manage chronic conditions such as diabetes, high blood pressure, high cholesterol, and asthma are available at no cost. When eligible medications are obtained in accordance with the plan's guidelines, no copay, deductible, or coinsurance applies. Please refer to the preventive drug list for covered medications.

SWORD

Sword Health provides virtual physical therapy and movement support at no additional cost to eligible health plan members. Whether you're managing chronic pain, pelvic health concerns, or everyday aches and soreness, you'll receive a personalized care plan and dedicated physical therapy support from the comfort of home.

NEW HSA LIMITS FOR 2027

For 2027, the IRS set the annual Health Savings Account (HSA) contribution limit to $4,500 for self-only coverage and $9,000 for family coverage. Individuals age 55 or older can also contribute an additional $1,000 as a catch-up contribution. These limits are subject to the overall combined contribution limit from both team members and employer contributions.

NEW HSA DEDUCTIBLE LIMITS FOR 2027

To maintain HSA IRS compliance, the Premium Consumer Choice Plan deductible will increase to $1,750/$3,500 in-network.

OPEN ENROLLMENT FOR 2027

November 2-13, 2026

Open Enrollment

BENEFIT CHECKLIST

FAMILIARIZE YOURSELF WITH YOUR BENEFIT OPTIONS

Review the benefit options to make the right selection.

SELECT MEDICAL COVERAGE

You have three health plan options to choose from. Be sure to review them carefully.

SELECT YOUR DENTAL COVERAGE

With orthodontia options available, review the plans to choose the most cost-effective one for you and your family.

SELECT YOUR VISION COVERAGE

IPC offers this benefit at an affordable cost for you and your dependents.

BENEFICIARIES

Review your beneficiaries on plans to make sure they are accurate

MAKE OTHER BENEFIT CHOICES TO PROTECT YOU AND YOUR ELIGIBLE DEPENDENTS

Review options, voluntary life insurance for you and your dependents, AD&D, hospital indemnity, accident insurance and critical illness.

DOCUMENTS

If you added dependents, provide the required documentation to the Benefits Department to verify eligibility, such as marriage or birth certificates.





Do I Need to Enroll?

	DOES NOT ROLL FORWARD	WILL ROLL FORWARD	NOTES
Medical		✓	If you're not currently enrolled in coverage, your status will remain the same for 2027 unless you actively choose to enroll.
HSA	✓		A new election is required every year in order to receive contributions from IPC or to have contributions withdrawn from your paycheck.
Dental		✓	If you're not currently enrolled in coverage, your status will remain the same for 2027 unless you actively choose to enroll.
Vision		✓	If you're not currently enrolled in coverage, your status will remain the same for 2027 unless you actively choose to enroll.
Supplemental Life Insurance		✓	Statement of Health (SOH) will be required if you increase current coverage or elect for the first time after initial enrollment.
AD&D		✓	If you're not currently enrolled in coverage, your status will remain the same for 2027 unless you actively choose to enroll.
Critical Illness		✓	If you're not currently enrolled in coverage, your status will remain the same for 2027 unless you actively choose to enroll.
Accident Insurance		✓	If you're not currently enrolled in coverage, your status will remain the same for 2027 unless you actively choose to enroll.
Hospital Indemnity Insurance		✓	If you're not currently enrolled in coverage, your status will remain the same for 2027 unless you actively choose to enroll.

Eligibility & Initial Enrollment

FULL-TIME TEAM MEMBERS ARE ELIGIBLE TO ENROLL DURING THEIR INITIAL ENROLLMENT PERIOD.

MAKING CHANGES DURING THE PLAN YEAR

Once you make your benefit elections, they generally remain in place for the plan year (January 1–December 31).

However, certain Qualifying Life Events allow you to make changes to your benefits during the year.

This includes:

- Marriage or divorce
- Birth or adoption of a child
- Becoming newly eligible for Medicare
- Loss of other health coverage

If you experience a qualifying life event, you must request your benefit change through UKG or your Benefits Department within 30 days of the event.

LOSS OF MEDICAID OR CHIP COVERAGE

If you or your dependent were covered by Medicaid or the Children's Health Insurance Program (CHIP) and lost coverage due to loss of eligibility, you may be able to enroll in benefits outside of Open Enrollment.

You have **60 days** from the date your Medicaid or CHIP coverage ends to request enrollment with IPC.

MISSED THE DEADLINE?

If you don't request your change within the required timeframe, you will need to wait until the next **Open Enrollment** period to make changes:

- 30 days for most qualifying life events
- 60 days for loss of Medicaid or CHIP coverage

All changes made during Open Enrollment take effect **January 1** of the following year.

Who You Can Cover - Dependent Eligibility

IMPORTANT REMINDER: REVIEW YOUR SPOUSE AND DEPENDENT COVERAGE FOR 2027

As part of **Open Enrollment**, please review your spouse and dependent elections to ensure all covered family members remain eligible for coverage.

DEPENDENT ELIGIBILITY AUDIT

IPC will conduct a Dependent Eligibility Audit in 2027 to verify that enrolled dependents meet plan eligibility requirements.

Open Enrollment is your opportunity to review covered dependents, verify eligibility, and make any necessary updates before the audit begins.

ELIGIBLE DEPENDENTS

Spouse

- Your legally married spouse, living in the same household.

Children up to age 26

- Biological children
- Legally adopted children
- Stepchildren, if you are currently married to the child's parent
- Children for whom you or your spouse has legal guardianship
- Children covered under a Qualified Medical Child Support Order (QMCSO)

BEFORE YOU COMPLETE ENROLLMENT

Please confirm that:

- Your spouse and covered dependents remain eligible.
- Dependent information is accurate and up to date.
- Any family status changes have been reflected in your elections.
- You can provide supporting documentation if requested.

Maintaining accurate dependent information helps ensure eligible family members receive the coverage they need and supports the long-term sustainability of our benefit programs. Open Enrollment provides an opportunity to review your coverage, verify dependent eligibility, and make any necessary updates before the 2027 Dependent Eligibility Audit begins.

OPEN ENROLLMENT FOR 2027

November 2-13, 2026

Advantage Benefits Program

More than benefits. A healthier, brighter you.
Supporting your physical, emotional, financial, and work-life well-being through comprehensive benefits and resources.



Financial Well-Being

PLAN TODAY. THRIVE TOMORROW.

Access tools and resources for retirement planning, financial education, life insurance support, and other services to help secure your future.



Physical Well-Being

FEEL YOUR BEST. LIVE YOUR BEST.

Medical, dental, vision, and wellness benefits to help you stay healthy, plus access to Sword Health, a no-cost virtual physical therapy program that helps reduce pain and improve mobility.



Mental & Emotional Well-Being

SUPPORT FOR LIFE'S JOURNEY.

Get free, confidential support for personal, family, financial, and emotional concerns, including up to four counseling visits per issue for you and your household members.

Contact Anthem EAP: anthemEAP.com
1-800-865-1044 | Company Code: Indiana Packers Corporation



Work-Life Well-Being

A HEALTHIER TODAY.
A BRIGHTER TOMORROW.

Tools, resources, and support programs to help you manage life's responsibilities and enhance your overall well-being.

Smart Choices: Tools to Save



Receive a complimentary second opinion from Cleveland Clinic specialists. If you are someone with a complex medical condition, you may want to learn as much as possible about your diagnosis and treatment options. Through an exclusive offering for Anthem members, you can now receive a virtual Complimentary Clinical Review from top-ranked specialists at Cleveland Clinic.

WHO IS THE IDEAL CANDIDATE FOR A COMPLIMENTARY CLINICAL REVIEW?

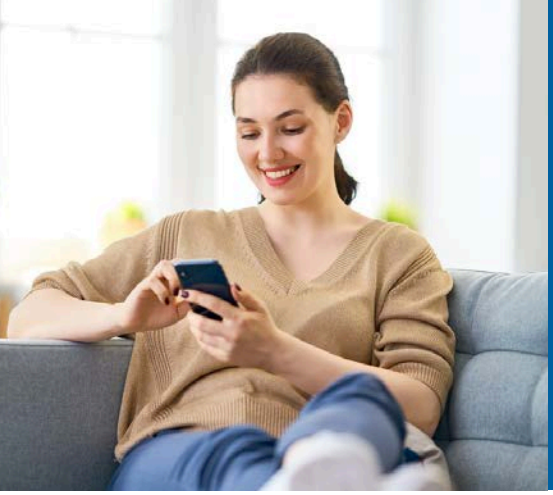
You are an ideal candidate if you have been diagnosed with a complex condition and would like a second opinion. You will learn about typical treatment plans that may be right for you and find out if Cleveland Clinic can assist with your care.

WHAT HAPPENS WHEN I SCHEDULE A REVIEW?

A specialty referral team will answer questions you may have and ask for basic information about your condition. Next, Cleveland Clinic will ensure that the right doctor will review your information and share a typical treatment plan based on your medical condition. The doctor may also talk to you about more advanced treatment options at Cleveland Clinic.

This second opinion is available to you at no extra cost. Charges will apply if you choose to schedule follow-up visits.

Call or Email to request your virtual Clinical Review at no extra Cost 833-355-0454 or online at anthemreferral@ccf.org



The Sydney Health mobile app makes healthcare easier

Access personalized health and wellness information wherever you are

Use Sydney Health to keep track of your health and benefits - all in one place. With a few taps, you can quickly access your plan details, Member Services, virtual care, and wellness resources. Sydney Health stays one step ahead - moving your health forward by building a world of wellness around you.

FIND CARE

Search for doctors, hospitals, and other healthcare professionals in your plan's network and compare costs. You can filter providers by what is most important to you, such as gender, languages spoken, or location. You'll be matched with the best results based on your personal needs.

MY HEALTH DASHBOARD

Use My Health Dashboard to find news on health topics that interest you, health and wellness tips, and personalized action plans that can help you reach your goals. It also offers a customized experience just for you, such as syncing your fitness tracker and scanning and tracking your meals.

CHAT

If you have questions about your benefits or need information, Sydney Health can help you quickly find what you're looking for and connect you to an Anthem representative.

VIRTUAL CARE

Connect directly to care from the convenience of home. Assess your symptoms quickly using the Symptom Checker or talk to a doctor via chat or video session.

COMMUNITY RESOURCES

This resource center helps you connect with organizations offering no-cost and reduced-cost programs to help with challenges such as food, transportation, and child care.

MY HEALTH RECORDS

See a full picture of your family's health in one secure place. Use a single profile to view, download, and share information such as health histories and electronic medical records directly from your smartphone or computer.

¿PREFIERES OBTENER INFORMACIÓN EN ESPAÑOL?

Tienes opciones. Si tu teléfono móvil ya está configurado en español, la aplicación Sydney Health también estará en español. Si no es así, selecciona el menú dentro de la aplicación Sydney Health y elige el idioma de la aplicación. También puedes visitar anthem.com/es.

DOWNLOAD THE SYDNEY HEALTH APP TODAY

Use the app anytime to:

- Find care and compare costs.
- See what's covered and check claims.
- View and use digital ID cards.
- Check your plan progress.
- Fill prescriptions.

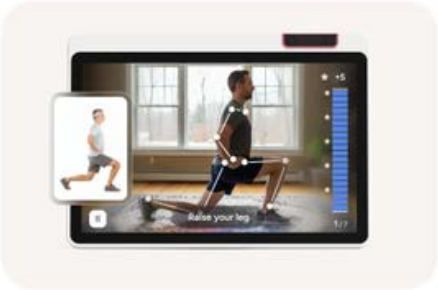
Scan the QR code to download the Sydney Health app.

You can also set up an account at anthem.com/register to access most of the same features from your computer.

sword

Struggling with discomfort or pain? **Sword can help.**









For chronic pain

Discover at-home AI physical therapy with **Thrive**. Your dedicated Physical Therapist will build a customized program based on your needs. Complete your sessions any time of day.

For women's pelvic health

Bloom is a pelvic health solution for women who suffer from bladder leakage, bowel disorders, pelvic pain, and more. Bloom will help you take control of your pelvic health for good.

For daily soreness

Whether you sit all day or are on your feet, **Move** helps you say goodbye to aches and pains, injury worries, and lack of motivation – take the guesswork out with best-in-class movement plans, tailored to you.

Here's how it works:

1. Pick your PT

Choose your dedicated Doctor of Physical Therapy and they will create a program customized just for you.

2. Get your Sword kit

You'll receive a kit (either Thrive, Bloom, or Move) to guide you during your sessions.

3. Stay connected

Chat 1:1 with your PT anytime. They'll check in, monitor your progress, and adjust your program as needed.

4. Feel the relief

Complete your exercise sessions anytime, anywhere. Then feel the relief for yourself.

Enroll today to get started.

Scan the QR code, or visit our website:

https://meet.swordhealth.com

Available at no additional cost as part of your health plan benefits.

Healthcare Plan Options

Anthem

TRADITIONAL SMART SAVER

- Lowest premiums
- Highest deductible
- Highest out-of-pocket maximum

PREMIUM CONSUMER CHOICE

- Middle-of-the-road premiums, deductible and out-of-pocket maximum

STANDARD PPO

- Highest premiums
- Lowest deductible
- Lowest out-of-pocket maximum

- **Nationwide network of providers**
- **Free preventive care**
- **Company HSA contributions**
  - ($250 individual/$500 family) Traditional Smart Saver
  - ($500 Individual/$1,000 family) Premium Consumer Choice
    - IPC contributions are paid quarterly. For team members still in their first year of employment, the contribution will be prorated.

Premiums



Employee Weekly Contribution			
	Traditional Smart Saver	Premium Consumer Choice	Standard PPO
Employee-Only	$17.00	$28.72	$48.83
Employee + Spouse	$44.19	$74.63	$117.37
Employee + Child(ren)	$35.80	$60.45	$98.87
Family	$63.13	$106.62	$167.67

Employee Monthly Contribution			
	Traditional Smart Saver	Premium Consumer Choice	Standard PPO
Employee-Only	$73.68	$124.44	$211.58
Employee + Spouse	$191.51	$323.40	$508.61
Employee + Child(ren)	$155.12	$261.95	$428.44
Family	$273.57	$462.00	$726.58

Healthcare Plan Options

Anthem

	Traditional Smart Saver with HSA		Premium Consumer Choice with HSA		Standard PPO	
Benefit	**In-Network**	**Out-Of-Network**	**In-Network**	**Out-Of-Network**	**In-Network**	**Out-Of-Network**
Deductible (per calendar year)						
Individual	$3,000	$6,000	$1,750	$3,500	$1,000	$2,000
Family	$6,000	$12,000	$3,500	$7,000	$2,000	$4,000
Covered Expenses	70%, after deductible	50%, after deductible	80%, after deductible	50%, after deductible	85%, after deductible	50%, after deductible
HSA Annual Contribution						
	$250 Employee and or $500 Family		$500 Employee and or $1,000 Family		~	
Coinsurance						
Individual or Family	30%	50%	20%	50%	15%	50%
Total Out-of-Pocket Maximums (OPM)						
Individual	$6,000	$12,000	$5,250	$10,500	$3,500	$7,000
Family	$12,000	$24,000	$10,500	$21,000	$7,000	$14,000
Physician Office Visit						
Primary Care Physician	25%, after deductible	50%, after deductible	15%, after deductible	50%, after deductible	$35 copay	50%, after deductible
Specialist	25%, after deductible	50%, after deductible	15%, after deductible	50%, after deductible	$55 copay	50%, after deductible
Urgent Care Facility	70%, after deductible	50%, after deductible	80%, after deductible	50%, after deductible	$80 copay	50%, after deductible
LiveHealth	70%, after deductible		80%, after deductible		$10 copay	
Emergency Room Services						
Emergency Services	70%, after deductible	70%, after deductible	80%, after deductible	80%, after deductible	85%, after deductible	85%, after deductible
In-patient Hospital Services						
In-patient Services	70%, after deductible	50%, after deductible	80%, after deductible	50%, after deductible	85%, after deductible	50%, after deductible
Prescription Drug Coverage (In-Network)						
Generic	Ded/Coins (max $10)	~	Ded/Coins (max $10)	~	$10 copay	~
Brand Formulary	Ded/Coins (max $40)	~	Ded/Coins (max $40)	~	$40 copay	~
Brand Non-Formulary	Ded/Coins (max $80)	~	Ded/Coins (max $80)	~	$80 copay	~
Specialty	Ded/Coins (max $160)	-	Ded/Coins (max $160)	-	$160 copay	-
Prescription Drug Mail Order (90 Day Fill)						
Generic	Ded/Coins (max $20)	~	Ded/Coins (max $20)	~	$20 copay	~
Brand Formulary	Ded/Coins (max $80)	~	Ded/Coins (max $80)	~	$80 copay	~
Brand Non-Formulary	Ded/Coins (max $160)	~	Ded/Coins (max $160)	~	$160 copay	~
Specialty	Ded/Coins (max $160)	-	Ded/Coins (max $160)	-	$160 copay	
Rx Out-of-Pocket Maximum						
(Rx Out-of-Pocket Maximums are included in Medical!)						



Health Savings Account

WHAT IS AN HSA?

A Health Savings Account (HSA) is a tax-exempt financial account that you can use to save for and cover the cost of eligible medical expenses.

With an HSA, you can set aside money earmarked specifically for healthcare costs, then deduct those contributions from your income on your tax return. The funds in your HSA also grow tax-free, and you can use them on a tax-free basis to pay for eligible medical expenses.

HSAs are portable accounts, which means that you don't have to worry about losing your money when you switch jobs. It stays with you wherever you go.

BENEFITS OF AN HSA

TRIPLE TAX ADVANTAGES

- Pre-tax or tax-deductible contributions.
- Tax-free interest and investment earnings.
- Tax-free distributions, when used for qualified medical expenses.

ABILITY TO INVEST FUNDS

You can invest your HSA savings for the long-term. Stocks, bonds, ETFs, mutual funds are all available through Lively.

STAYS WITH YOU FOR LIFE

Unspent HSA funds roll over each year, building a nest egg for your future retirement just like a 401(k) or IRA. This is true even if you leave your employer or change your health plan.

ADDITIONAL HEALTHCARE SAFETY NET FOR YOUR FAMILY

Anyone who is enrolled in an HDHP can contribute funds and those funds may be used for eligible expenses incurred by certain others, such as spouse or tax dependent.

Health Savings Account



SAVE, SPEND OR INVEST

Your HSA funds are available for you to use in multiple ways. If you don't have enough eligible healthcare costs, you can save any money you or someone else has contributed to your HSA until you need it. You can also choose to invest that savings.

ACCOUNT ELIGIBILITY

There are two components to HSA eligibility: whether you can open or contribute to an HSA at all and how much you can contribute each year.

THE BASIC REQUIREMENTS FOR HSA ELIGIBILITY ARE:

- You're covered by a qualifying High-Deductible Health Plan (HDHP).
- The HDHP is your only health insurance coverage. Meaning, you don't have supplemental coverage from a spouse or other family member (dental and vision is fine).
- You don't have or use a General Purpose FSA (Flexible Spending Account). But, you are allowed to have a Limited Purpose FSA for dental, vision, or a Dependent Care FSA. Note: You can have an existing HSA and open an FSA. Your HSA funds will remain, but you cannot continue contributing to the health savings account.
- No one else can claim you as a dependent on their tax return.
- You're 18 or older and not enrolled in Medicare (Part A and Part B) or Medicaid.

HSA QUALIFIED EXPENSES

You can use your HSA funds on all qualified medical expenses as defined by the IRS. The IRS Publication 502 has the full list of things that are qualified, are not qualified, and could potentially be qualified based on certain circumstances.

2027 HSA LIMITS

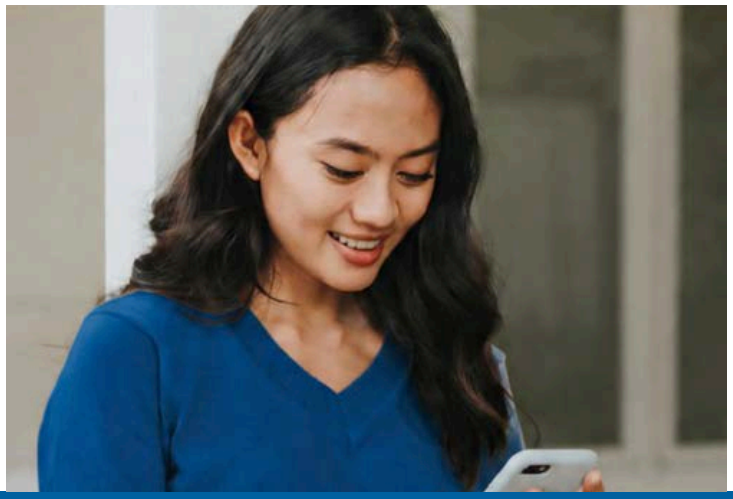
For 2027, the IRS annual Health Savings Account (HSA) contribution limit is $4,500 for self-only coverage and $9,000 for family coverage. Individuals age 55 or older can also contribute an additional $1,000 as a catch-up contribution. These limits are subject to the overall combined contribution limit from both team members and employer contributions.

livelyme.com - 1-888-576-4837

Welcome to your pharmacy benefits

PRESCRIPTIONS MADE EASIER

Anthem



MAKE THE MOST OF YOUR PHARMACY BENEFITS FROM ANTHEM.

Your pharmacy coverage is important to your whole health. Use this benefits guide to help you be your healthiest and save money, too.

GET STARTED BY REGISTERING AT ANTHEM.COM

Once you receive your new member ID card, register on **anthem.com** to see and manage your prescriptions all in one convenient place. Through the Anthem site, you'll be able to:

- Have prescription medications you take regularly delivered to your door with home delivery from CarelonRx Pharmacy.
- Find a pharmacy, price a medication, and refill or renew a prescription, plus track orders and shipping status in real time using online tools.
- Check your drug list (formulary) for a wide range of cost-effective medicines covered by your plan.
- Save more money when buying certain medications. Use the **Price a Medication** tool in the Sydney app. It helps you find the best price for medications in your plan's network.

FIND MORE WAYS TO SAVE ON YOUR PRESCRIPTIONS

You can save more on your prescription medicines by knowing which are covered by your plan:

- Certain preventive medicines at little or no cost to you.
- Hundreds of generic and brand-name prescription medicines in every therapeutic class.
- Specialty medication from our specialty pharmacy, if you have a complex or chronic condition.

Choosing a medicine on your drug list can help you pay less, especially when compared to paying out of pocket for medicines that aren't covered.

Medicines are grouped in tiers. Your share of the cost depends on which tier your medicine is on. Medications on lower tiers usually cost less.

When you receive your member ID card, you can see the most up-to-date list of medications for your plan. Log in at **anthem.com**.

Anthem

Choose how to fill your prescriptions



5 WAYS TO SAVE MORE ON YOUR PRESCRIPTION MEDICATIONS

- Take medications on your plan's drug list.
- Find out if there are generic or over-the-counter options.
- Check your cost with our Price a Medication tool at **anthem.com**.
- Use pharmacies in your plan.
- Order 90-day supplies of medications you take regularly.

Always check with your doctor before changing your medication.

LOCAL PHARMACIES

Your plan includes local pharmacies at major retail chains, such as CVS, Walmart, Target, and Kroger. You'll save the most money when you use one of these pharmacies. To find a pharmacy near you:

1. Log in at anthem.com.
2. Choose Find a Pharmacy.
3. Enter your ZIP code.

CARELONRX PHARMACY

For medications you take regularly, have your prescriptions delivered to your home with CarelonRx Pharmacy. Get started at anthem.com. Shipping is always free.

SPECIALTY PHARMACY

If you have a complex or chronic condition treated with specialty medication — one that may need special handling or is given by injection or infusion — you'll need to get it through our specialty pharmacy. Your doctor will send the prescription to our specialty pharmacy for you, and it will be delivered to your home or your doctor's office if it needs to be administered by a doctor.

PREAPPROVAL (PRIOR AUTHORIZATION)

Most prescriptions are filled right away when you take them to the pharmacy. There are some medicines that may require our review and approval — known as preapproval or prior authorization — before they're covered. Be confident knowing your prescription medication is safe, right for you, and covered by your pharmacy benefit. Your doctor can start this process by calling the Pharmacy Member Services number on your member ID card or by downloading a preapproval form from our website. If we approve the request, the amount you pay for the medication depends on your plan's benefit.

WE'RE HERE TO HELP

Understanding your pharmacy benefits can help you get the most from your plan. If you have questions:

Call us at the Pharmacy Member Services number on your member ID card.
Visit **anthem.com** and send a secure message or open a live chat session.



Dental Coverage

DELTA DENTAL®

THAT'LL MAKE YOU SMILE

The Indiana Packers Benefits Plan offers two dental care options. No matter which plan you choose, you'll have access to the Delta Dental of Indiana PPO network of dentists, along with nationwide access to participating dentists in the Delta Dental PPO and Delta Dental Premier networks.

Both plans provide coverage for routine cleanings and exams for covered members once every six months. Additionally, they cover basic and more extensive restorative services.

Plan A Contributions		
Coverage (Delta Dental)	**Employee Contribution (Weekly)**	**Employee Contribution (Monthly)**
Employee-Only	$3.55	$15.38
Employee + Spouse	$7.10	$30.75
Employee + Child(ren)	$8.16	$35.36
Family	$11.07	$47.99

Plan B Contributions		
Coverage (Delta Dental)	**Employee Contribution (Weekly)**	**Employee Contribution (Monthly)**
Employee-Only	$2.00	$8.67
Employee + Spouse	$4.01	$17.37
Employee + Child(ren)	$4.61	$19.97
Family	$6.88	$29.83

BENEFITS OF USING PARTICIPATING DENTAL PROVIDERS

NATIONWIDE PROVIDER ACCESS

- Delta Dental of Indiana PPO
- Delta Dental PPO
- Delta Dental Premier

STRETCHING YOUR BENEFIT DOLLARS

Participating providers submit claims for you.

No balance billing from participating dentists.

Discounted charges for many services.

STAND ALONE BENEFIT

Dental enrollment is NOT tied to medical plan enrollment.

Cover your eligible dependent(s) even if not enrolled in the medical plan.

Dental Coverage

DELTA DENTAL®

BENEFITS				
	Plan A - Premier		Plan B - Value	
Benefits and Services	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Delta Dental PPO Dentist	Delta Dental Premier Dentist
Maximum Annual Benefits - per covered participant	$2,000	$2,000	$1,250	$1,250
Applicable Annual Deductible	$50 Individual/ $100 Family	$50 Individual/ $100 Family	$50 Individual/ $100 Family	$50 Individual/ $100 Family
Preventive Services	100%, up to plan limits	100%, up to plan limits	100%, up to plan limits	100%, up to plan limits
Basic Restorative Services	80%, after applicable deductible	70%, after applicable deductible	80%, after applicable deductible	70%, after applicable deductible
Major Restorative Services	50%, after applicable deductible	40%, after applicable deductible	50%, after applicable deductible	40%, after applicable deductible
Orthodontic Services	50%, after applicable deductible	40%, after applicable deductible	Not Available	Not Available
Maximum Orthodontic Benefit (up to age 19)	$2,500 *Lifetime	$2,500 *Lifetime	Not Available	Not Available

NON-PARTICIPATING (NOT IN PPO OR PREMIER) DENTAL PROVIDERS ADJUSTMENTS	
Diagnostic & Preventive	
Diagnostic & Preventive Services (exams, cleanings, fluoride & space maintainers)	90%
Sealants	90%
Brush Biopsy	90%
Radiographs (x-rays)	90%
Basic Services	
Emergency Palliative Treatment	60%
Minor Restorative Services (fillings)	60%
Endodontic Services (root canals)	60%
Periodontic Services	60%
Oral Surgery Services (extractions and dental surgery)	60%
Other Basic Services	60%
Relines and Repairs (to bridges, implants, and dentures)	60%
Major Services	
Crown Repair (to individual crowns)	30%
Major Restorative Services (crowns)	30%
Prosthodontic Services (bridges, implants, and dentures)	30%
Orthodontic Services	
Braces	30%

Vision Coverage

AFFORDABLE FOR YOUR WHOLE FAMILY

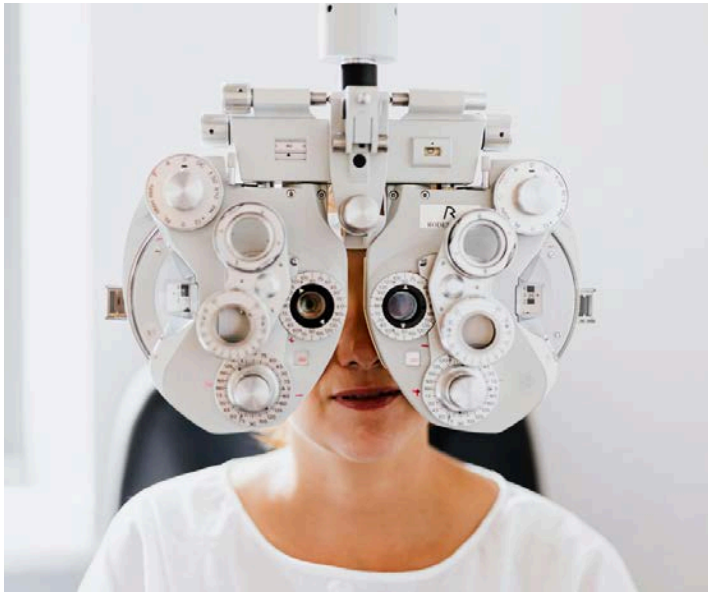
vsp vision care

Vision Insurance for VSP Members

LET'S TALK.
WE'RE HERE TO HELP

Vision insurance is not something we think about every day, so we understand you may have some questions.

Speak with a vision consultant today.
1-800-785-0699



As a VSP member, you have access to comprehensive vision coverage through the VSP network of eye care professionals. Our vision insurance plan includes:

- Annual Eye Exams: Routine eye exams are covered once a year to help you maintain optimal eye health and vision.
- Eyewear Allowance: Receive an allowance for glasses or contact lenses, ensuring you have the flexibility to choose the eyewear that best fits your needs.
- Discounts on Lens Enhancements: Enjoy discounts on lens enhancements such as anti-glare coatings, transition lenses, and progressive lenses.
- Extensive Network: Access a wide network of VSP providers nationwide, making it easy to find a participating eye doctor near you.

Take advantage of these benefits to keep your vision sharp and your eyes healthy!

Vision Coverage

vsp vision care

BENEFITS				
	Plan A - Premier		Plan B - Value	
Benefit and Services	In-Network	Out-of-Network (Plan Pays)	In-Network	Out-of-Network (Plan Pays)
WellVision Exam	$10 copay	Up to $45	$10 copay	Up to $45
Frame Allowance	$250; $270 for featured frame brands (every year)	Up to $70	$200; $220 for featured frame brands (every other year)	Up to $70
Lightcare	$250 (every year)	~	$200 (every other year)	~
Contact Lens Allowance	$250	Up to $105	$200	Up to $105
Kids Care	Additional lenses fully covered, minimum prescription change required	Additional lenses fully covered, minimum prescription change required	Not Available	Not Available

SAFETY GLASSES COVERAGE INCLUDED WITH YOUR CURRENT COVERAGE (Coverage is valid for team members only)		
Safety glasses coverage has a $65 frame allowance and polycarbonate lenses are covered in full.		
Benefit	**VSP Providers** Subject to applicable copay	**Other Providers** Subject to applicable copay
Single Vision Lenses	Covered in Full	Reimbursed up to $30
Lined Bifocal Lenses	Covered in Full	Reimbursed up to $50
Lined Trifocal Lenses	Covered in Full	Reimbursed up to $65
Polycarbonate Lenses	Covered in Full	Reimbursed up to $25

When covered-in-full services are obtained from a VSP Preferred Provider, the patient will have no out-of-pocket expense other than any applicable copays. Services obtained through other providers are subject to the same copayments and limitations. Please refer to rate page.

PLAN A CONTRIBUTIONS		
Vision (VSP)	Plan A - Premier Plan (Weekly)	Plan A - Premier Plan (Monthly)
Employee-Only	$2.61	$11.29
Employee + 1	$4.92	$21.31
Family	$7.73	$33.50

PLAN B CONTRIBUTIONS		
Vision (VSP)	Plan B - Value Plan (Weekly)	Plan B - Value Plan (Monthly)
Employee-Only	$1.45	$6.28
Employee + 1	$2.60	$11.28
Family	$4.01	$17.36



Company Provided Life Insurance

PUTTING THE MOST IMPORTANT FIRST

MetLife

Every family deserves a financial cushion, and as a valued team member, you have access to a benefit designed to provide your loved ones with financial security when they need it most.

That's why Indiana Packers provides you with a MetLife Life Insurance policy **at no cost to you**. In the event of your passing, this benefit can help ease the financial burden on your loved ones by helping with mortgage payments, household expenses, and other costs that may be difficult to manage without your income.

Your company-provided life insurance benefit is based on your 1x base annual salary, rounded up to the nearest thousand. The amount paid may also depend on the cause of death.

For example:

If your annual base salary is $39,500 and your death is due to natural causes, your life insurance benefit would be $40,000. If your death is due to an accident, the benefit would round up and double to $80,000.

Once you complete your initial probationary period, this valuable benefit is provided to you at no cost, courtesy of Indiana Packers. To make sure your benefit goes to the person or people you choose, simply designate a primary beneficiary.

Voluntary Insurance

BENEFITS OVERVIEW

MetLife

Enhancing Your Security to New Heights While Prioritizing the Essentials

Indiana Packers is pleased to offer expanded options for protecting against income loss, substantial medical costs, and unforeseen risks that may affect the welfare of you and your loved ones.

In contrast to previous offerings from IPC, MetLife provides a broader selection of plans, boasts a longer track record of delivering exceptional customer service, and consistently earns top ratings from industry rating agencies.

All without any significant increase in the cost to you.

- Supplemental Life Insurance
- Accidental Death & Dismemberment Insurance
- Critical Illness Insurance
- Accident Insurance
- Hospital Indemnity Insurance
- Long-Term Disability Insurance
- Legal Plan
- Pet Insurance



Supplemental Life Insurance

MetLife

WHAT IS IT?

Provides additional coverage beyond your automatic company-provided life policy—up to $100k for eligible team members, up to $25k for eligible spouses and up to $10k for each eligible dependent child, with the possibility of securing even more, up to $750k.

THE BENEFIT TO YOU

Goes further to replace your paycheck, if you're no longer around to earn it. So, your family has even greater financial security to move forward with their lives in your absence.

Term Life Insurance Coverage Options		
For You	**For Your Spouse**	**For Your Dependent Children***
$10,000 increments to a maximum of the lesser of 5 times pay or $750,000	$5,000 increments to a maximum of $100,000 not to exceed 50% of Team Member's Optional Life Benefit	Birth to 26 years old: $1,000 increments to a maximum of $10,000
*Child(ren)'s Eligibility: Dependent children ages from birth to 26 years old are eligible for coverage.		



MONTHLY COSTS FOR OPTIONAL TERM LIFE INSURANCE		
Age	**Monthly Cost per $1,000 of Team Member Coverage**	**Monthly Cost per $1,000 of Spouse Coverage**
Under 30	$0.060	$0.037
30-34	$0.080	$0.041
35-39	$0.090	$0.061
40-44	$0.103	$0.088
45-49	$0.177	$0.150
50-54	$0.281	$0.230
55-59	$0.440	$0.430
60-64	$0.663	$0.666
65-69	$1.270	$1.270
70+	$2.164	$2.060
Cost for Children*	$0.122	~



Accidental Death & Dismemberment Insurance

WHAT IS IT?

Complements your life insurance protection with additional coverage for an accidental event that either takes your life or causes you serious loss or harm, such as paralysis, loss of limb or brain damage.

THE BENEFIT TO YOU

Provides a life insurance type of financial security for your family after an unfortunate incident permanently takes away your ability to earn an income.

MetLife

VOLUNTARY AD&D COVERAGE AMOUNTS FOR YOU:

- $10,000 increments
- The maximum amount of coverage you can receive is the lesser of 10 times pay or $750,000

VOLUNTARY AD&D COVERAGE AMOUNTS FOR SPOUSE AND CHILD(REN):

You can choose to cover your dependent spouse and child(ren) with AD&D coverage. Your dependents will be eligible for the following coverage:

Dependent Spouse and Child(ren):

- Spouse — 45% of your coverage amount
- Child(ren) — 10% of your coverage amount

Dependent Spouse only:

- 55% of your coverage amount

Dependent Child(ren) only:

- 15% of your coverage amount

COST TO YOU:

Monthly Premium for Single Coverage

- $0.30 per $10,000

Monthly Premium for Family Coverage

- $0.42 per $10,000

Critical Illness Insurance



WHAT IS IT

Some serious illnesses may not be fully covered, or covered at all, by your medical plan. That's when you'll need this policy that delivers cash payments for these kinds of surprise expenses.

THE BENEFIT TO YOU

Provides a lump-sum payment, if you're diagnosed with a covered condition, to address related living expenses, ease the burden on your bank account, and enable you to focus on your recovery, rather than be distracted by some outside financial stress.

MetLife's policy may be even less expensive than you think, and easy to set and forget with a convenient payroll deduction.

COVERED CONDITIONS		
Covered Conditions	**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	100% of Initial Benefit	100% of Initial Benefit
Kidney Failure	100% of Initial Benefit	Not applicable
Alzheimer's Disease*	100% of Initial Benefit	Not applicable
Major Organ Transplant Benefit	100% of Initial Benefit	Not applicable
22 Listed Conditions	25% of Initial Benefit	Not applicable

Critical Illness Insurance

MetLife

BENEFIT PAYMENT

Your initial benefit provides a lump-sum payment upon the first verified diagnosis of a covered condition. Your plan pays a recurrence benefit for the following covered conditions: heart attack, stroke, coronary artery bypass graft, full benefit cancer and partial benefit cancer. A recurrence benefit is only available if an initial benefit has been paid for the covered condition. There is a benefit suspension period between recurrences.

The maximum amount that you can receive through your critical illness insurance plan is called the total benefit and is 3 times the amount of your initial benefit. This means that you can receive multiple initial benefit and recurrence benefit payments until you reach the maximum of 300% or $45,000 or $90,000.

Please refer to the covered conditions table on the left for the percentage benefit amount for each covered condition.

CRITICAL ILLNESS COVERAGE		
Eligible Individual	**Initial Benefit**	**Requirements**
Team Member	$15,000 or $30,000	Coverage is guaranteed provided you are actively at work.
Spouse	50% of team member's initial benefit	Coverage is guaranteed provided the team member is actively at work and the spouse is not subject to a medical restriction as set forth on the enrollment form and in the certificate.
Dependent Child(ren)	50% of team member's initial benefit	Coverage is guaranteed provided the team member is actively at work and the dependent is not subject to a medical restriction as set forth on the enrollment form and in the certificate.

1 Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Additional restrictions apply to dependents serving in the armed forces or living overseas.
2 Dependent Child coverage varies by state. Please contact MetLife for more information.
3 We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period. We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the Covered Person has not had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit during the Benefit Suspension Period.
4 In certain states, the covered condition is Severe Stroke.
5 In NY and NJ sit-used cases, the Covered Condition is Coronary Artery Disease.
6 Please review the Disclosure Statement or Outline of Coverage/Disclosure Document for specific information about cancer benefits. Not all types of cancer are covered. Some cancers are covered at less than Initial Benefit Amount. Skin Cancer is covered at 5% of the Initial Benefit Amount (but not less than $250).

MONTHLY PREMIUM/$1,000 OF COVERAGE				
Attained Age	**Employee-Only**	**Employee + Spouse**	**Employee + Child(ren)**	**Family**
<25	$0.30	$0.45	$0.41	$0.57
25-29	$0.32	$0.49	$0.43	$0.59
30-34	$0.45	$0.67	$0.56	$0.77
35-39	$0.54	$0.80	$0.65	$0.92
40-44	$0.64	$0.95	$0.76	$1.06
45-49	$1.00	$1.45	$1.11	$1.56
50-54	$1.52	$2.19	$1.64	$2.30
55-59	$2.25	$3.19	$2.36	$3.30
60-64	$3.11	$4.39	$3.22	$4.50
65-69	$4.37	$6.14	$4.48	$6.25
70+	$6.35	$8.95	$6.45	$9.06

Accident Insurance

MetLife

WHAT IS IT?

Accidents can often come with unanticipated expenses not covered by your medical insurance. Especially if you and your family have an active lifestyle, you have a son or daughter who plays sports, or your medical plan has a high deductible, this policy may be right for you.

THE BENEFIT TO YOU

Covers a wide variety of accidental injuries (from broken bones to burns) and the long list of medical costs that these injuries can pile on you (from ambulance transport to physical therapy). In these instances, you get a direct, lump-sum payment, to be used in any way you see fit.

ORGANIZED SPORTS ACTIVITY INJURY BENEFIT RIDER

This coverage includes an Organized Sports Activity Benefit Rider. The rider increases the amount payable under the certificate for certain benefits by 25% for injuries resulting from an accident that occurred while participating as a player in an organized sports activity. The rider sets forth terms, conditions and limitations, including the covered persons to whom the rider applies.



MetLife's accident insurance includes a choice of plans to fit your budget and needs, and your plan goes with you, even if you leave your job.

ACCIDENT INSURANCE RATES (MONTHLY RATES)		
Coverage	**Low Plan**	**High Plan**
Employee-Only	$6.49	$10.17
Employee + Spouse	$12.80	$19.98
Employee + Child(ren)	$14.90	$23.19
Family	$18.19	$28.32

Accident Insurance

MetLife

ACCIDENT INSURANCE COVERAGE		
Accidental Injury Benefit	**Low Plan**	**High Plan**
Fracture Benefit	$100-$8,000 (depending on the fracture and type of repair)	$200-$10,000 (depending on the fracture and type of repair)
Dislocation Benefit	$100-$8,000 (depending on the dislocation and type of repair)	$200-$10,000 (depending on the dislocation and type of repair)
Second or Third Degree Burn Benefit	$75-$10,000 (depending on the degree of the burn and the % of burnt skin)	$100-$15,000 (depending on the degree of the burn and the % of burnt skin)
Concussion Benefit	$250	$500
Coma Benefit	$7,500	$10,000
Laceration Benefit	$50-$400 (depending on the length of the cut and type of repair)	$75-$700 (depending on the length of the cut and type of repair)
Broken Tooth Benefit	Crown-$200; Filling-$25; Extractions-$100	Crown-$300; Filling-$50; Extractions-$150
Eye Injury Benefit	$300	$400
Accidental Injury Benefits		
Ambulance Benefit	Ground: $300; Air: $1,000	Ground: $400; Air: $1,250
Emergency Care Benefit	$75-$100 (depending on location of care)	$100-$200 (depending on location of care)
Non-Emergency Initial Care Benefit	$75	$100
Physician Follow-Up Visit Benefit	$50	$100
Therapy Services Benefit (including physical therapy)	$35	$50
Medical Testing Benefit	$150	$200
Medical Appliance Benefit	$75-$750 (depending on the appliance)	$150-$1,000 (depending on the appliance)
Transportation Benefit	$300	$400
Pain Management Benefit (for epidural anesthesia)	$75	$100
Prosthetic Device Benefit	One device: $750; More than one device: $1,500	One device: $1,000; More than one device: $2,000
Modification Benefit	$1,000	$1,500
Blood/Plasma/Platelets Benefit	$400	$500
Surgical Repair Benefit	$150-$1,500 (depending on the type of surgery)	$200-$2,000 (depending on the type of surgery)
Exploratory Surgery Benefit	$150	$200
Other Outpatient Surgery Benefit	$300	$400
Hospital Benefits		
Admission Benefit	$1,000 for the day of admission	$2,000 for the day of admission
ICU Supplemental Admission Benefit	$1,000 for the day of admission	$2,000 for the day of admission
Confinement Benefit (paid for up to 15 days per accident)	$100 per day	$200 per day
ICU Supplemental Confinement Benefit (paid for up to 15 days per accident)	$200 per day	$400 per day
In-patient Rehabilitation Benefit (paid for up to 15 days per accident)	$150 per day	$200 per day
Accidental Death Benefits		
Accidental Death Benefit*	$25,000 ($75,000 for accidental death on common carrier)	$50,000 ($150,000 for accidental death on common carrier)
Accidental Dismemberment, Functional Loss & Paralysis Benefits		
Dismemberment/Functional Loss	$750-$20,000 (depending on the injury)	$1,000-$40,000 (depending on the injury)
Paralysis	$10,000-$20,000 (depending on the number of limbs)	$20,000-$40,000 (depending on the number of limbs)
Other Benefits		
Lodging Benefit* (for a companion of a covered person who is hospitalized)	$100 per day	$200 per day

Hospital Indemnity Insurance

MetLife

WHAT IS IT?

Coverage specifically for hospitalization expenses that might not be covered under your medical plan. This is especially a great policy solution, if you or a loved one are anticipating some kind of inpatient procedure in the coming months or year ahead.

THE BENEFIT TO YOU

Provides a lump-sum cash payment, in addition to any other payments you may receive from your medical plan, to offset unusual hospital stay expenses, such as ICU confinement.

HOSPITAL INDEMNITY INSURANCE COVERAGE				
Subcategory	**Benefit Limits (Applies to Subcategory)**	**Benefit**	**Low Plan**	**High Plan**
Admission Benefit	1 time(s) per calendar year	Admission	$1,000	$2,000
		ICU Supplemental Admission (Benefit paid concurrently with the Admission benefit when a covered Person is admitted to ICU)	$1,000	$2,000
Confinement Benefit	30 days per calendar year ICU Supplemental Confinement will pay an additional benefit for 30 of those days	Confinement	$100	$200
		ICU Supplemental Confinement (Benefit paid concurrently with the Confinement benefit when a covered Person is admitted to ICU)	$100	$200
Newborn Confinement Benefit	2 days per confinement	Newborn Confinement	$25	$50

Please contact MetLife for detailed definitions and state variations of covered benefits.
The confinement benefit will begin to be payable the day of admission.
The period of newborn confinement, immediately following child's birth.

HOSPITAL INDEMNITY INSURANCE (MONTHLY RATES)		
Coverage	**Low Plan**	**High Plan**
Employee-Only	$10.31	$20.39
Employee + Spouse	$25.20	$49.80
Employee + Child(ren)	$17.37	$34.32
Family	$32.26	$63.73

MetLife

Health Screening Benefit

Discover your Health Screening Benefits

HEALTH SCREENINGS ARE AN IMPORTANT PART OF MANAGING YOUR HEALTH.



That's why your Accident Insurance, Critical Illness Insurance and Hospital Indemnity Insurance coverage from MetLife provides a Health Screening Benefit! (HSB) for covered screenings and tests. Now, everyone who's enrolled—you, your spouse, and dependent children—can earn a benefit just for taking care of his or her health.

At least 42% of newly diagnosed cancers in colorectal cancer deaths in the U.S. could be prevented with recommended screenings."

For women in their 40s and 50s, **annual mammogram screenings decrease breast cancer deaths**.

Examples of covered screening and prevention tests may include **a blood test to determine total cholesterol, a blood test to determine triglycerides, an endoscopy**, or a colonoscopy. For a complete list of what's covered, please see a copy of your certificate.

HOW TO GET PAID FOR STAYING WELL

1 - Complete a covered test, such as:

- Routine health, dental, or vision checkup
- Electrocardiogram (EKG)
- Chest x-rays

2 - Confirm your screening online
Visit **mybenefits.metlife.com** to easily file your claim.

3 - Get your cash benefit payment
You can use it on anything to make you feel better—anything!

You can submit claims for your spouse and/or dependent children. No hard copy proof is ever required! Please refer to your certificate of coverage for details on the health screening benefit and which tests are applicable based on your coverage.

HERE'S AN EXAMPLE OF HOW IT WORKS.

*Susan's doctor conducts a blood test to determine total cholesterol, which is one of the many screenings or tests covered by MetLife. Afterward, Susan contacts MetLife by calling 1-800-GET-MET8 to submit her HSB claim. All Susan needs to provide is her physician's name, phone number and address, plus the test and the date it was completed. A check for Susan's HSB benefit payment is on the way within a few business days once her claim is processed. It's that easy!**

**This is an example for illustrative purposes only.*

Add claiming your MetLife Health Screening Benefit to your annual good-health to-do list.

For complete details, including covered screenings and tests, please see your insurance coverage certificate on the **MyBenefits** portal at **www.metlife.com/mybenefits**, or the **MetLife Mobile App**.



Long-Term Disability Insurance

WHAT IS IT?
Replaces a portion of your income when you're unable to work for an extended period of time, due to virtually anything debilitating, from common back issues, to an off-the-job injury, to a more serious condition, such as cancer.

THE BENEFIT TO YOU
Makes regular cash payments of between 40–70% of your pre-disability income, directly to you, for groceries, gas, mortgage payments—whatever you decide. And you receive these benefits for as long as you are unable to work, until retirement age.

ELIGIBILITY REQUIREMENTS
All active full-time team members, both salaried and hourly, who work at least 40 hours per week are eligible to participate in the benefit program. Hourly team members are responsible for paying the employee portion of the benefit cost.

HOW IS "DISABILITY" DEFINED UNDER YOUR PLAN?
Generally, you are considered disabled and eligible for long term benefits if, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment and are complying with the requirements of the treatment, and, you are unable to earn more than 80% of your pre-disability earnings at your own occupation for any employer in the national economy, and you are unable to perform each of the material duties of your own occupation for any employer in the national economy.

WHAT IS THE BENEFIT AMOUNT?
The long term disability benefit replaces the portion of your pre-disability monthly earnings, less other income you may receive from other sources* during the same disability (e.g., Social Security, workers' compensation, vacation pay etc.).

The core benefit amount is 60% of your pre-disability monthly earnings for salaried team members and 50% to hourly team members.

WHEN DO BENEFITS BEGIN AND HOW LONG DO THEY CONTINUE?
Benefits begin after the end of the elimination period. The elimination period begins on the day you become disabled and is the length of time you must wait while being disabled before you are eligible to receive a benefit. Your elimination period for long term disability is 180 days.

Your plan's maximum benefit period and any specific limitations are described in the certificate of insurance provided by IPC.

MetLife | Legal Plan



Cover the costs on a wide range of common legal issues with a Legal Plan.

Access experienced attorneys to help with estate planning, home sales, tax audits and more.

Powerful legal protection on your side

Quality legal assistance can be pricey. And it can be hard to know where to turn to find an attorney you can trust. With MetLife Legal Plan, you have access to the expert guidance and tools you need to navigate a broad range of personal legal needs. Whether you're buying or selling a home, starting a family, or caring for aging parents, the benefit provides protection at every step.

Reduce the out-of-pocket cost of legal services with MetLife Legal Plan.

HOW IT WORKS

Our service is tailored to your needs. With network attorneys available in person, by phone or by email and online tools to do-it-yourself — we make it easy to get legal help. And, you will always have a choice in which attorney to use. You can choose one from our network of prequalified attorneys, or use an attorney outside of our network and be reimbursed some of the cost.

Best of all, you have confidential access to our attorneys for all legal matters covered under the plan. For a monthly fee of **$17.50** conveniently paid through payroll deduction, an expert is on your side as long as you need them.

ESTATE PLANNING AT YOUR FINGERTIPS

Our website provides you with the ability to create wills, living wills and powers of attorney online in as little as 15 minutes. Answer a few questions about yourself, your family and your assets to create these documents instantly. In states where available, you also have access to sign and notarize your documents online through our video notary feature.

HOW TO USE THE PLAN

1.- FIND AN ATTORNEY
Create an account at **members.legalplans.com** to see your coverages and select an attorney for your legal matter. Or, give us a call at **800-821-6400** for assistance.

2. MAKE AN APPOINTMENT
Call the attorney you select and schedule a time to talk or meet.

3. THAT'S IT!
There are no copays, deductibles or claim forms when you use a network attorney for a covered matter.

Helping you navigate life's planned and unplanned events.

MetLife

For **$17.50** per month, you, your spouse and dependents get legal assistance for some of the most frequently needed personal legal matters — with no waiting periods, no deductibles and no claim forms when using a network attorney for a covered matter. And, for non-covered matters that are not otherwise excluded, your plan provides fifteen hours of network attorney time and services per year.

Money Matters	• Debt Collection Defense • Identity Theft Defense • Identity Restoration	• Negotiations with Creditors • Personal Bankruptcy • Promissory Notes	• Tax Audit Representation • Tax Collection Defense
Home & Real Estate	• Boundary or Title Disputes • Deeds • Eviction Defense • Foreclosure	• Home Equity Loans • Mortgages • Property Tax Assessments • Refinancing of Home	• Sale or Purchase of Home • Security Deposit Assistance • Tenant Negotiations • Zoning Applications
Estate Planning	• Codicils • Complex Wills • Healthcare Proxies • Living Wills	• Powers of Attorney (Healthcare, Financial, Childcare, Immigration)	• Revocable & Irrevocable Trusts • Simple Wills
Family & Personal	• Adoption • Affidavits • Conservatorship • Demand Letters • Divorce (20 hours) • Garnishment Defense • Guardianship	• Immigration Assistance • Juvenile Court Defense, Including Criminal Matters • Name Change • Personal Property Protection	• Prenuptial Agreement • Protection from Domestic Violence • Review of ANY Personal Legal Document • School Hearings
Civil Lawsuits	• Administrative Hearings • Civil Litigation Defense	• Disputes Over Consumer Goods & Services • Incompetency Defense	• Pet Liabilities • Small Claims Assistance
Elder-Care Issues	Consultation & Document Review for your parents: • Deeds • Leases	• Medicaid • Medicare • Notes • Nursing Home Agreements	• Powers of Attorney • Prescription Plans • Wills
Traffic & Other Matters	• Defense of Traffic Tickets • Driving Privileges Restoration	• Habeas Corpus	• Repossession

To learn more about your coverages, view our attorney network or grant your dependents access, create an account. Your account will also give you access to our self-help document library to complete simple legal forms. The forms are available to you, regardless of enrollment.

Create an account
members.legalplans.com
or scan the QR code.

Questions? Call the **MetLife Legal Plan Client Service Center** at **800-821-6400**
Monday—Friday, 8:00 a.m. to 8:00 p.m., ET.

MetLife

Pet Insurance

Walking on the wild side? Bring home pet insurance.



With MetLife Pet Insurance, you can cover exotic pets, including birds, reptiles, rabbits and other exotics. You can feel confident that their health and your wallet are protected when faced with an unexpected trip to the vet.

WITH METLIFE PET INSURANCE, YOU CAN GET:

- Flexible insurance plans and reimbursement of up to 90% of the cost of services.
- Freedom to visit any licensed U.S. veterinarian.
- Discounts up to 30% and additional offers on pet care, where available.
- Decreased deductible if you go claim-free in a policy year.
- Coverage of previously covered pre-existing conditions when switching pet insurance providers.*

MEETING EXOTIC PET PARENT NEEDS:

EXAMS

- Primary
- Specialty
- Emergency

DIAGNOSTICS

- Diagnostics
- Lab work
- Blood tests
- Urinalysis
- MRIs
- CT scans
- Ultrasounds

TREATMENTS

- Surgery
- Hospitalization
- Outpatient treatments
- Physical therapy
- Emergency dental treatment

MEDICATIONS

- Injections
- Take-home medications (regardless of whether they require a prescription or are available over the counter)

HOW DOES METLIFE PET INSURANCE WORK?

Choose the coverage that's right for you.

Visit any U.S. licensed veterinarian or emergency clinic.

Pay the bill within 90 days and send it to us with your claim documents via our online portal, email, fax or mail.

Get a percentage of your money reimbursed by check or direct deposit if the claim expense is covered under the policy.

MetLife

Pet Insurance



AVIANS

- African grey
- Amazon
- Avian:
  1. Large: 301 grams – 10 kilograms
  2. Medium: 50 – 300 grams
  3. Small: 1 – 49 grams
- Canary
- Chicken
- Cockatiel
- Cockatoo
- Conure
- Dove
- Duck
- Falcon
- Finch
- Goose
- Hawk
- Heron
- Kestrel
- Lory
- Lovebird
- Macaw
- Mynah
- Parakeet
- Parrot
- Parrotlet
- Pigeon
- Toucan
- Turkey



REPTILES

- Amphibian
- Bearded dragon
- Chameleon
- Frilled dragon
- Gecko
- Iguana
- Lizard
- Monitor lizard
- Skink
- Snake
- Tegu
- Toad
- Tortoise
- Turtle
- Uromastyx
- Water dragon



OTHER EXOTICS

- Chinchilla
- Gerbil
- Goat
- Guinea pig
- Hamster
- Hedgehog
- Mini Pig
- Mouse
- Opossum
- Pot belly pig
- Rat
- Sugar glider



RABBITS

Rabbit



FERRETS

Ferret

Get a quote or enroll today.
Call 1-800-GET-MET8 (1-800-438-6388)

401(k) Retirement Savings Plan

EMPOWER CUSTOMER SERVICE |
empowermyretirement.com | 888-411-4015

Indiana Packers is happy to provide you with a 401(k) Savings Plan which enables you to save for retirement. When team members participate in the plan, Indiana Packers automatically deposits a designated amount of that team member's paycheck into their portfolio every pay period. Team members can decide the amount invested (within IRS contribution limits) and where it's invested, based on a comprehensive choice of mutual and index funds.

Team members are in control of their own account and can always adjust contributions. Best of all, the money is deducted from the paycheck before taxes, and Indiana Packers matches a percent of those contributions.

PLAN ELIGIBILITY & ENTRY

Team members are allowed to enter the plan after the first day of the month following the completion of their first full month of employment. **Certain restrictions apply

TAX ADVANTAGES

Newly eligible team members will be automatically enrolled with a 4% deferral unless he/she elects a different percentage or elects not to participate. The amount to be automatically withheld from your pay each payroll period will be equal to 4% of your compensation, and that amount will increase by 1% each Plan Year until the amount withheld from your paycheck reaches 10% of your compensation under the Auto Increase program, unless the Employer amends the Plan, or you enter a Salary Reduction Agreement by contacting Empower directly. Your contributions will be automatically invested in the plan's default investment option(s), unless you make a different election. You can change how your account is invested at any time.

EMPLOYER FIXED MATCHING CONTRIBUTION

IPC matches 50% of your deferrals up to 8% of your compensation each payroll period.

CHANGES

Even after your initial contribution rate, you may make changes any time, or stop the Auto Increase.

VESTING

You have full ownership (100% vesting) of your contributions at all times, including regular deferrals, rollovers, and after-tax contributions. Company Contributions will vest over a two-year period—meaning you must remain employed for two years to fully own those contributions.



MANAGE YOUR ACCOUNT:

- Know your estimated monthly income in retirement
- Receive plan messaging
- Get your account details
- Access your personal profile
- Choose Spanish translation
- Quickly link to My Financial Path
- Contribution change
- Request a new loan
- Initiate the process of paying off an existing loan

To experience all these features and more,
Visit: empowermyretirement.com

For more help, call 888-411-4015
Monday - Friday: 8:00am - 10:00pm Eastern Time
Saturdays: 9:00am - 5:30pm Eastern Time

FOR FIRST TIME ACCESS ONLINE:

- Log on and select Register
- Choose the "I do not have a PIN tab"
- Follow the prompts to create username and password.

Contacts

BENEFITS TEAM

INDIANA PACKERS CORPORATION

SFG SPECIALTY FOODS GROUP, LLC

Quincy Street — A Subsidiary of Indiana Packers Corporation.

GENERAL INQUIRIES:

- 765-564-3680 | benefits@inpac.com
- IndianaPackersCorp.com

benefitsmarter.com/indianapackers

Anthem

ANTHEM (PHYSICIAN NETWORK):
833-578-4441 | Anthem.com

vsp vision care

VSP (VISION INSURANCE):
800-877-7195 | VSP.com

LiveHealth ONLINE

LIVEHEALTHONLINE
888-548-3432 | LiveHealthOnline.com

MetLife

METLIFE (INSURANCE PROVIDER):
800-638-5433 | MetLife.com

Lively

LIVELY (HSA ADMINISTRATOR):
888-576-4837 | https://livelyme.com

EMPOWER

EMPOWER 401(k) SAVINGS PLAN:
888-411-4015 | Empower-Retirement.com

DELTA DENTAL

DELTA DENTAL:
800-524-0149 (TTY users call 711) | DeltaDentalin.com

sword

SWORD
https://meet.swordhealth.com

Quick Glossary

THIS QUICK GLOSSARY OF TERMS MIGHT BE HELPFUL.

01 DEDUCTIBLE

Amount you pay before the plan starts to pay for covered services.

02 COPAY

A cost-sharing arrangement in which a covered person pays a pre-determined charge for a specified service, such as a $35.00 primary care physician's office visit. The covered team member or dependent must pay for these services at the time healthcare is provided.

03 COINSURANCE

The percentage a covered person pays for covered services, typically after meeting their deductible.

04 IN-NETWORK

The selection of providers or services within a named network. These in-network providers have agreed to a discount for their services and accept reimbursement at usual and customary rates or at a pre-determined fee.

05 OUT-OF-NETWORK

Providers or services not in-network. Generally, out-of-network providers and services will cost team members and their families more out of pocket. It is almost always best to use an in-network provider.

06 PREMIUM/CONTRIBUTION

The amount that must be paid for health insurance or other plans.

07 OUT-OF-POCKET MAXIMUMS

The maximum amount a team member will pay in a plan year for covered medical expenses. Once the maximum amount is reached, the plan will pay 100% of in-network eligible costs.