



2017 Health Benefits Summary

The Food Co-op is pleased to offer a health benefits program to its valued employees. Hourly employees regularly scheduled to work at least 30 hours per week are eligible the first of the month following a 60 day waiting period. Salaried employees regularly scheduled to work at least 30 hours per week are eligible the first of the month following date of hire. Legal spouses, domestic partners and children, up to age 26, are eligible for medical, dental and vision benefits at that time. Benefits for Group Life begin first of the month following a 60 day waiting period. All employees, regardless of employment status, and their household family members are immediately eligible for benefits of the Employee Assistance Plan (EAP) upon hire. For additional information, please refer to your Summary Plan Descriptions.

The Food Co-op deducts the identified total premiums per paycheck on the first four (4) paychecks of each month. There is no premium deducted from the fifth paycheck of that month.

MEDICAL PLAN *(Please refer to the benefit booklet for specific contract details)*

| | Premera YOUR CHOICE™ | |
|---|---------------------------------------|--|
| | IN-NETWORK Heritage Prime Provider | OUT- OF-NETWORK Non-Heritage Prime Provider |
| Annual Deductible | | |
| Individual | \$1,000 | \$2,000 |
| Family | \$3,000 | \$6,000 |
| Out of Pocket Maximum | | |
| Individual | \$4,000 | Unlimited |
| Family (includes deductible and copays) | \$12,000 | |
| Coinsurance (amount you pay after deductible) | 30% | 50% |
| Copayments | | |
| Outpatient Services | \$30 | Deductible/Coinsurance |
| Emergency Room | \$100 (waived if admitted) | |
| Lifetime Maximum | Unlimited | Unlimited |
| Preventive Care | | |
| Routine Exam Well Baby Care Routine Mammograms Prostate Screening | Covered In Full | Not Covered |
| Professional Services | | |
| Office Visits, Exams, Urgent Care and Consultations (includes Naturopaths) | \$30 Copay | Deductible/Coinsurance |
| Inpatient Professional Services | Deductible/Coinsurance | |

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MEDICAL PLAN – Continued *(Please refer to the benefit booklet for specific contract details)*

| | Premera YOUR CHOICE™ | |
|--|--|---|
| | IN-NETWORK Heritage Prime Provider | OUT- OF-NETWORK Non-Heritage Prime Provider |
| Diagnostic Services Diagnostic Imaging and Lab Services | Deductible/Coinsurance | Deductible/Coinsurance |
| Facility Care Inpatient Facility Outpatient Surgery Facility Skilled Nursing Facility (up to 90 days per calendar year) | Deductible/Coinsurance | Deductible/Coinsurance |
| Emergency Care Emergency Care Ambulance Transportation | \$100 copay (waived if admitted) Deductible/Coinsurance Deductible/Coinsurance | |
| Acupuncture (Up to 12 visits Per Calendar Year) | \$30 Copay | Deductible/Coinsurance |
| Chemical Dependency Inpatient | Deductible/Coinsurance | Deductible/Coinsurance |
| Chemical Dependency Outpatient Professional Services Chemical Dependency Outpatient Facility Care | \$30 Copay Deductible/Coinsurance | Deductible/Coinsurance |
| Home Health Care (Up to 130 visits PCY) | Deductible/Coinsurance | Deductible/Coinsurance |
| Hospice (Home Visits: Unlimited; Respite: 240 hours; 6 months Lifetime Max) | Deductible/Coinsurance | Deductible/Coinsurance |
| Manipulations (spinal and other) (Up to 12 visits Per Calendar Year) | \$30 Copay | Deductible/Coinsurance |
| Durable Medical Equipment | Deductible/Coinsurance | Deductible/Coinsurance |
| Mental Health Inpatient Facility | Deductible/Coinsurance | Deductible/Coinsurance |
| Mental Health Outpatient Professional Services Mental Health Outpatient Facility Care | \$30 Copay Deductible/Coinsurance | Deductible/Coinsurance |
| Rehabilitation Inpatient Facility (Up to 30 days Per Calendar Year) | Deductible/Coinsurance | Deductible/Coinsurance |

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|--|--|---|
| | IN-NETWORK Heritage Prime Provider | OUT- OF-NETWORK Non-Heritage Prime Provider |
| Rehabilitation Outpatient Care Physical, Occupational, Speech & Massage Therapy (Up to 15 visits Per Calendar Year) | \$30 Copay | Deductible/Coinsurance |
| TMJ Disorders Inpatient | Deductible/Coinsurance | Deductible/Coinsurance |
| TMJ Disorders Outpatient Surgical Facility/Outpatient Visit | Deductible/Coinsurance / \$30 | Deductible/Coinsurance |
| Transplants (Unlimited) | Deductible/Coinsurance | Not Covered |
| Prescription Drugs (Up to 30 day supply per prescription In Network; Up to 90 day supply per prescription, Mail Order) | Pharmacy Copays: \$15 Generic \$30 Preferred Brand \$50 Non-Preferred Brand Drugs | Mail Order Copays: \$30 Generic \$60 Preferred Brand \$100 Non-Preferred Brand Drugs |

COST SHARES - MEDICAL

The food co-op pays 100% of the **employee only medical premium** for employees who have had 2 years of consecutive service in a full-time, benefit eligible position.

| | EMPLOYEE >2Yrs | | EMPLOYEE <2yrs | |
|---|----------------|------------|----------------|------------|
| | Monthly | Weekly x 4 | Monthly | Weekly x 4 |
| (total paid by FC \$ \$687.95/\$572.55) | | | | |
| Employee only | \$0.00 | \$0.00 | \$115.40 | \$28.85 |
| Empl + Spouse/Domestic Partner | \$839.24 | \$209.81 | \$954.64 | \$238.66 |
| Empl + Spouse & one child | \$1197.00 | \$299.25 | \$1,312.40 | \$328.10 |
| Empl + Spouse & two or more children | \$1582.20 | \$395.55 | \$1,697.60 | \$424.40 |
| Empl + one child only | \$357.76 | \$89.44 | \$473.16 | \$118.29 |
| Empl + two or more children only | \$742.96 | \$185.74 | \$858.36 | \$214.59 |

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DENTAL PLAN (Please refer to the benefit booklet for specific contract details)

| | Premera Dental OPTIMA™ | |
|--|---|--|
| | IN-NETWORK Dental Choice Provider | OUT- OF-NETWORK Non-Dental Choice Provider |
| Annual Benefit Maximum | \$1,500 (Preventive Care does not apply) | |
| Annual Deductible (waived for Preventive Care) | \$25 Individual/\$75 Family | |
| Preventive Services -Cleanings -X-rays -Exams -Sealants/Fluoride treatments (age restrictions) | Your Cost Share 0% | 0%* Balance billing may apply for services received from out-of-network providers. |
| Basic Restorative -Fillings -Oral surgery -Periodontics -Endodontics | Your Cost Share 20% | 20%* Balance billing may apply for services received from out-of-network providers. |
| Major Restorative -Crowns -Bridges -Dentures -Implants | Your Cost Share 50% | 50%* Balance billing may apply for services received from out-of-network providers. |

*It will be important (for both your Medical AND Dental Plans) to verify that your provider(s) are in-network, in order for you to receive the highest benefit level. In addition, you receive the highest benefit level and reduce the risk of *balance billing* on the medical and dental plan when using in-network providers.

Example: The amount the plan pays for covered services is based on the allowed amount. If an out-of-network provider charges more than the allowed amount, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the allowed amount is \$1,000, you may have to pay the \$500 difference. This is called balance billing.

In the event you need to have dental work estimated to cost \$300 or more, we recommend you have your dentist submit to Premera for a pre-determination of benefits. Premera will review the intended treatment plan and let your dentist know how much of the bill they would cover. We recommend this to avoid any billing surprises.

COST SHARES - DENTAL

| | Monthly | Weekly x 4 |
|---|---------------|----------------|
| Employee only (total paid by FC \$51.03) | \$0.00 | \$0.00 |
| Empl + Spouse/Domestic Partner | \$50.36 | \$12.59 |
| Empl + Spouse & one child | \$84.88 | \$21.22 |
| Empl + Spouse & two or more children | \$120.96 | \$30.24 |
| Empl + one child only | \$34.52 | \$8.63 |
| Empl + two or more children only | \$70.60 | \$17.65 |

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VISION PLAN – VSP (Please refer to the plan certificate for specific contract details)

| | VSP Provider | Non-VSP Provider |
|--|--|---------------------------|
| Exam Once every 12 months | \$10 Copay | Up to \$50 Reimbursement |
| Prescription Glasses | \$25 copay (combined with frames and lenses) | |
| Frames Once every 24 months* | Up to \$150 Up to \$170 for featured frame brands | Reimbursement up to \$70 |
| Lenses Once every 12 months* | | |
| Single | Covered in Full | Reimbursement up to \$50 |
| Bifocal | Covered in Full | Reimbursement up to \$75 |
| Trifocal | Covered in Full | Reimbursement up to \$100 |
| Progressive Lenses | \$50 - \$160 copay | Reimbursement up to \$75 |
| Contacts (in lieu of glasses) Once every 12 months | Up to \$150 | Reimbursed to \$105 |

*Less any applicable copay.

Receive 30% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your covered eye exam. Or, get 20% off from any VSP doctor within 12 months of your last covered eye exam.

COST SHARES - VISION

| | Monthly | Weekly x 4 |
|--|---------|------------|
| Employee only (total paid by FC \$6.62) | 0.00 | 0.00 |
| Empl + a single dependent (child, Spouse/Partner) | \$3.96 | \$.99 |
| Empl + 2 or more children only | \$4.16 | \$1.04 |
| Empl + Family (spouse/partner + children) | \$10.80 | \$2.70 |

GROUP LIFE/ACCIDENTAL DEATH & DISMEMBERMENT – USAbLe Life (Employee Only)

(Please refer to the plan Booklet for specific contract details)

| Employee Only Coverage | |
|------------------------|--|
| Employee: | \$10,000 Group Life and Accidental Death & Dismemberment (AD&D) insurance. |

EMPLOYEE ASSISTANCE PROGRAM – First Choice

(Please refer to the plan Booklet for specific contract details)

| EMPLOYEE ASSISTANCE PROGRAM (EAP): First Choice | |
|---|--|
| Available to all employees | Your Employee Assistance Program (EAP) through First Choice is made available to you by The Food Co-op to provide you and your family with confidential and professional resources to help you and your family members solve a wide range of concerns and problems including marital and family issues, emotional concerns such as depression and anxiety, problems with substance abuse, gambling addictions, and balancing the demands of work and home including ID Theft, legal issues, financial concerns, personal/family mediation, child and eldercare services and much more. |
| Benefit | 24/7 unlimited phone access and up to 6 visits with a professional counselor per issue per year. |
| Contact Information | (800) 777-4114 Web Access: www.FirstChoiceEAP.com User ID: foodcoop |

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FLEXIBLE SPENDING ACCOUNT – Sound Benefit Administration

Section 125 Plans

| | |
|---|---|
| Premium Only Plan | Pay your share of group insurance premiums with pre-tax dollars. (This is an automatic function of our plan for qualified tax dependents.) |
| A flexible spending Account (FSA) allows you to use pre-tax dollars to pay for medically necessary predictable out-of-pocket eligible health care or work-related day care expenses. The plan year is January 1 through December 31. Contact your HR Manager for more information and an enrollment form. | |
| Health Flexible Spending Accounts (Health FSA) | A Health FSA permits eligible employees to set aside a certain amount of money to pay for out-of-pocket medical, dental and vision expenses incurred by the employee or legal dependents on a pre-tax basis that have not been reimbursed elsewhere. |
| The maximum you can contribute to the Health Care FSA is \$2,600 per calendar year. | |
| Dependent Care Assistance Program (DCAP) FSA | <p>This program provides you with the ability to set aside money on a pre-tax basis for day care expenses for your child, disabled parent or spouse. Generally expenses will qualify for reimbursement if they are the result of care for:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Children under the age of 13, for whom you are entitled to a personal exemption on your federal income tax return. Your spouse or other dependents, including parents, who are physically or mentally incapable of self-care. |
| The maximum you can contribute to the Dependent Care FSA is \$5,000 per calendar year. | |
| <u>Use it or lose it rule</u> - Any funds not used by the end of the plan year will be forfeited. | |
| <p><u>Why should you use an FSA?</u> Since the money that goes into your FSA is deducted from your pay on a pre-tax basis (before Federal, Medicare and Social Security taxes are calculated), you decrease your taxable income and potentially increase your spendable income. If you have out of pocket health or dependent care expenses, you're probably paying more in taxes than you have to.</p> | |
| <p><u>Enrollment in the Flexible Spending Accounts:</u> You must re-enroll each year if you want to keep participating. You may only make changes to your contributions during the plan year if you experience a status change such as: marriage, birth, adoption or a change in your spouse's, or your dependent's employment status.</p> | |
| <p><u>Domestic Partners:</u> Special limitations on domestic partners for qualified medical expenses and premiums: Domestic partners and children of domestic partners will be eligible for the same coverage at the same premium cos as spouses and children however premiums deducted for domestic partners and their dependents are considered taxable per IRS requirements and FSA claims submitted for domestic partners and their dependents will be approved only if that partner and/or their children qualify as your dependents for federal tax purposes.</p> | |
| <p><u>Terminating Plan Participation:</u> If you terminate employment before the end of the plan year, you have 60 days from your termination to submit claims for expenses incurred prior to your plan term date.</p> | |

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Health Insurance Marketplace Coverage Options and Your Health Coverage

Effective January 1, 2014, the **Washington Health Benefit Exchange** opened. This notice provides some basic information about the new Exchange Marketplace.

The Washington Health Benefit Exchange is designed to help you find and compare private health insurance options. If the cost of our medical plan to cover yourself (and not any other members of your family) is more than 9.69 percent of your household income for the year, or our coverage does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit. An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. **The Food Co-op's medical plan currently meets the "minimum value" standard.**

Note: If you purchase a health plan through the Washington Health Benefit Exchange instead of accepting health coverage offered by **The Food Co-op**, you lose the employer contribution to the employer-offered coverage. This employer contribution is excluded from income for federal and state income tax purposes. Your payments for coverage through the Exchange Marketplace are made on an after-tax basis.

If you are not eligible for our medical Plan, you may want to look at the Washington Health Benefit Exchange Marketplace as an option. In some cases you may qualify for a subsidy if you meet certain requirements. We recommend you consult with an Insurance Navigator at the Washington Health Benefit Exchange Marketplace or an insurance broker to better understand your plan options as well as any subsidies which may apply to you.

How Can I Get More Information? Please visit wahealthplanfinder.org or HealthCare.gov for more information.

ANNUAL NOTIFICATIONS

Newborns' and Mothers' Health Protection Act of 1996

The Newborns' Act and its regulations provide that health plans and insurance issuers may not restrict a mother's or newborn's benefits for a hospital length of stay that is connected to childbirth to less than 48 hours following a vaginal delivery or 96 hours following a delivery by cesarean section. However, the attending provider (who may be a physician or nurse midwife) may decide, after consulting with the mother, to discharge the mother or newborn child earlier.

The Newborns' Act, and its regulations, prohibit incentives (either positive or negative) that could encourage less than the minimum protections under the Act as described above.

A mother cannot be encouraged to accept less than the minimum protections available to her under the Newborns' Act and an attending provider cannot be induced to discharge a mother or newborn earlier than 48 or 96 hours after delivery.

Women's Health and Cancer Rights Act of 1998

In October 1998, Congress enacted the Women's Health and Cancer Rights Act of 1998. This notice explains some important provisions of the Act.

As specified in the Women's Health and Cancer Rights Act, a plan participant or beneficiary who elects breast reconstruction in connection with a covered mastectomy is also entitled to the following benefits:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses and treatment of physical complications of the mastectomy, including lymphedemas

Health plans must provide coverage of mastectomy-related benefits in a manner determined in consultation with the attending physician and the patient. Coverage for breast reconstruction and related services may be subject to deductibles and coinsurance amounts that are consistent with those that apply to other benefits under this plan. Please call your Plan Administrator for more information.

Medicaid and the Children's Health Insurance Program (CHIP)

Offer Free or Low-Cost Health Coverage to Children and Families

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

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If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW (543-7669)** or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

To see which states have added a premium assistance program since January 31, 2014, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

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CONTACT INFORMATION

If you have questions concerning your benefits, please contact:

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|--|---|
| <p>GENERAL BENEFITS QUESTIONS The Food Co-op Human Resources</p> | <p>Your HR Contact: Julie Donah – (360) 385-2831 ext. 301 julied@foodcoop.coop or Cara Leckenby – (360) 385-2831 ext. 314 cara@foodcoop.coop</p> |
| <p>MEDICAL AND DENTAL Premera Blue Cross Group # 1019577</p> | <p>Customer Service for Members: (877) 500-9247 Premera Blue Cross Provider Directory www.premera.com</p> |
| <p>VISION VSP Group #30045118</p> | <p>Customer Service for Members: (800) 877-7195 VSP Vision Provider Directory www.vsp.com</p> |
| <p>LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) USable Life Group # 50015586</p> | <p>Life/Accidental Death & Dismemberment Questions: Contact HR</p> |
| <p>EMPLOYEE ASSISTANCE PROGRAM (EAP) First Choice Health</p> | <p>Customer Service for Members: (800) 777-4114 <i>for confidential services and referrals</i> www.FirstChoiceEAP.com User ID: foodcoop</p> |
| <p>FLEXIBLE SPENDING ACCOUNT</p> | <p>Sound Benefit Administration 360-779-7047 gina@soundadmin.com</p> |
| <p>BENEFITS CONSULTANT</p>  <p>Kristin Manwaring Insurance</p> | <p>(360) 385-4400</p> <p>Kristin Manwaring kristin@kristinmanwaring.com</p> <p>Jennifer Jenkins Jennifer@kristinmanwaring.com</p> |

Prepared for The Food Co-op by:



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