

# 2025

INDIANA PACKERS  
CORPORATION

## ADVANTAGE BENEFITS PROGRAM

OPEN ENROLLMENT

OCT 21st to NOV 1st



[BenefitSmarter.com/Indiana Packers](https://BenefitSmarter.com/IndianaPackers)

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# QUICK GLOSSARY

**before you begin...** This quick glossary of terms might be helpful.

Term	Meaning
<b>Deductible</b>	Amount you pay before the plan starts to pay for covered services.
<b>Copay</b>	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.
<b>Coinsurance</b>	The percentage a covered person pays for covered services, typically after meeting their deductible.
<b>In-Network</b>	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.
<b>Out-of-Network</b>	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
<b>Premium/Contribution</b>	The amount that must be paid for health insurance or other plan.
<b>Out-of-Pocket Maximums</b>	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.

## IPC WHAT'S NEW BENEFIT CHANGES

Your welfare is important to us, prompting our continuous efforts to provide a range of benefits tailored to your diverse requirements. Be it ensuring access to necessary care, safeguarding your loved ones, or assisting you in achieving an optimal work-life equilibrium, our commitment remains steadfast in supporting you throughout your journey.

Annually, we assess and enhance our array of benefit offerings, ensuring that you have access to top-notch choices at the most competitive rates.

### WHAT YOU CAN EXPECT FOR 2025

#### Medical/Rx Updates

Standard PPO Plan: In-network coinsurance will increase to 15%.

#### Premium ConsumerChoice Plan:

In-network deductible will increase to \$1,650 (individual) / \$3,300 (family) to align with HSA compliance.

The in-network out-of-pocket maximum will rise to \$5,150 (individual) / \$10,300 (family).

#### Prescription Copays:

*We are transitioning from a percentage-based cost structure to a fixed copayment model as follows for the Standard PPO Plan:*

\$10 for Generic, \$40 for Brand Formulary, and \$80 for Non-Formulary drugs.

For HSA-based plans (Premium Consumer Choice and Traditional Smart Saver), deductible and coinsurance will apply, with maximum out-of-pocket costs capped at \$10 for Generics, \$40 for Formulary, and \$80 for Non-Formulary medications.

#### Dental Plan Enhancements

Coverage will now include nitrous oxide (Laughing Gas).

#### Vision Plan Updates

Retinal Screening Copay reduced from \$39 to \$20.

#### Frame Allowances:

- Retail Frame: \$200 Value Plan / \$250 Premier Plan (up from \$175/\$225)
- Featured Frame: \$220 Value Plan / \$270 Premier Plan (up from \$195/\$245)
- Elective Contact Lenses Allowance: \$200 Value Plan / \$250 Premier Plan (up from \$165/\$195)
- VSP Lightcare Allowance: \$200 Value Plan / \$250 Premier Plan (up from \$175/\$225)

These changes reflect our commitment to providing comprehensive benefits while ensuring affordability and compliance with regulatory requirements.

*Beginning January 1, 2025, Lively will be our new HSA administrator, and this transition will include the issuance of new cards. Please stay tuned for future communications that will provide more details and instructions on how to manage your HSA with Lively.*

# INDIANA PACKERS C O R P O R A T I O N

## OPEN ENROLLMENT BENEFIT CHECKLIST

☐

### **Familiarize yourself with your benefit options**

Review the benefit options to make the right selection.

☐

### **Select your vision coverage**

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

☐

### **Select medical coverage**

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

☐

### **Review your beneficiaries on plans to make sure they are accurate**

☐

### **Select your dental coverage**

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

☐

### **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.



# DO I NEED TO ENROLL?

	DOES NOT ROLL FORWARD	WILL ROLL FORWARD	NOTES
Medical		✓	If you're currently opted out of IPC medical coverage, you will be opted out again for 2025.
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 opted out of IPC dental, your election to opt out will continue in 2025.
Vision		✓	If you opted out of IPC Vision, your election to opt out will continue in 2025.
Supplemental Life Insurance		✓	Statement of Health (SOH) will be required if employee increases current coverage
AD&D		✓	Statement of Health (SOH) will be required if employee increases current coverage
Critical Illness		✓	
Accident Insurance		✓	
Hospital Indemnity		✓	



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?**

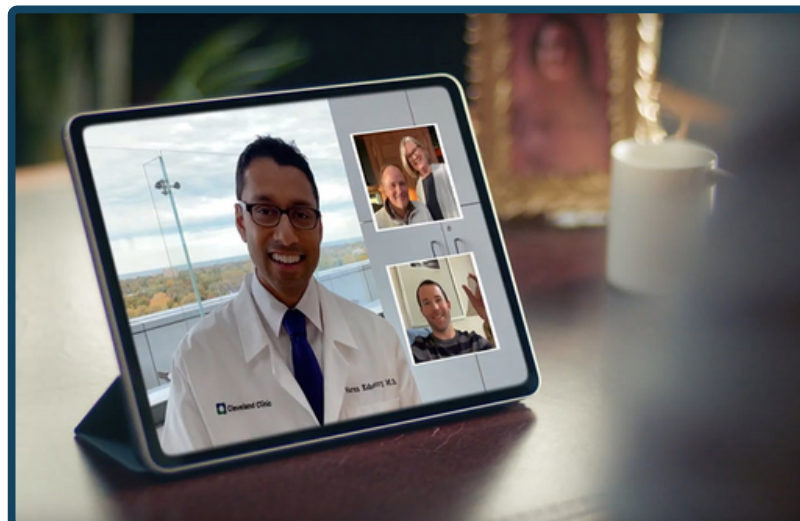
You are an ideal candidate if you have been diagnosed with a complex condition and would like a second opinion. You will learn about typical treatment plans that may be right for you and find out if Cleveland Clinic can assist with your care.

### **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.

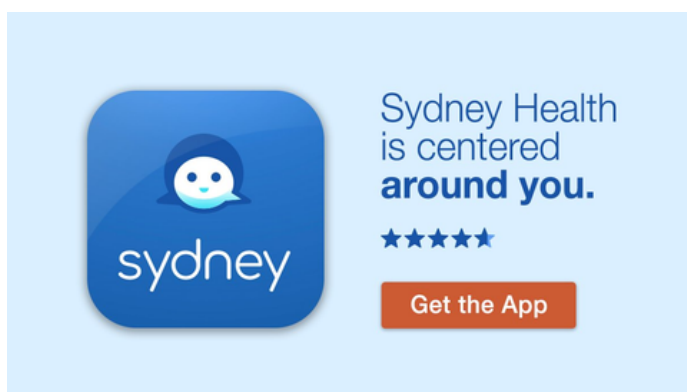
**Call or Email to request your virtual Clinical Review at no extra Cost  
833-355-0454 or online at [anthemreferral@ccf.org](mailto:anthemreferral@ccf.org)**



# SMART CHOICES: TOOLS TO SAVE ON HEALTHCARE

If you need an easy tool to access medical attention 24/7, locate a provider, and avoid the major expenses of an ER or urgent care, download the Sydney app. It's available on the Play Store and the Apple Store.

Anthem also provides 24/7 care through LiveHealth Online (LiveHealthOnline.com) or customer service at 1-888-548-3432. If you have any questions about accessing these tools, you can also contact Anthem Member Services at 1-833-578-4441.



**Optum Rx®**

Order your meds through OptumRx mail order services to save money and avoid the hassle of driving to the pharmacy to pick up your prescriptions. Maintenance drugs can be sent to the comfort of your home with just a phone call. Reach out to Customer Services at 844-265-1735 or visit OptumRx.com to see the significant savings you can obtain.

# Advantage Benefits Program

The Advantage Benefits program emphasizes your physical, behavioral, mental, and work-life health, while also making sure coverage is financially accessible.

*"Your Health and well-being is our top Priority"*

## FINANCIAL WELLNESS



Providing education and support to ensure your financial stability in the long run, including assistance with retirement planning, life insurance, and other essential services.

## BEHAVIORAL HEALTH



Life can be full of challenges. Your Anthem EAP is here to support you and your household at no cost, including up to four visits to enhance your emotional well-being. You can go to [anthemEAP.com](https://anthemEAP.com) or contact customer support at 1-800-865-1044 company code: Indiana Packers Corporation.

## PHYSICAL HEALTH



Extensive and budget-friendly medical, dental, and vision coverage, accompanied by accessible resources to empower proactive health management.

## HEALTHCARE ADVOCACY



With Optavise, you will never stand alone. Our Health Advocate is here to assist you in understanding all your benefits, helping you make the best decisions for you and your family. Whether you have questions about coverage, seeing a specialist, or resolving a claim issue, we're here to help.

**INDIANA PACKERS**  
C O R P O R A T I O N

Talk one-to-one with a  
Optavise advocate—  
**866.253.2273**  
M-F 7am to 8pm CT  
Saturday 8am to 1pm CT  
Or login anytime—  
[login.dphmemberportal.com](https://login.dphmemberportal.com)



By grasping the advantages outlined in this guide, empowering you to make informed choices for yourself and your family during Annual Enrollment, and effectively harnessing the value of these benefits year-round, Optavise is ready to simplify your life and help you save money.

Whenever you have inquiries about health insurance—whether it's determining the most suitable medical plan, understanding coverage details, assessing costs, accessing specialist care, or resolving claim-related concerns—rest assured, your team of Optavise experts stands ready to assist you.

## You'll Never Stand Alone

Life is already complex without the added burden of understanding insurance policies.

With Optavise, you can leave the complexity behind.

Here's a brief overview of what Optavise can offer you and why your Optavise advocate should typically be your initial point of contact.

## Our Services

### BILLING/CLAIMS

- File claims
- Research denied claims
- Coordinate with provider & 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

### 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

# PHYSICAL HEALTH 2025 MEDICAL PLANS



You have three options to address your wellbeing needs. Including:

- **Nationwide network of providers**
- **Free preventive care**
- **HSA contributions**
  - **(\$250 individual/\$500 family) Traditional Smartsaver**
  - **(\$500 Individual/\$1000 family) Premium Consumer Choice**

## TRADITIONAL SMARTSAVER

- 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

## PREMIUMS

Employees Contribution Weekly	Traditional Smartsaver	Premium Consumer Choice	Standard PPO
Employee Only	\$10.31	\$21.91	\$38.39
Employee & Spouse	\$26.78	\$56.94	\$92.27
Employee & Child(ren)	\$21.69	\$46.12	\$77.73
Employee & Family	\$38.26	\$81.34	\$131.82

Employee Contribution Monthly	Traditional Smartsaver	Premium Consumer Choice	Standard PPO
Employee Only	\$44.66	\$94.94	\$166.34
Employee & Spouse	\$116.06	\$246.73	\$399.84
Employee & Child(ren)	\$94.01	\$199.85	\$336.82
Employee & Family	\$165.80	\$352.46	\$571.21

	Traditional SmartSaver with HSA		Premium ConsumerChoice 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	\$1,650	\$3,300	\$1,000	\$2,000
Family	\$6,000	\$12,000	\$3,300	\$6,600	\$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	\$5,150	\$10,300	\$3,500	\$7,000
Family	\$12,000	\$24,000	\$10,300	\$20,600	\$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
Rx Coverages (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	~
Rx 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	~
Rx Out-of-Pocket Maximum						
(Rx Out-of-Pocket Maximums are included in Medical!)						



H.S.A.

## 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 health care 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**

The biggest perk of having an HSA is the triple tax savings:

- 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 that is a part of HDHP can contribute funds and funds can be spent on select others, such as tax dependents, a spouse, or domestic partner.



H.S.A.

## 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 health care 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:

1. You're covered by a qualifying High-Deductible Health Plan (HDHP).
2. 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).
3. 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.
4. No one else can claim you as a dependent on their tax return.
5. 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.

# DENTAL COVERAGE

## 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			Plan B Contributions		
Coverage (Delta Dental)	Employee Contribution (Weekly)	Employee Contribution (Monthly)	Coverage (Delta Dental)	Employee Contribution (Weekly)	Employee Contribution (Monthly)
Employee	\$3.40	\$14.75	Employee	\$1.92	\$8.31
Employee + Spouse	\$6.80	\$29.46	Employee + Spouse	\$3.84	\$16.65
Employee + Child	\$7.82	\$33.88	Employee + Child	\$4.42	\$19.14
Family	\$10.61	\$45.99	Family	\$6.60	\$28.59

### Benefits of Using Participating Dental Providers

#### Nationwide Provider Access

Delta Dental of Indiana PPO  
Delta Dental PPC  
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

Benefits				
	Plan A - Premier		Plan B - Value	
Benefit 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
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

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%

# VISION COVERAGE

AFFORDABLE FOR  
YOUR WHOLE FAMILY

## 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.

**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, transitions 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!

**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)
<b>WellVision Exam</b>	\$10 copay	Up to \$45	\$10 copay	Up to \$45
<b>Frames Allowances</b>	\$250; \$270 for featured frame brands (every year)	Up to \$70	\$200; \$220 for featured frame brands (every other year)	Up to \$70
<b>Lightcare</b>	\$250 (every year)	~	\$200 (every other year)	~
<b>Contacts Allowances</b>	\$250	Up to \$105	\$200	Up to \$105
<b>Kids Care</b>	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 Preferred 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)
<b>Single/Individual</b>	\$2.61	\$11.29
<b>Employee + 1</b>	\$4.92	\$21.31
<b>Family</b>	\$7.73	\$33.50

Plan B Contributions		
Vision (VSP)	Plan B - Value Plan (Weekly)	Plan B - Value Plan (Monthly)
<b>Single/Individual</b>	\$1.45	\$6.28
<b>Employee + 1</b>	\$2.60	\$11.28
<b>Family</b>	\$4.01	\$17.36

# EMPLOYEE HEALTH CENTER (INDIANA BASED EMPLOYEES)

Indiana Packers truly believes the health and well-being of you and your family. This is the main reason why our company is proud to provide high quality, low-cost medical care through the IPC Employee Health Center so that you can make the most of your life.

To utilize the IPC Employee Health Center, you must be covered under one of Indiana Packers' medical plans. This benefit extends to your immediate family; your spouse and dependent children.

There is a \$35 co-pay associated with utilizing the Health Center's services. This fee is required at the time of your appointment with a card as the only form of payment as cash payments are not accepted.

If you schedule an appointment but find that you cannot make it, it is crucial to call and cancel at least 24 hours in advance. Failure to do so may result in a fee, and you will not be able to schedule another appointment until that fee is paid.

The health center offers some generic 30-day prescriptions when under the care of an IPC health center provider with a cost of \$10 or less.

The IPC Employee Health Center offers a range of medical services, including treatment for annual physicals and related blood draw, common immunizations, preventative screenings, health coaching and nutrition counseling .



## Frequently Asked Questions

### Q: Who is the health center for?

**A:** The health center is for full-time team members and eligible family members who have medical coverage through Indiana Packers Corporation. See benefits department for family member eligibility.

### Q: Does the health center treat a specific age range of patients?

**A:** Yes, ages 2 and up.

### Q: Can I get prescriptions at the health center?

**A:** Yes, some generic 30-day prescriptions are dispensed at the health center when under the care of an IPEHC provider with a fee of \$10 or less

### Q: Do I need an appointment?

**A:** Yes, there are three easy ways to schedule an appointment:

**CareATC app**  
**[www.careatc.com/patients](http://www.careatc.com/patients)**  
**765.564.2880**



## 401(K) Retirement Savings Plan

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 on 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 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

Team member's regular contributions as well as roll-over and after-tax contributions are always vested at 100% (meaning the team member has 100% ownership of those moneys). Company contributions are subject to a five-year vesting as follows:



- 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](https://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

<b>0-1 Years of Service</b>	20%
<b>2 Years of Service</b>	40%
<b>3 Years of Service</b>	60%
<b>4 Years of Service</b>	80%
<b>5 Years of Service</b>	100%

**COMPANY PROVIDED**

**LIFE INSURANCE**

## Putting the Most Important First

Every family should have a financial cushion, and as a valued Team Member, you deserve to offer them that security. That's why Indiana Packers provides you with a MetLife Life Insurance policy. In the event of a tragedy, this policy steps in to support your loved ones with mortgage payments or other expenses that would otherwise be challenging to cover without your income. Once you've completed your initial probationary period, this policy is yours, courtesy of Indiana Packers.



## OPEN ENROLLMENT

**OCT  
21st to NOV  
1st**

### Enhancing Your Security To New Heights Prioritizing the Essentials

Indiana Packers is thrilled to elevate your 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.



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



## SUPPLEMENTAL

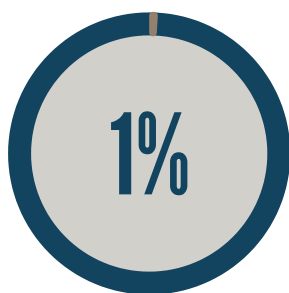
## LIFE INSURANCE

### What is it

Supplemental Life Insurance 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 \$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.



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

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	~



## ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

### What is it

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

## 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

### 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 situated 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 + 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

# ACCIDENT

# INSURANCE

## 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)		
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

# ACCIDENT

# INSURANCE

Accidental Insurance Coverage		
Accidental Injury Benefit	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; Extractions-\$100	Crown-\$300; Filling-\$50; Extractions-\$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: \$1000; 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 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 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	\$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	\$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 child's birth.

Hospital Indemnity (Monthly 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 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, 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.

### When Do Benefits Begin and How Long Do They Continue?

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.



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.



Just over 1 IN 4 of  
today's 20-year-olds  
will likely become  
disabled before  
reaching AGE 67

Source: Social Security Fact Sheet;  
January 2018

# CONTACTS

## BenefitSmarter.com/IndianaPackers



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**Anthem (Physician Network):**  
833.578.4441 | [Anthem.com](http://Anthem.com)



**Optum Rx:**  
844.265.1735 | [OptumRx.com](http://OptumRx.com)



**LiveHealthOnline**  
888.548.3432 | [LiveHealthOnline.com](http://LiveHealthOnline.com)



**Lively (HSA Administrator):**  
888.576.4837 | <https://livelyme.com>



**Optavise:**  
866.253.2273 | [login.dphmemberportal.com](http://login.dphmemberportal.com)



**Delta Dental:**  
800.524.0149 (TTY users call 711) | [DeltaDentalin.com](http://DeltaDentalin.com)



**VSP (Vision Insurance):**  
800.877.7195 | [VSP.com](http://VSP.com)



**MetLife (Insurance Provider):**  
800.638.5433 | [MetLife.com](http://MetLife.com)



**Empower 401(k) Savings Plan:**  
855.756.4738 | [Empower-Retirement.com](http://Empower-Retirement.com)

# INDIANA PACKERS

C O R P O R A T I O N



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