

WELCOME...

to your
IncomeMAX™
BENEFITS PROGRAM

IT'S TIME
TO LOOK AT

■ *you* ■

HEALTH CARE
BENEFITS



Your Wallet Will Thank You

Getting the most out of your employment at Indiana Packers Corporation—the most money, the best health and support services and the most comfortable retirement—is about so much more than your paycheck.

Benefits play a huge part in your total rewards

(including pay, benefits, and other perks).



**BUT...
there's an
important detail:**

**TAKING
FULL ADVANTAGE
IS ABOUT MAKING
the
RIGHT
CHOICES**

when making healthcare
and other decisions
throughout the year.






**So, let's get
you prepared.**

TAKE YOUR INCOME *to the* MAX

Indiana Packers is thrilled to offer you and your family one of the most competitive benefits packages found anywhere in this region—designed with tools to enrich your life in so many ways.

IncomeMAX™ BENEFITS PROGRAM

Table of Contents

 DirectPath	DirectPath	6-7
	Money-Saving HSAs	8-9
 LANE HEALTH	Lane Health—HSA Plan Partners	10-11
	Medical Plan Options	12-13
 UMR	UMR	14
 TELADOC	Teladoc	15
 OPTUMRX	OptumRx Mail-Order Rx Service	15
 vsp	Vision Coverage	16-17
 DELTA DENTAL	Dental Coverage	18-19
 MetLife	MetLife® Portfolio of Insurance Benefits	20-21
	Supplemental Life Insurance	22
	Accidental Death & Dismemberment Insurance	23
	Critical Illness Insurance	24-25
	Accident Insurance	26-27
	Hospital Indemnity Insurance	28
	Long-Term Disability Insurance	29
	Health Savings Account FAQs	Appendix 30-33
	Enrollment in Kronos	34-35

Before you Begin...

This quick glossary of terms might be helpful.

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

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 health care is provided.

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

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.

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.

Premium/Contribution: The amount that must be paid for health insurance or other plan.

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.



IT ALL STARTS HERE

— *with you* —

PERSONAL HEALTH INSURANCE ADVOCATES



DirectPath[®]

From understanding all the benefits in this guide—so, you can make the best decisions for you and your family during Annual Enrollment—to fully leveraging the value of these benefits throughout the year, DirectPath is standing by to make your life easier and save you money.

Whenever you have a health insurance question—*Which medical plan makes the most sense for me? What's covered? How much? Can I see a specialist? How can I solve a claim issue?* You name it—your DirectPath experts are:

- At your service
- Easily accessible
- Multilingual and, most of all
- **FREE to you**

You'll Never Stand Alone

Life is complicated enough without having to be an insurance-policy guru.

With DirectPath, you don't have to be.

Here's a quick snapshot of everything DirectPath can do for you and why your DirectPath advocate should almost always be your first call.



BILLING/CLAIMS



- File claims
- Research denied claims
- Coordinate with provider and insurer

MEMBER RESEARCH



- Explain network contracting
- Research network status of specialists
- Find providers for second opinions

GENERAL BENEFITS ASSISTANCE

- Benefits plan & how to use it
- Choose the right plan
- Health Savings Account (HSA)



PRESCRIPTIONS

- Pharmacy Benefits
- Resolve payment issues
- Brand-name vs. generic
- Mail-order; specialty drugs



AUTHORIZATIONS & REFERRALS

- Determine if needed & obtain
- File necessary paperwork if claim is denied due to lack of authorization



PERSONAL ASSISTANCE

- Appointments
- Find a doctor
- Medical records
- Coordinate among doctors



Now that you know you have an expert in your corner, let's look at your choices for the coming year.

take advantage of **DirectPath Rewards!**

If you need to find a physician, see a specialist or have a medical test or procedure done, your DirectPath advocate will put together a comparison of providers, along with a list of expected itemized costs.

.....

Choose one of the
LOWER-COST OPTIONS
and get

20% OF THE SAVINGS
up to
\$1,000
PER PROCEDURE!



Talk one-to-one with a DirectPath advocate—

866.253.2273

M-F 7am to 8pm CT
Saturday 8am to 1pm CT

Or email anytime—

Advocate@DirectPathHealth.com

S A M E
peace of
M I N D

M O R E
financial
P O W E R



IPC's **Traditional SmartSaver™**
with **HSA** and **Premium**
ConsumerChoice™ with **HSA**

The cost of healthcare and its related insurance premiums continues to rise.

That's why, for 2022, you can get PPO coverage with all the additional cost-savings and money-growing power of a health savings account that, unlike any other medical plan, has built-in safeguards to help you pay your medical bills.

What are the **Traditional SmartSaver** and **Premium ConsumerChoice** plans?

They are IPC's medical-insurance options that give you the physician-network cost savings and non-referral freedom of a PPO, but also allow you to set up and easily access a tax-free health savings account—and an Advance line of credit*—to pay for your out-of-pocket healthcare expenses.

These plans require a lower premium contribution from your paycheck-plus, you get a savings contribution from IPC!

For Annual Enrollment, Keep in Mind . . .

You can still choose a Standard PPO option, but with a **Traditional SmartSaver** with HSA or **Premium ConsumerChoice** with HSA, instead, you can:

Have **much LESS** taken out of your paycheck for medical insurance.

Easily save and withdraw money for out-of-pocket medical expenses in an **investment account that grows** (like your 401k)—**ALL TAX FREE!**

Minimize the stress of medical bills!

Even if you're surprised by an unexpected medical expense before saving any money in your account, your HSA's Advance line of credit* allows you to cover those costs—up to your Advance limit— with an easy **TAX-FREE** payroll deduction spread out over 12 months.

Start strong. Sign up during Annual Enrollment and **IPC will put cash in your savings account** right away—\$500 for you or \$1,000 for your family.**

**Paid quarterly. Certain restrictions apply. Please see your benefits advisor.

Keep everything you save. **Your HSA belongs to you, not the company.** So, it stays with you, even if you change jobs.



DON'T FEAR THE DEDUCTIBLE

A VERY SMALL

PERCENTAGE OF IPC,

SFG AND QSI

TEAM

MEMBERS

EVER EXCEED THEIR

YEARLY OUT-OF-POCKET

MAXIMUM

See MetLife pages 20-29

Your supplemental insurance options might also offer inexpensive solutions to help cover your out-of-pocket costs and count toward your deductible.

Still want more peace of mind?

Learn about the Advance line of credit* on page 32-33, or go online: BenefitSmarter.com/IndianaPackers

Make the Switch to an HSA. Comfortably.

Since they were first introduced more than a decade ago, health savings accounts have seen almost no innovation.

Until now.

Thanks to IPC's HSA plan partner—Lane Health.



LANE HEALTH

Alongside the already unrivaled advantages of a health savings account, your IPC **Traditional SmartSaver™** with HSA and **Premium ConsumerChoice™** with HSA offer features to make the switch to an HSA even more appealing—including a solution that makes paying for medical expenses more affordable.

With IPC and Lane Health, you get:

Triple the tax advantages! Money goes into your savings account, grows in that account and comes out to pay medical expenses—**ALL TAX FREE**. It's even better than a 401(k)!

Upon activation, automatic advances, with a single card swipe, regardless of how much money you have saved in your account—even if the amount is zero.

Up to 12 months for repayment of advances and associated fees, with both repaid with pre-tax dollars

It offers greater peace of mind against large medical bills. Using this Advance line of credit* can save you 20%-30% on your out of pocket expenses, even after Advance fees, compared to paying with your credit card.



CHANGE IS A GOOD THING

factoring in all costs of healthcare,

85% of IPC, SFG & QSI
TEAM MEMBERS

stand to

SAVE MONEY

by moving away from the
familiar PPO plan

INTO AN HSA

For More Information:

Find answers to Frequently
Asked Questions on pages 30-33

Go Online to
**BenefitSmarter.com/
IndianaPackers**

Talk to someone at our
HSA administrator:

**WeCare@LaneHealth.com
833.302.5263**

See it in real numbers



Healthcare Plan Value Comparison

	Traditional SmartSaver	Premium ConsumerChoice	Standard PPO
Your premium contributions	\$1,668	\$3,672	\$5,580
Your employer's contribution to your HSA	-\$1,000	-\$1,000	\$0
Your Net Contributions	\$668	\$2,672	\$5,580
Your estimated out-of-pocket medical expenses	\$9,793	\$6,129	\$4,169
Your Lane Health Advances	\$0	\$0	\$0
Your Tax Savings On:			
Pre-tax premiums	\$450	\$991	\$1,507
Your HSA contributions	\$2,214	\$2,214	\$0
Your Lane Health Advances (tax savings minus fees)	\$0	\$0	\$0
Your Total Tax Savings	\$2,664	\$3,205	\$1,507
Your Estimated Total Costs <small>(net contributions, plus out of pocket expenses, minus tax savings)</small>	\$7,797	\$5,596	\$8,242

*Actual numbers may vary, depending on your situation.

MEDICAL COVERAGE

Your IncomeMAX™ BENEFITS PROGRAM

is about choices to best meet the needs of you and your family. Please review your PPO health plan options here to prepare for



Healthcare Plan Options

Benefit	Traditional SmartSaver™ with HSA		Premium ConsumerChoice™ with HSA		Standard PPO	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Deductible (per calendar year)						
Individual	\$3,000	\$6,000	\$1,500	\$3,000	\$750	\$1,500
Family	\$6,000	\$12,000	\$3,000	\$6,000	\$1,500	\$3,000
Covered Expenses	70%, after deductible	50%, after deductible	80%, after deductible	50%, after deductible	90%, after deductible	50%, after deductible
HSA Annual Contribution						
	\$500 Employee and or \$1,000 Family		\$500 Employee and or \$1,000 Family		—	
Coinsurance						
Individual or Family	30%	50%	20%	50%	10%	50%
Total Out-of-Pocket Maximums (OPM)						
Individual	\$6,000	\$12,000	\$5,000	\$10,000	\$3,500	\$7,000
Family	\$12,000	\$24,000	\$10,000	\$20,000	\$7,000	\$14,000
Physician Office Visit						
Primary Care Physician	25% tier 1 after deductible 35% tier 2 after deductible	50%, after deductible	15% tier 1 after deductible 25% tier 2 after deductible	50%, after deductible	\$25 tier 1 copay \$45 tier 2 copay	50%, after deductible
Specialist	25% tier 1 after deductible 35% tier 2 after deductible	50%, after deductible	15% tier 1 after deductible 25% tier 2 after deductible	50%, after deductible	\$45 tier 1 copay \$55 tier 2 copay	50%, after deductible
Urgent Care Facility	70%, after deductible	50%, after deductible	80%, after deductible	50%, after deductible	\$80 copay	50%, after deductible
Teladoc	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	90%, after deductible	90%, after deductible
In-patient Hospital Services						
In-patient Services	70%, after deductible	50%, after deductible	80%, after deductible	50%, after deductible	90%, after deductible	50%, after deductible
Rx Coverages (In-Network)						
Generic	Deductible/Coinsurance	—	Deductible/Coinsurance	—	\$10 copay	—
Brand Formulary	Deductible/Coinsurance	—	Deductible/Coinsurance	—	35% (\$40 Minimum)	—
Brand Non-Formulary	Deductible/Coinsurance	—	Deductible/Coinsurance	—	50% (\$80 Minimum)	—
Rx Mail Order (90 Day Fill)						
Generic	Deductible/Coinsurance	—	Deductible/Coinsurance	—	\$20 copay	—
Brand Formulary	Deductible/Coinsurance	—	Deductible/Coinsurance	—	35% (\$80 Minimum)	—
Brand Non-Formulary	Deductible/Coinsurance	—	Deductible/Coinsurance	—	50% (\$160 Minimum)	—
Rx Out-of-Pocket Maximum						
(Rx Out-of-Pocket Maximums are included in Medical!)						



Healthcare/Rx Employee Contributions

Election	Traditional SmartSaver™ HSA		Premium ConsumerChoice™ HSA		Standard PPO	
	Employee Contribution (Weekly)	Employee Contribution (Monthly)	Employee Contribution (Weekly)	Employee Contribution (Monthly)	Employee Contribution (Weekly)	Employee Contribution (Monthly)
Employee	\$8.63	\$37.41	\$19.03	\$82.48	\$31.26	\$135.44
Employee + Spouse	\$22.44	\$97.23	\$49.47	\$214.36	\$75.13	\$325.57
Employee + Child	\$18.18	\$78.76	\$40.07	\$173.63	\$63.29	\$274.25
Family	\$32.05	\$138.90	\$70.67	\$306.22	\$107.33	\$465.10

See Insert for QSI Rates.



TO HELP YOU DECIDE...

Go to BenefitSmarter.com/IndianaPackers, where you can find even more valuable information online—including the use of an **Interactive Medical Cost Calculator!**

Save Big on Healthcare—All the Time.

No matter what health plan option you choose, your IPC IncomeMAX™ Benefits Program includes a number of money-saving tools to ensure you keep more of your paycheck when it comes to medical expenses.

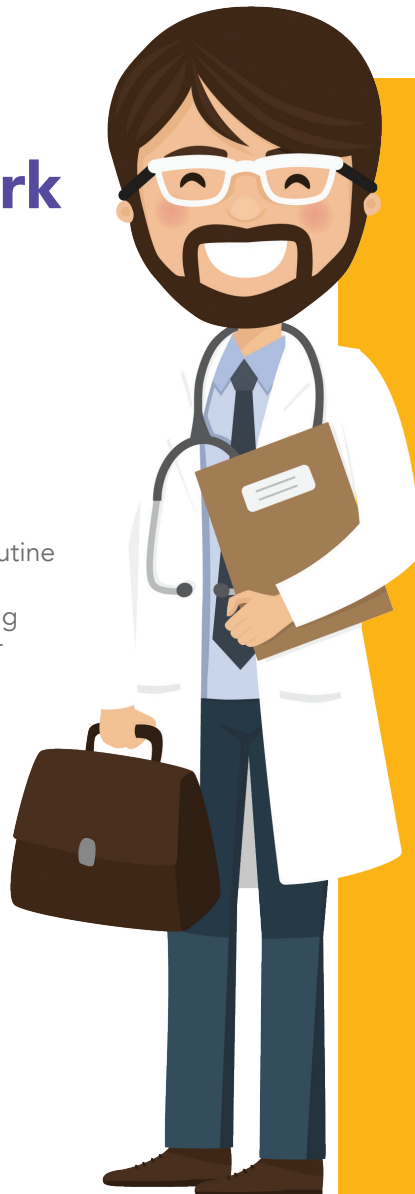
Leverage Your Physician Network



Going to a hospital emergency room for routine health issues will cost you and your family a fortune. Save that money by, instead, finding and visiting a primary care physician in your benefits network.

Then . . .

Make time to schedule a physical for you and your covered family members every year. Annual physicals are **completely FREE** and critical to finding potentially serious medical issues early, saving you money, while possibly saving a life.



Easily find an in-network provider by phone at:

800.207.3172

Or, go online and select "Find a Provider" at:

UMR.com



Or contact your **DirectPath** advisor!

Get Doctor Care for as Little as \$10



If you need to see a physician for a common healthcare issue, but don't have time to schedule or attend an appointment, dial up Teladoc on your phone, web or mobile app.

It's an easy, convenient and extremely affordable way to:

- Access a doctor from your house, office, hotel—anywhere!
- Save the major expense of an urgent-care or ER visit, plus the PTO otherwise wasted sitting in a waiting room.
- Get prompt service (in English or Spanish)—the average callback takes less than 10 minutes.
- Have prescriptions ordered to the pharmacy of your choice.
- Access cost-effective and less expensive healthcare for far less than urgent-care or emergency-room visits.

.....

Order Your Meds Without the Headache



Just use IPC's mail-order prescription service!

It's more convenient than driving to the corner store, and it can save you hundreds of dollars, especially on maintenance drugs, such as those used to treat high blood pressure, heart disease, asthma and diabetes.



Access a U.S. Board-Certified
doctor 24/7/365

800.835.2362

Teladoc.com



Pharmacists available 24/7

855.842.6337

Or reach out to
customer service at:

800.835.2362

OptumRx.com

VSP Takes Value to a New Level



You still get the widest network of doctors, the very best care and the most expansive selection of eyewear, with ridiculously low out-of-pocket costs.

With VSP you get:

- The best vision benefit on the market
- A large network of practitioners
- Exceptional pricing
- No "card" required. Just let your optometrist know you have VSP at work!

Plus!

Even easier ordering options for eyeglasses and contacts!

Introducing VSP's eyeconic[®] online ordering capabilities—

COUNTLESS
PRODUCT CHOICES &

up to **\$220**

IN SAVINGS

eyeconic[®]



Vision Plan Options & Contributions

Benefits

Benefits and Services	Plan A—Premier		Plan B—Value	
	In-Network	Out-of-Network (Plan Pays)	In-Network	Out-of-Network (Plan Pays)
WellVision Exam	\$15 copay	Up to \$45	\$20 copay	Up to \$45
Frames Allowances	\$225; \$245 for featured frame brands	Up to \$70	\$175; \$195 for featured frame brands	Up to \$70
Lightcare	\$225	-	\$175	-
Contacts Allowances	\$195	Up to \$105	\$165	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

Plan A Contributions

Vision (VSP)	Plan A - Premier Plan (Weekly)	Plan A - Premier Plan (Monthly)
Single/Individual	\$2.28	\$9.88
Employee + 1	\$4.56	\$19.76
Family	\$7.34	\$31.81

Plan B Contributions

Vision (VSP)	Plan B - Value Plan (Weekly)	Plan B - Value Plan (Monthly)
Single/Individual	\$1.14	\$4.94
Employee + 1	\$2.28	\$9.88
Family	\$3.67	\$15.90

Delta Dental for Better Health

Get discounted services inside Delta's wide network of DDS doctors and great coverage rates, including 100% on preventative care and, on the Premier Plan, 40% on braces.



**Save
Even More**
when you stay
on a 6-month
checkup
schedule!

SINK YOUR TEETH *into this*

Folks without dental benefits are more likely to suffer other serious illnesses, including:

Heart disease
by:

67%

Osteoporosis
by:

50%

Diabetes
by:

29%

Source: National Association of Dental Plans



Dental Plan Options & Contributions

Benefits

Benefits and Services	Plan A—Premier		Plan B—Value	
	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
Preventative 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

*Lifetime Maximum Benefit Per Person— \$2,500 | Orthodontic Age Limit— Dependent children up to age 19

Plan A Contributions

Coverage (Delta Dental)	Employee Contribution (Weekly)	Employee Contribution (Monthly)
Employee	\$3.31	\$14.35
Employee + Spouse	\$6.62	\$28.67
Employee + Child	\$7.61	\$32.97
Family	\$10.33	\$44.75

Plan B Contributions

Coverage (Delta Dental)	Employee Contribution (Weekly)	Employee Contribution (Monthly)
Employee	\$1.86	\$8.08
Employee + Spouse	\$3.74	\$16.20
Employee + Child	\$4.30	\$18.63
Family	\$6.42	\$27.82

Non-Participating (Not in PPO or Premier) Dental Providers Adjustments

Diagnostic & Preventative	
Diagnostic & Preventative 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%

A Secure Life Gets Even Better

Introducing the MetLife® Portfolio of Insurance Benefits

Indiana Packers is excited to raise the bar on your choice of plans for guarding against income loss, overwhelming medical expenses and other potential unforeseen risks that can impact the well-being of you and your family.

Compared to anything IPC has offered before, MetLife has a **wider array of plans**, a longer history of providing an **amazing customer experience**, and a consistent track record for scoring some of the highest marks by the industry's rating agencies—

—all without any significant increase in the cost to you.



Keep turning the page for outstanding voluntary insurance plans that include:

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



Putting the Most Important First

Company-Provided Life Insurance

THIS IS THE ONE
METLIFE BENEFIT
that's
AUTOMATICALLY
INCLUDED
at
NO COST
to you



It's the one MetLife benefit you don't have to act on during Annual Enrollment.

At the very least, your family should have a financial safety net. And, as a valued Team Member, you deserve to provide them that.

That's why Indiana Packers gives you a MetLife Life Insurance policy.

If something tragic happens to you, this policy **steps in to assist your loved ones with mortgage payments or other costs** that would, otherwise, be difficult to pay without your income.

If you're beyond your initial hiring probationary period, this policy is yours, **paid for by Indiana Packers.**

Supplemental Life Insurance

What It Is—

Provides additional coverage beyond your automatic company-provided life policy—up to \$50k for eligible Team Members, \$5k for eligible spouses and \$10k for each eligible dependent child, with the possibility of securing even more, up to \$500k.

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.

1%

That's the tiny fraction of your annual pay that can guarantee years of income for your family.



Source: MetLife premium data. Your actual cost can vary based upon the amount of coverage and the rate. Rates for term insurance vary depending upon such things as gender, age, class, health and other underwriting factors.

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 \$500,000	\$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	—

Note: Rates are subject to the policy's right to change premium rates, and the employer's right to change employee contributions.

*Child(ren)'s Eligibility: Dependent children ages from birth to 26 years old are eligible for coverage.

Accidental Death & Dismemberment Insurance

What It Is—

Complements your life insurance protection with additional coverage for an accident 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.

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 \$500,000

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

*Child(ren)'s Eligibility: Dependent children ages from birth to 26 years old are eligible for coverage.



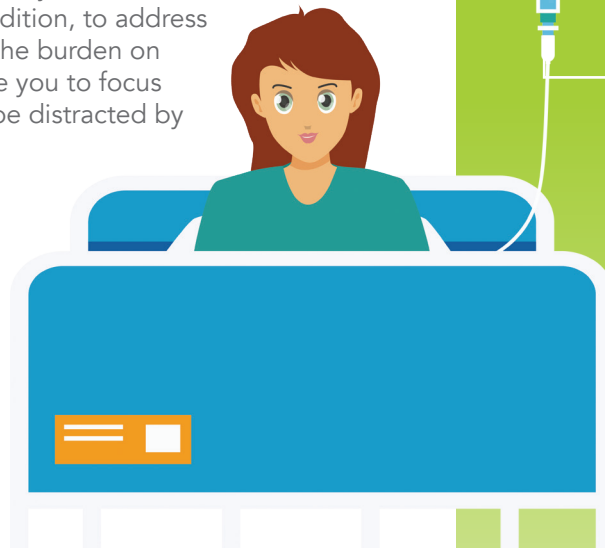
Critical Illness Insurance

What It Is—

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

*Please contact MetLife for the Outline of Coverage for specific information about Alzheimer's disease.

Benefit Payment

Your initial benefit provides a lump-sum payment upon the first verified diagnosis of a covered condition. Your plan pays a recurrence benefit³ for the following covered conditions: heart attack, stroke,⁴ coronary artery bypass graft,⁵ full benefit cancer⁶ and partial benefit cancer.⁶ 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 ¹
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. ¹
Dependent Child(ren) ²	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

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 sitused 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 the 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 + Children	Employee + Family
<25	\$0.33	\$0.50	\$0.46	\$0.63
25-29	\$0.36	\$0.54	\$0.48	\$0.66
30-34	\$0.50	\$0.74	\$0.62	\$0.86
35-39	\$0.60	\$0.89	\$0.72	\$1.02
40-44	\$0.71	\$1.06	\$0.84	\$1.18
45-49	\$1.11	\$1.61	\$1.23	\$1.73
50-54	\$1.69	\$2.43	\$1.82	\$2.55
55-59	\$2.50	\$3.54	\$2.62	\$3.67
60-64	\$3.45	\$4.88	\$3.58	\$5.00
65-69	\$4.86	\$6.82	\$4.98	\$6.94
70+	\$7.05	\$9.94	\$7.17	\$10.07

Rates are based on 5-year age bands and will increase when a covered person reaches a new age band. Rates are subject to change.

Accident Insurance

What It Is—

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

Election	Low Plan Cost to You	High Plan Cost to You
Employee	\$7.21	\$11.30
Employee + Spouse	\$14.22	\$22.20
Employee + Child(ren)	\$16.56	\$25.77
Employee + Family	\$20.21	\$31.47

Please contact MetLife for detailed definitions and state variations of covered benefits.

*Notes Regarding Certain Benefits

- Fracture and Dislocation benefits—Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Accidental Death Benefit—The benefit amount will be reduced by the amount of any accidental dismemberment/functional loss/paralysis benefits and modification benefit paid for injuries sustained by the covered person in the same accident for which the accidental death benefit is being paid.
- Accidental Death Benefit—Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.
- Lodging Benefit—The lodging must be at least 50 miles from the insured’s primary residence.

Accident Insurance Coverage

Accidental Injury Benefits	Low Plan Benefits	High Plan Benefits
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; Extraction-\$100	Crown-\$300; Filling-\$50; Extraction-\$150
Eye Injury Benefit	\$300	\$400
Accidental Injury Benefits	Low Plan Benefits	High Plan 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	Low Plan Benefits	High Plan 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	Low Plan Benefits	High Plan 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	Low Plan Benefits	High Plan 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	Low Plan Benefits	High Plan Benefits
Lodging Benefit* (for a companion of a covered person who is hospitalized)	\$100 per day	\$200 per day

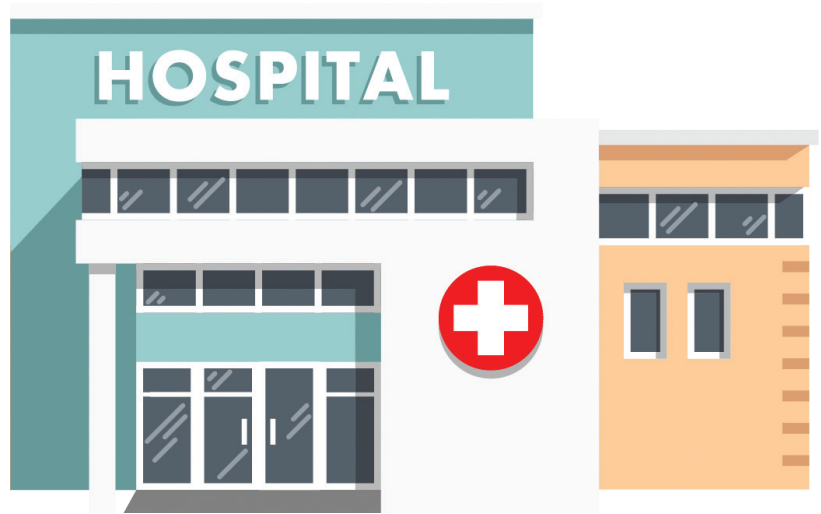
Hospital Indemnity Insurance

What It Is—

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 is anticipating some kind of in-patient 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 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 ²	\$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 day(s) per confinement	Newborn Confinement ³	\$25	\$50

Please contact MetLife for detailed definitions and state variations of covered benefits.

² The Confinement Benefit will begin to be payable the day of Admission.

³ The period of newborn confinement, immediately following the child's birth.

Hospital Indemnity Rates

Election	Low Plan	High Plan
Employee	\$11.46	\$22.65
Employee + Spouse	\$28.00	\$55.33
Employee + Child(ren)	\$19.30	\$38.13
Employee + Family	\$35.84	\$70.81

Long-Term Disability Insurance

What It Is—

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, salaried employees working at least 40 hours per week are eligible to participate.

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 a 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.

* Under certain circumstances, MetLife may estimate the amount of income you may receive from other sources.



If you're ever seriously sick or injured and expect to be out less than a year, you'll be especially glad you had this policy, because 65% of initial social security disability claims are denied.

Source: Social Security Administration. 2018 data.

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.

Health Savings Account FAQs

What is a health savings account (HSA)?

An HSA is a tax-advantaged personal savings account that can be used to pay for medical, dental, vision and other qualified expenses now or later in life. To contribute to an HSA, you must be enrolled in the **Traditional SmartSaver** or the **Premium ConsumerChoice** plan. The funds can even be invested, making it a great addition to your retirement portfolio.

Why should I participate in an HSA?

Funds contributed to an HSA are TRIPLE-TAX-ADVANTAGED.

1. Money goes in tax-free. You can contribute to your HSA on a pre-tax basis through payroll deductions. The amount you choose to contribute during the year will be divided equally among your paychecks. Your contributions are deposited into your HSA prior to taxes being applied to your paycheck, making your savings immediate. You can also contribute to your HSA post-tax and recognize the same tax savings by claiming the deduction when filing your annual taxes.
2. Money comes out tax-free. Eligible healthcare purchases can be made tax-free when you use your HSA. Purchases can be made directly from your HSA account, either by using your HSA debit card, online bill-pay, or check—or, you can pay out-of-pocket and then reimburse yourself from your HSA.
3. Earn interest, tax-free. The interest on HSA funds grows on a tax-free basis.

How Much Can I Save for Retirement?

Example:		
Annual Contribution Over 25 Years	Tax Savings*	Balance at Retirement
\$600	\$4,000	\$31,000
\$2,400	\$16,000	\$123,000
\$3,600	\$24,000	\$184,000
\$7,200	\$48,000	\$368,000

*For illustrative purposes. Savings calculations are based on a federal tax rate of 22%, a state tax rate of 5%, & an average interest rate of 5%. Your tax situation may be different. Consult a tax advisor.

What expenses are eligible for reimbursement?

Health plan co-pays, deductibles, co-insurance, vision, dental care, and certain medical supplies are covered. The IRS provides specific guidance regarding eligible expenses. To learn more, see IRS Publication 502.

Am I eligible to participate?

In order to contribute, you must be enrolled in a qualified plan, not covered under a secondary health insurance plan, not enrolled in Medicare or as another person's dependent. If you elect either of these plans, a Lane Health HSA account will be opened on your behalf, regardless of whether you choose to make a contribution to your account. You'll receive your Lane Health debit card, your Advance limit, and be all set.

What are the minimum plan deductibles to qualify for an HSA?

You must choose a health insurance plan for 2022 with deductible amounts that are greater than \$1,400 for individual or \$2,800 for family coverage and have an out-of-pocket maximum that does not exceed \$7,050 for individual or \$14,100 for family coverage. The **Traditional SmartSaver** and **Premium ConsumerChoice** plans qualify.

How do I contribute money to my HSA?

Payroll deduction is most likely offered by your employer. Your annual contribution will be divided into equal amounts and deducted from your payroll before taxes. Direct contributions can also be made from your personal checking account and can be deducted on your personal income tax return.

Can I change my contributions to my HSA during the year?

Yes. You will not be subject to the change-in-status rules applicable to other benefit accounts. You will be able to make changes to your contributions on the Lane Health member portal, available to anyone that with an HSA.

How much can I contribute to my HSA?

You and Indiana Packers can contribute to your account. Annual contributions from all sources may not exceed \$3,650 for singles or \$7,300 for families in 2022. Individuals aged 55 and over may make an additional \$1,000 catch-up contributions. Indiana Packers contributions to your accounts plus any Advance repayments and related fees all count toward these limits.

Indiana Packers Contributes to Your HSA Too!

IPC Contribution Amounts	
Team Member Coverage Status	IPC's Annual Contribution
Team Member	\$500
Team Member + Spouse or Children	\$1,000

IPC contributions are paid quarterly. For Team Members still in their first year of employment, the contribution will be prorated.

Do I have to spend all my contributions by the end of the plan year?

No. HSA money is yours to keep. Unlike a flexible spending account (FSA), unused money in your HSA isn't forfeited at the end of the year and earnings continue to grow tax-free.

What happens if my employment is terminated?

HSAs are portable and move with you if you change employment. Your HSA belongs to you, not your employer, just like your personal checking account.

How do I access the funds in my HSA?

Your HSA is similar to a checking account. You are responsible for ensuring the money is spent on qualified purchases only and maintaining records in the case of an IRS audit. It's easiest to use your debit card to make payments but you can also write a check or reimburse yourself for any payments you made directly for a qualifying expense.

When must contributions be made to an HSA for a taxable year?

Contributions for the taxable year can be made in one or more payments at any time after the year has begun and prior to your deadline (without extensions) for filing your federal income tax return for that year. For most taxpayers, the deadline is April 15 of the year following the year for which contributions are made.

What happens to the money in my HSA, if I'm no longer enrolled in a qualifying medical plan?

Once you discontinue coverage under a qualifying medical plan and/or get secondary health insurance coverage that disqualifies you from an HSA, you can no longer make contributions to your HSA. However, since you own the HSA, you can continue to use the remaining funds for future healthcare expenses.

Is tax reporting required for an HSA?

Yes. IRS form 8889 must be completed with your tax return each year to report total deposits and withdrawals from your account. You do not have to itemize to complete this form.

Can I still deduct healthcare expenses on my tax return?

Yes, but not the same expenses for which you have already been reimbursed from your HSA.

Can I withdraw the money for non-healthcare purchases?

Yes. If you withdraw the money for an unqualified expense prior to age 65, you'll be subject to your ordinary income tax, in addition to 20% tax penalty. You can withdraw the money for any reason without penalty after age 65, but are subject to applicable income taxes.

Health Savings Account FAQs (cont.)

Can I roll over or transfer funds from my HSA or Medical Savings Account (or Archer MSA) into an HSA?

Yes. Lane Health can help you roll your money from a prior account to your new HSA.

Can I control how the funds are invested?

Yes. Once your HSA cash account balance reaches \$1,000, you can transfer funds to an HSA investment account. You can choose from a selection of mutual funds.

Can I transfer funds between the cash and investment accounts?

Yes. You can transfer money between your HSA cash and HSA investment account at any time.

The HSA Advance line of credit*

Why are Advances important?

With most HSAs, you can only pay medical bills with money you have contributed and saved in your HSA. Often, particularly early in the year, you do not have enough money saved to cover your bills. With Lane Health, you can pay those bills through your HSA using the automatic Advance line of credit*.

How does the Advance line of credit* work?

When you need to pay a medical bill, simply make sure you have activated the Advance line of credit and then swipe your HSA debit card. The cash you have in your account is used first to pay the bill. If you need more, we automatically advance the funds up to your Advance limit, which will be shared with you after you enroll in a high deductible plan. We will let you know the pre-tax payroll deductions required to repay the Advance over the following 12 months. It is simple, convenient, and does not require you to do anything other than focus on getting the care you need.

Do I pay a fee for Advances?

Yes. Advance fees are also paid pre-tax, so typically equal 7-8% of the Advance on a post-tax basis. You pay 5% of the Advance amount in the first paycheck after receiving the Advance. This is the "origination" fee. You also pay a periodic finance fee charged quarterly based on the table below.

Average balance over prior 75 days	Periodic Finance Fee
\$1 to \$100	\$2
\$101 to \$250	\$5
\$251 to \$500	\$10
\$501 to \$1,000	\$20
\$1,001 to \$2,500	\$40
\$2,501 to \$5,000	\$75
Greater than \$5,000	\$95

How do I track Advances

You will receive a statement every 14 days providing you information regarding Advances taken. You can find Advance information on the Lane Health portal at BeWell.LaneHealth.com.

When are Advances available to me?

Advances are available to you on the first day of your health plan year and remain available throughout the entire year. You can receive multiple Advances in a single year, up to your Advance limit.

Will I need a credit check?

No. Your Advance limit is based on a few items, including tenure and salary. Every team member is guaranteed an Advance limit of at least \$500. Most team members will have Advance limits between 2-4 weeks gross pay.

What if I need a higher Advance limit?

Contact the Lane Health member service center and they will assist you with the process of evaluating an increase to your Advance limit.

What if I drop coverage or leave the company and have an outstanding Advance?

You will be responsible for repayment of the Advance from your final paycheck or by paying Lane Health directly. If you have questions, simply call us.

STILL HAVE QUESTIONS?



Talk one-to-one with an IPC DirectPath advisor—

866.253.2273

M-F 7am to 8pm CT.
Saturday 8am to 1pm CT.

Or email anytime—

Advocate@DirectPathHealth.com



HSA administrator

833.302.5263

WeCare@LaneHealth.com

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Should You Decide to Enroll
in a **Traditional SmartSaver** with
HSA or **Premium ConsumerChoice**
with HSA, remember your
Team Member portal address:

BeWell.LaneHealth.com

Ready for **ENROLLMENT?**

LOG INTO KRONOS TO GET STARTED.

If you're new to Kronos, visit
BenefitSmarter.com/IndianaPackers
and find a step-by-step login guide.

Plus!

Look for more communications throughout the year—via IPC's Benefits Pay Information Series—to help you make sure you're continuing to take full advantage of your IncomeMAX™ Team Member Benefits Program!

STILL HAVE QUESTIONS?



Talk one-to-one with an
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866.253.2273

M-F 7am to 8pm CT.
Saturday 8am to 1pm CT.

Or email anytime—

Advocate@DirectPathHealth.com



CONTACT

BenefitSmarter.com/IndianaPackers



Indiana Packers Corporation (IPC) General Inquires:

765.564.3680 | Benefits@inpac.com
IndianaPackersCorp.com



Specialty Foods Group (SFG) General Inquires:

270.852.6311 | Benefits@sfgtrust.com
SpecialityFoodsGroup.com



Quincy Street Inc. (QSI) General Inquires:

616.399.3330 | Benefits@QuincyStreetInc.com
QuincyStreetInc.com

DirectPath Health Advocacy:

866.253.2273 | Advocate@DirectPathHealth.com
DirectPathHealth.com

Lane Health (HSA Administrator)

833.302.5263 | WeCare@LaneHealth.com
LaneHealth.com

MetLife (Insurance Provider)

800.638.5433 | MetLife.com

UMR (Physician Network):

800.207.3172 | UMR.com

Teladoc:

800.835.2362 | Teladoc.com

Optum Rx:

800.356.3477 | OptumRx.com

Delta Dental:

800.524.0149 (TTY users call 711) | DeltaDentalin.com

VSP (Vision Insurance):

800.877.7195 | VSP.com

Empower 401(k) Savings Plan:

855.756.4738 | Empower-Retirement.com