

BALLS FOOD STORES

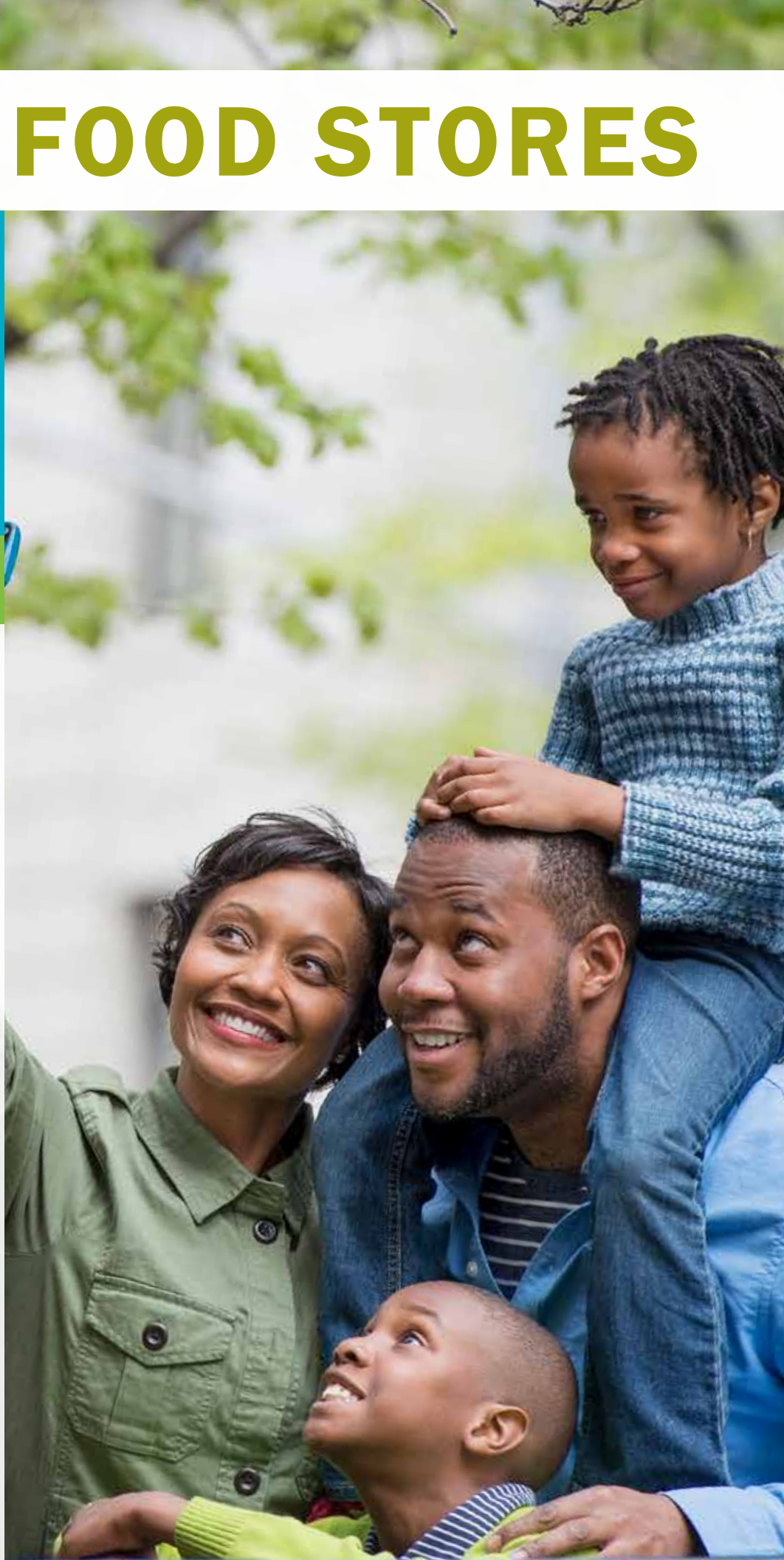
2018

BENEFIT GUIDE

Family Owned and
Operated Since 1923



Please keep and utilize during the year to answer benefits questions.



2018 PLAN DETAILS

At Balls Food Stores, we know that our teammates are our most important asset. We also realize the benefits we offer to you are an important part of your overall compensation package. With this in mind, we are continually working to ensure that you have available benefit options that are affordable and flexible enough to meet the unique needs of you and your family. As an organization, it is our goal to pay for 75% of the benefit costs for our teammates.

Key Enhancements and Changes for 2018:

- Weekly premium rates will not change.
- There will no longer be a copay associated with an Emergency Room Visit. Rather, the visit will be subject to your deductible, then 80% coinsurance.
- The Teladoc on-demand option that allows you to consult with a physician for routine types of issues is available through video or phone. This benefit is available to you for FREE in 2018 and is a great way for you to save money!
- Your voluntary Critical Illness insurance and voluntary Accident insurance will now be offered through Sun Life Financial. Teammates still have the option to self-pay to continue their Trustmark coverage.
- We will no longer be offering the Transamerica Cancer insurance and Hospital Indemnity insurance but Teammates still have the option to self-pay to continue their Transamerica coverage.
- Your voluntary LTD insurance will now be offered through Symetra.
- Our Flexible Spending Account will now offer a \$500 carry-over.
- You may have one Short Term Disability leave per rolling calendar year.
- Start Now discounts are now independent and may be earned separately for Teammates and spouses.
 - » See page 10 for more details.

For your convenience, our benefit plan information is always available electronically at ballsfoods.com.

Please feel free to call our Benefits Department with any questions at 913-573-1226 or email at benefits@ballsfoods.com.

We are happy to assist you.

As always, make sure you complete your Start Now requirements to ensure you pay the lowest possible cost for your Medical coverage in 2018!





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TEAMMATE BENEFITS ELIGIBILITY

As a teammate at Balls Foods, your Benefits Eligibility will be based on your hire date, average hours worked, and full-time classification.

Full-Time Status

To be eligible for benefits, you must meet our full-time classification by averaging greater than 30 hours per week during your first two months of employment. Teammate are eligible two months from day of hire.

Example:

Hire date: January 6th

Eligible for benefits: March 6th.

Part-Time Status

You are considered part-time if you do not average the required 30 hours per week.

Annual Open Enrollment

If the enrollment form is not received within 60 days of your hire date, you will have to wait until the next annual Open Enrollment to enroll in benefits. A qualifying event per ACA guidelines would be an exception.

Self-Reduction in Hours

Anytime a teammate requests a reduction in hours or reduces availability (which causes hours to be reduced to less than 30 hours per week), your store director will complete a status change to part-time, your benefits will be terminated, and COBRA coverage will be offered.

Change in status

If you are promoted to a full-time position, a status change will be completed by your store director and your benefits will become effective upon receipt of enrollment form. You must complete a health insurance enrollment form and it must be received by the benefits department within 60 days of your promotion to full-time to be eligible for benefits.

Maintaining Hours

Hours will be monitored monthly to ensure you are averaging over 30 hours in order to maintain benefits. If after 180 days, your average hours worked drops below 30, your benefits will be discontinued. Several notifications will be sent prior to this happening. You should monitor your hours weekly by reviewing your payroll check stub.

Termination of Benefits—Extended Coverage

Upon termination of benefits, a COBRA packet will be mailed to your home address. COBRA requires direct payment and allows you to continue your benefits for a designated period of time.

Our expectation is that you will apply for or enroll in benefits using correct and accurate information. If not, you may be subject to the loss of benefits and/or loss of employment.



DEPENDENT ELIGIBILITY VERIFICATION

Teammates enrolling new dependents in the plan will be asked to provide documentation (such as birth and marriage certificates) that proves the relationship of family members enrolled in the Balls Foods Medical plan. Teammates will be asked to provide this information to HMS, our third-party vendor, for this audit. Dependents who meet the below criteria will be eligible to enroll in coverage:

- Lawful spouse
- Common-law spouse in those states that recognize common-law marriages. The governing law will be determined by the teammate's state of residence and documentation as recognized by the state of residence.
- Biological children
- Stepchildren
- Foster children
- Adopted children
- Children under legal guardianship
- Children under a qualified Medical child support order
- Disabled dependents above the age of 26 years old

WORKING SPOUSE SURCHARGE

Balls Foods' Medical plan includes a working-spouse surcharge, which means that spouses of Balls Foods teammates whose employers offer Medical coverage, for which the spouse is eligible, will be assessed a weekly \$50 premium surcharge if they choose to enroll in the Medical plan. All teammates electing teammate + spouse or family Medical coverage, for which the spouse is eligible, will be required to complete the Spousal Eligibility Requirement form, affirming that their spouse is not eligible or does not have access to employer-provided Medical coverage.

QUALIFYING LIFE EVENTS

Open Enrollment is the only time each year teammates can change their current elections, unless there is a qualifying event. A qualifying event is a change in your personal life that may impact your eligibility or a dependent's eligibility for benefits. Examples of some qualifying events include:

- Change of legal marital status (e.g., marriage, divorce, death of spouse, legal separation).
- Change in number of dependents (e.g., birth, adoption, death of dependent, ineligibility due to age).
- Change in employment or job status.

It is your responsibility to notify Human Resources within 30 days of the qualifying life event. Failure to notify Human Resources within 30 days will prohibit your ability to change your benefits election(s). Notifications can be e-mailed to benefits@ballsfoods.com.

MEDICAL, VISION, AND PRESCRIPTION DRUG PLANS

As a teammate of Balls Foods, you have the option of enrolling in our Medical and Prescription Drug plan. This coverage is provided through Blue Cross Blue Shield (BCBS) and is primarily paid for by Balls Foods. All teammates are required to utilize the pharmacies inside one of our Balls, Price Chopper, or Hen House locations to fill all prescriptions. Teammates will have the option between two networks for 2018; these networks are:

- 1. Preferred Care Blue**—This PPO network offers an extensive network of area doctors, hospitals, and other healthcare providers.
- 2. BlueSelect Plus**—This network offers a narrower network at a lower monthly premium. This network provides premium savings of \$520 to \$780 a year and more discounts to members who seek treatment at BlueSelect Plus in-network hospitals and healthcare providers.

A summary of the Blue Cross Blue Shield plans is below. To access a current provider directory, please visit BCBS's website at www.myhealthtoolkitKC.com to use the Doctor or Hospital finder, using our three-letter prefix of "FEB" for Blue Select Plus or "FOH" for Preferred Care Blue, or call 800-810-2583.

TEAMMATE WEEKLY COSTS *INCLUDES VISION

Your Weekly Teammate Cost for Coverage	Preferred Care Blue Core Plan			BlueSelect Plus—New Narrow Network		
	Tobacco-free User(s)	One Tobacco User	Two Tobacco Users	Tobacco-free User(s)	One Tobacco User	Two Tobacco Users
Teammate Only	\$45	\$75	-	\$35	\$65	-
Teammate + Child(ren)	\$55	\$85	-	\$45	\$75	-
Teammate + Spouse*	\$90	\$120	\$150	\$75	\$105	\$135
Family	\$100	\$130	\$160	\$85	\$115	\$145

***Teammates and spouses who use tobacco products can earn tobacco-free discounts of \$30 each ONLY if they REQUEST alternative means within 60 days of starting the plan AND complete a tobacco cessation program. Contact the Ball's Food Start Now Hotline at 913-321-3663 ext. 3444 within 60 days of your insurance start date.**

Teammates and spouses have the opportunity to save an additional \$20 each on their coverage. See page 10 for more information.

MEDICAL PLAN DETAILS FOR PREFERRED CARE BLUE AND BLUE SELECT PLUS

Services	In-Network Provider
You Pay	
Deductible—Calendar Year	\$1,000 Individual; \$2,500 Family
Coinsurance	20%
Out-of-Pocket Maximum (OOP)—Calendar Year	\$5,000 Individual; \$10,000 Family Includes all Medical and non-specialty prescription copays, but does not include precertification penalty
Lifetime Maximum	Unlimited
Teladoc Visit	100% covered by the plan
Physician Office Visit with Primary Care or Family Doctor**	\$20 copay
Specialist, Office Visit and Urgent Care	\$40 copay
Routine Annual Physical Exam	100% covered by plan One per person per calendar year
Routine X-ray and EKG	100% covered by plan
Lab Services*	100% covered by plan at designated labs
Diagnostic X-ray	Subject to deductible, then 20%
Immunizations	Adult & child immunizations recommended by the CDC covered at 100%
Routine Colonoscopy	100% covered by plan
Inpatient Hospital	\$100 copay per admission Subject to deductible, then 20%
<ul style="list-style-type: none"> ➤ Precertification required—\$200 penalty per admission if not precertified. 	
Outpatient Services	Subject to deductible, then 20%
Emergency Room	Subject to deductible, then 20%
Ambulance Services	Subject to deductible, then 20%
Prescription Drugs	<ul style="list-style-type: none"> ➤ Up to a 99-day supply is available for 3 times the monthly cost, if allowed by law.
	<i>Purchased at a Hen House or Balls Price Chopper</i> Generic—\$10 copay or the regular retail price, whichever is less. Brand—\$50 or 50% of the regular retail price of the drug, whichever is less. Specialty drugs—20% or \$200, whichever is less. \$1,600 max. out-of-pocket per calendar year.

PLEASE NOTE: This is a summary and not a statement of contract. Some services may require prior authorization. Please reference the Summary Plan Description for complete details of benefits, requirements, and exclusions.

If you go out-of-network, you are subject to Balance Billing and a lower coinsurance percentage.

*Please use the online provider directory to ensure the appropriate lab is utilized.

**A Primary Care or Family Doctor includes General Practitioners, Internists, OB-Gyns, Family Practitioners, Nurse Practitioners, and Physician Assistants.

BlueSelect Plus Network Information

The BlueSelect Plus Plan offers substantial savings by using a smaller hospital network. Enrolling in the BlueSelect Plus Plan is best for members who live in the metropolitan Kansas City area.

This network includes nine participating hospitals:

- Children’s Mercy Hospital—Hospital Hill
- Children’s Mercy Hospital—South
- Liberty Hospital
- North Kansas City Hospital
- Olathe Medical Center
- Shawnee Mission Medical Center
- The University of Kansas Health System
- Truman Medical Center—Hospital Hill
- Truman Medical Center—Lakewood

Since this network is smaller than the Preferred Care Blue network, members will see deeper discounts when receiving medical treatment. There is no balance billing for services at non-narrow network providers. For members traveling outside the Blue KC metro area, the BlueCard network is available.

Finding In-Network Providers

You can search online for physicians and other healthcare providers by visiting the Blue KC website at www.bluekc.com.

Steps to Find an In-Network Provider:

1. Select “Find a Doctor.”
2. Under the “Already a Member” section, type in “FEB” if you are enrolled in Blue Select Plus or “FOH” if you are enrolled in Preferred Care Blue.
3. Under “Location,” enter your zip code (zip code must be in the Kansas City area).
4. In the “Choose Your Network” drop-down box, select the correct network: BlueSelect Plus Network or Preferred-Care Blue Network (PCB).
5. Once you’ve picked your network, complete the “Search By” section, and then click “GO.”
6. This will pull up all of the doctors in your zip code or city.

There are more than 3,161 unique healthcare providers from which to choose.

For those living outside the KC service area, the BlueSelect Plus Plan is still an option. Outside the 32-county Blue KC service area, BlueSelect Plus members are covered under the BlueCard PPO coverage. For example, if you reside in the Kansas City area but your child is in school on the West Coast, your child could still choose BlueSelect Plus but would visit a BlueCard provider when at school.

- Prices shown are average costs at the places of service and may not be true indications of actual costs.
- Costs may vary by type of services received and place of service.
- Costs assume that the member has not met his or her deductible.
- The below assumes individual coverage.

Network Cost Comparison Example

	BlueSelect Plus	Preferred-Care Blue
Hospital		
Inpatient (Overnight hospital stay)		
Total Member Cost	\$3,343.40	\$3,606.00
Outpatient (Non-overnight hospital stay)		
Total Member Cost	\$609.76	\$1,082.24
Emergency Room		
Visit		
Total Member Cost	\$966.97	\$1,214.18
Ambulance		
Total Member Cost	\$1,189.11	\$1,553.27

ROUTINE PREVENTIVE CARE

In-network routine preventive care services and the related office visit for routine preventive care services are covered at 100%. **Services must be billed with a primary diagnosis of preventive to be covered at 100%.**

Some of these preventive care services are:

- Routine annual physical exam
- Prostate exams and prostate specific antigen (PSA) tests
- Pelvic exams and pap smears
- Mammograms if ordered by a physician
- Colonoscopy
- Newborn hearing screening, audiological assessment and follow-up, and initial amplifications
- Immunizations and vaccinations recommended by the CDC
- Flu shots
- Additional examinations, testing and services:
 - » Hemoglobin/complete blood count (CBC)
 - » Metabolic screening
 - » Hearing exams
- Urinalysis
- Glucose screening
- Thyroid stimulating hormone screening
- HPV testing
- Electrocardiogram (EKG)
- Chest x-ray

For a complete listing of physicians and other healthcare providers, please visit the Blue KC website at www.bluekc.com.



TELADOC



Why Use Teladoc?

- This service is available 24 hours a day, 365 days a year.
- Teladoc provides on-demand access to board-certified doctors via phone, mobile, and video.
- Teladoc will diagnose, treat, and prescribe medications (if necessary) for common health issues.
- There are no appointments needed.
- Personal information is kept safe and secure.

How Does the Cost of Teladoc Compare to Other Services?

Teladoc Visit	Primary Care Visit	Specialist/Urgent Care Visit	Emergency Room Visit
FREE in 2018	\$20 copay	\$40 copay	Subject to deductible, then 20%.


When Should I Use Teladoc Instead of Another Medical Service?

Teladoc Visit	Primary Care Visit	Specialist/Urgent Care Visit	Emergency Room Visit
<p>"I have a minor ailment and would like the convenience of speaking with a Medical professional over the phone."</p> <ul style="list-style-type: none"> ➤ Cold, cough, and flu ➤ Sore throat and sinus infections ➤ Pink eye ➤ Rash ➤ Fever ➤ Allergies and asthma ➤ Bug bites 	<p>"I prefer to see my doctor and can wait if necessary."</p> <ul style="list-style-type: none"> ➤ Chronic condition maintenance ➤ Common illnesses ➤ Acute conditions ➤ Cold, cough, and flu ➤ Sore throat and sinus infections ➤ Cuts and scratches ➤ Minor broken bones ➤ Allergies and asthma ➤ Sprains and strains ➤ Infections ➤ Sports physicals ➤ Flu shots ➤ TB tests ➤ Lab tests ➤ X-rays 	<p>"I'm unable to see my primary care provider immediately."</p> <ul style="list-style-type: none"> ➤ Cold, cough, and flu ➤ Sore throat and sinus infections ➤ Cuts and scratches ➤ Minor broken bones ➤ Allergies and asthma ➤ Sprains and strains ➤ Infections ➤ Sports physicals ➤ Flu shots ➤ TB tests ➤ Lab tests ➤ X-rays 	<p>"My injury is life or limb threatening."</p> <ul style="list-style-type: none"> ➤ Compound broken bones ➤ Severe bleeding ➤ Chest pain ➤ Abdominal pain ➤ Head injury ➤ Severe allergic reaction ➤ Loss of consciousness ➤ Seizures ➤ Stroke symptoms ➤ Fall from a height greater than 5 feet

Contact Teladoc:
Website: Teladoc.com
Mobile App: Teladoc.com/mobile
Phone: 800-835-2962
Facebook: Facebook.com/Teladoc

BLUE KC IDENTITY PROTECTION SERVICES

Blue KC offers MyIDCare identity protection services at no cost to you. MyIDCare is a comprehensive identity protection service which includes credit and cyber monitoring, identity theft reimbursement insurance, concierge-style identity recovery services, and is currently the only monitoring system to protect against medical identity theft.

Enroll Now

Use the special access code and Group ID number listed, along with your **Blue KC member ID card**, to enroll online at www.myidcare.com/BlueKC or by phone at 1-877-841-8158, Monday through Friday, from 8 a.m. to 8 p.m. Central Time.

Blue KC Access Code:
3710892462

Group ID: 99999000

2018 BALL'S FOOD STORES START NOW WELLNESS PROGRAM

We genuinely care about your well-being, which is why we have partnered with Orthus Health. Through this partnership, we're able to offer the **"Start Now on Your Journey to Better Health Wellness Program."** Start Now offers you and your covered spouse (if applicable) a variety of programs to help you get and stay healthy throughout the year.

Participation in Start Now is voluntary. However, those who fully participate will earn discounts on weekly insurance premiums, as well as monthly discounts on select prescriptions at Ball's Price Chopper and Hen House pharmacies.

Teammates and Spouses **New On The Medical Plan**

Complete the following Start Now requirements below within 60 days of benefits eligibility to earn the medical premium discounts:

- 1. Complete a (KYRKYN) Know Your Risk Know Your Numbers biometrics screening within 60 days of benefits eligibility** at your doctor or for free at select Ball's pharmacy locations (by appointment only).
NOTE: You will need to fast (except for water) for 12 hours before your screening appointment to get the most accurate results. For more information on free in-store screenings, call the Start Now Hotline at 913-321-3663 ext. 3444.
- 2. Complete the (HRA) Health Risk Assessment questionnaire online or by phone.** Go to www.MyPathwaytoHealth.com or dial 1-800-550-2427, option 4.

If you complete steps #1 & #2 within 60 days of benefits eligibility you will be refunded the premium difference retroactive to your first day of benefits eligibility.

If you are eligible to participate in a Diabetes Care and/or Cardiovascular Care Program you will be contacted by phone and mail and must participate by the given deadline to earn the Start Now discount for the next calendar year.

Teammates and Spouses **Currently Participating In Our Health Plan**

Complete the following Start Now requirements below **by June 30, 2018 to earn the medical premium discounts in 2019:**

- 1. Complete a (KYRKYN) Know Your Risk Know Your Numbers biometrics screening annually for free (March-June) or go to your doctor before June 30th and complete as part of your physical exam and report your KYRKYN biometrics screening results to Start Now Program by faxing to 913-551-8580.** Dates, locations, and times of in-store screenings events are mailed to homes and posted at the stores.
NOTE: You will need to fast (except for water) for 12 hours before your screening appointment to get the most accurate results.
- 2. Complete the annual (HRA) Health Risk Assessment questionnaire and Tobacco Use Statement online or by phone.** Go to www.MyPathwaytoHealth.com or dial 1-800-550-2427, option 4.
- 3. Participate in a Diabetes Care and/or Cardiovascular Care Program.** If eligible you will be contacted by phone and mail and must participate by the given deadline. Pharmacist health coaches work one-on-one with people with diabetes and heart disease.

Start Now Discounts Available

	Teammate	Spouse
Start Now Teammate/Spouse Weekly Discount	\$20	\$20
Non-Tobacco User Weekly Discount	\$30	\$30

How Much Can I Save With The Start Now Discount?

The Start Now Discount is \$20/Teammate/week = \$1,040/year . . . and if the Teammate's spouse is on the plan and also completes the Start Now requirements, then you can double that savings to \$2,080/year.

The Tobacco-free Discount is \$30/Teammate/week = \$1,560/year . . . and if the Teammate's spouse is on the plan and also tobacco free, then you can double that savings to \$3,120/year.

Rewards for participating in the Start Now Programs and tobacco-free discount program are available to all eligible teammates. If you are unable to meet a standard for the incentive under this program, you might qualify for an opportunity to earn the same incentive by different means. **To be considered for a different means of earning select incentives you must contact the Ball's Food Start Now Hotline at 913-321-3663 ext. 3444 within 60 days of your insurance start date.** We will work with you (and if you wish, with your doctor) to find an alternative with the same incentive that is right for you in light of your health status.

DENTAL PLAN—CIGNA

Maintaining good dental health by getting regular checkups may prevent you from having major expenses later. Our Dental plan covers routine checkups and just about any other type of dental work you might require. You are eligible for benefits if you are eligible for the Medical plan. This benefit can be purchased by itself.

Services can be provided by in-network or out-of-network providers, though your out-of-pocket costs will generally be lower when you choose a participating in-network dentist. You can find an in-network dentist by calling 800-244-6224 or by visiting the Cigna online directory. If you do choose to visit an out-of-network provider, you may be balance billed. This means that the provider may bill you the difference between what Cigna covers and what the provider chooses to charge.

To Find a Dentist:

1. Go to cigna.com, and click on “Find a Doctor.”
2. Then choose a directory by clicking on the “If Your Insurance Plan is Offered through Work or School.”
3. Next, click on “Find a . . . Dentist.”
4. Enter SEARCH LOCATION—city, state, or zip code.
5. SELECT A PLAN by clicking on the pick drop-down icon and selecting “Cigna Dental PPO or EPO” under the Dental plans section. Then press “choose.”

Services	In- or Out-of-Network Provider
Calendar Year Deductible	\$50 per person \$100 per family
Calendar Year Maximum	\$1,000 per covered person
Preventive Services (cleanings, x-rays, routine exams, fluoride, sealants)	100% deductible waived Maximum 2 visits per calendar year
Basic Services (repairs to bridges, crowns, and inlays)	80% after deductible
Major Services (repairs to crowns, dentures, surgical implants)	50% after deductible
Orthodontic Services	50% after deductible
Lifetime Orthodontic Maximum	\$1,000 per individual
TMJ	50% after deductible
Lifetime TMJ Maximum	\$1,000 per individual

Please note, the above is just a summary. For additional details on the services covered by this plan, please visit your Cigna Benefit Summary.

Weekly Teammate Contributions

Levels of Coverage	Dental Coverage
Teammate	\$2
Teammate + Children	\$4
Teammate + Spouse	\$4
Teammate + Family	\$6



Please note, you will not be provided a dental ID card, as they are not required. Rather, you will need to provide your Social Security number and date of birth at time of service.

You can, however, print off a copy of your dental ID card if you would like by logging into www.cigna.com, and in the search box, type “Print ID Card.”

VISION PLAN—CIGNA

You will automatically be enrolled for Vision benefits if you elect to enroll in the Medical plan. You can choose any eye care provider; however, please keep in mind that the benefit levels are higher when you visit a participating Cigna provider, thus lowering your out-of-pocket costs.

To access a current provider directory, please visit www.cigna.com or call 877-478-7557 to see if your vision provider is in the Cigna network.

Please note, you will be issued a vision ID card, but it is not required. You have the option to provide your Social Security number and date of birth at time of service, as with the dental.

Benefit Highlights	Member Cost In-Network
The plan will pay 100% after any copayment, subject to any maximum shown below.	
Examinations	\$25 Copay
One Eye Exam every 12 Months	
Lenses	
One pair every 12 Months	
Single Vision Lenses	100% after Copay
Bifocal Lenses	100% after Copay
Trifocal Lenses	100% after Copay
Lenticular Lenses	100% after Copay
Contact Lenses	
One pair every 12 Months	
Elective	100% up to \$130
Therapeutic	100%
Frames	
One pair every 12 Months	100% up to \$130

Please note, the above is just a summary; for additional details on the services covered by this plan, please visit your Cigna Benefit Summary.

FLEXIBLE SPENDING PROGRAM

Flexible Spending Accounts (FSAs) are designed to pay for qualified healthcare expenses with pre-tax dollars that you elect to deduct from your paycheck. You don't have to be enrolled in any of the Health plans offered by Balls Food Stores to participate. The plan year runs for a 12-month period beginning in January and ending in December. Participation in the Flexible Spending program is not automatic and will not roll over from 2017. **To continue participation, you must re-enroll for 2018.**

Healthcare FSA: Qualified medical expenses include Medical plan deductibles, prescription drugs, dental, and orthodontia expenses. Due to healthcare reform, the plan now works differently. For over-the-counter drugs, you must get a prescription from your physician in order to get reimbursed for certain over-the-counter drugs. The annual maximum amount that you may have deducted from your pay is \$2,600. **Remember, you must use all contributions that exceed \$500, which can be rolled into 2019, or you will lose it.** Each teammate that signs up for the Healthcare FSA will receive a debit card that can be used to pay for medical expenses directly from your FSA. We advise teammates to keep all receipts in the case you are asked to substantiate your claim.

How You Can Save Money

To give you an example of how FSAs save you money, let's say you have \$1,500 in healthcare expenses for the plan year. Using an annual salary of \$20,000, here's how the accounts save you money.

	With a Healthcare FSA	Without a Healthcare FSA
Annual salary	\$20,000	\$20,000
Healthcare account contribution	- \$1,500	- \$0
Taxable pay	\$18,500	\$20,000
Estimated taxes (22%)	\$4,070	\$4,400
Net pay	\$14,430	\$15,600
After-tax healthcare expenses	- \$0	- \$1,500
Income after expenses	\$14,430	\$14,100


\$330 saved by using the FSA

EXPLANATION OF BENEFITS

It's not always easy to keep up with your health insurance details—services you've received, how much you owe on your deductible, or what you spent out of pocket. Your Summary Explanation of Benefits (EOB) can help. It provides an at-a-glance look at how you and your covered family members are using your insurance benefits. You should never pay a medical bill until you receive a matching EOB. If the EOB has a different amount owe from what is on your bill, you should contact Blue Cross Blue Shield of Kansas City at 888-495-9340.

You will receive an EOB every 21 days if we process a claim for you during that time. Each report has information such as:

- How much you have paid for health services.
- How much your health plan has paid.
- Out-of-pocket costs you might owe your provider(s).
- Where you stand with your deductible(s).
- Seasonal health and wellness information.
- Tips to help you get the most from your health plan.



Kansas City
An independent licensee of the Blue Cross and Blue Shield Association

Individual Claim Report

EXPLANATION OF BENEFITS

Plan Holder:)
(ID #)
Benefit Plan Year: 01/01/2017 - 01/01/2018
Notice Date:

THIS IS NOT A BILL

PAYMENTS SUMMARY for:)
Your health care providers' charges \$145.00
Amount **you saved** \$73.28
Total amount **your plan paid** \$71.72
AMOUNT YOU MAY OWE OR HAVE PAID PROVIDER(S) **\$0.00**

IN-NETWORK BENEFITS AT-A-GLANCE

Family		Member(s)	
Deductible	Out-of-Pocket	Deductible	Out-of-Pocket
\$2,500.00 Maximum	\$10,000.00 Maximum	\$1,000.00 Maximum	\$5,000.00 Maximum
<input checked="" type="checkbox"/> Satisfied \$2,500.00 Applied	<input type="checkbox"/> \$1,910.82 Remaining \$8,089.18 Applied	<input checked="" type="checkbox"/> Satisfied \$1,000.00 Applied	<input checked="" type="checkbox"/> Satisfied \$5,000.00 Applied

Deductible Each covered individual has a deductible that applies toward the family deductible. Once the family deductible is met, all deductibles are met.

Out-of-Pocket The most you could pay during a benefit plan year for your share of the cost of covered services.

WE'RE HERE!
Write: Member Services
P. O. Box 100121
Columbia, SC 29202-3121

Web: Log on to www.MyHealthToolkitKC.com
Toll-free: 888-495-9340 (Monday - Friday, 8:00 a.m. - 8:00 p.m. EST)

You can also view your EOB online at any time:

1. Log in to [My Health Toolkit at www.myhealthtoolkit.com](http://www.myhealthtoolkit.com).
2. Select the [Benefits](#) tab.
3. Click [Claims Status](#).
4. Choose a date of service, range of dates, or claim number and view your EOB.
5. Never pay a doctor's bill without a matching EOB.

Want to go paperless with your EOB?

1. Log in to [My Health Toolkit at www.myhealthtoolkit.com](http://www.myhealthtoolkit.com).
2. Select the [Profile](#) tab.
3. Click [Change Notifications](#).
4. Choose the [Online](#) option, then click [Save](#).

NEW DIRECTIONS EMPLOYEE ASSISTANCE PROGRAM

For Individuals and Families

Ball's Food Stores provides a wonderful benefit for Teammates covered under the company sponsored health plan. The benefit is called New Directions Employee Assistance Program (EAP). The EAP is confidential and is provided at no cost to you. The New Directions EAP gives you and your loved ones completely free, entirely confidential access to the counseling, programs, tools and services you need to live a balanced and happy life.

EAP Can Give You the Support You Need to Help With:

- Relationship and family challenges
- Excessive worry
- Feeling sad/blue
- Life-changing events
- Substance dependence or addictions
- Legal or financial challenges
- Stress
- Workplace challenges

We're here for you around the clock:	Our expansive list of EAP resources includes:	
<p>Start a Chat Go online for quick and easy access to experts who can immediately point you to the right resources.</p>	<p>Assessment and Referral In-person or telephone assessments are available to help match you with the appropriate EAP service, health plan or community services.</p>	<p>Health Resource Library Search a comprehensive collection of articles, videos, self-assessments, calculators and planners for information on thousands of topics designed to help improve your health.</p>
<p>Call the Helpline An EAP professional is always a phone call away to connect you with a provider in your area that suits your specific desires and needs. Contact the helpline at 800-624-5544 or 816-237-2352 any day or hour.</p>	<p>Short-term Counseling Certified, licensed and passionate professionals are available to help you manage almost any part of your life. Contact 800-624-5544 for access to in-person or telephone counseling.</p>	<p>Weekly Tips Sign up for weekly tips and advice on how to work through stress, parenting, being your best at work, and other helpful material-delivered right to your inbox.</p>
<p>Request a Session Online Request an EAP session online from the comfort and convenience of your home or workplace computer. The option to search for and request a specific provider is also available, all while maintaining the utmost confidentiality and privacy.</p>	<p>Relationship Support Access our network of attorneys and financial counselors who can provide legal expertise and advice on a multitude of challenges. Connect with them in-person or online as well as explore a database of customizable legal documents for wills, estate planning, asset sales and more.</p>	

Get Started

1. Call: 800-624-5544 or 816-237-2352
Log on: ndbh.com with passcode **balls**
Request a session online at ndbh.com.

COMPANY-PAID LIFE AND AD&D INSURANCE

If you are a full-time teammate enrolled in the Health plan, you will automatically be enrolled in Life and Accidental Death and Dismemberment (AD&D) insurance coverage through Cigna. **Balls Foods pays 100% of the cost of this insurance.**

Coverage	Company Paid Benefit
Teammate Basic Life	1x your annual earnings (\$10,000 minimum, \$50,000 maximum)
Teammate Basic AD&D	Equal to Basic Life amount
Family Benefit	
Spouse	\$2,000
Child (covered from birth to age 26)*	\$1,000

*The term "child" means a child born to you or legally adopted by you. It includes a child during any waiting period prior to the finalization of the child's adoption. It also means a stepchild living with you, and who is financially dependent upon you.

COMPANY-PAID LONG TERM DISABILITY

Salaried teammates, hourly managers, and pharmacists are also automatically enrolled in Long Term Disability. **Balls Foods pays 100% of the cost of this insurance.** Plan benefits include:

Class	Elimination Period	Monthly Benefit	Maximum Benefit
Salaried Teammates, Salaried Managers, and Hourly Managers	90 days	Then, the lesser of 60% of your monthly Covered Earnings rounded to the nearest dollar or your Maximum Disability Benefit.	\$6,000 per month

COMPANY-PAID SHORT TERM DISABILITY

Participation in the Balls Food Stores' benefit plan is NOT required to claim disability benefits. Hourly teammates are eligible if they average 30 hours per week during a rolling 12-month calendar. Salaried and hourly managers are automatically eligible for Short Term Disability. Medical restrictions will be reviewed regularly to determine if a work accommodation can be made. Must work at least 12 months to be eligible. You may only have one leave per rolling calendar year.

Teammate	Waiting Period	Weekly Benefit	Duration
Hourly Teammates	Benefit payable after seven business days waiting period	60% of your average weekly salary calculated on 13 weeks prior to first date of disability	13 weeks
Salaried and Hourly Managers	No Waiting Period	100% of your average weekly salary calculated on 13 weeks prior to first date of disability	13 weeks

LEAVE OF ABSENCE

Teammates are responsible for paying for health benefit premiums during any unpaid leave of absence. Premiums will be deducted automatically during any paid leave.



VOLUNTARY BENEFITS

CIGNA Voluntary Life/AD&D Insurance

We recognize that you and your family have specific needs and our company-paid life insurance policy may not be enough to ensure your financial security if your income was suddenly lost. If necessary, we offer a voluntary life insurance option with competitive group rates with Cigna so you can purchase and secure the financial protection you need.

Coverage	
Eligibility	Teammates with one year of service and working 30 or more hours per week
Dependent Eligibility—Teammate Must Enroll	Spouse—Lawful spouse Child—Unmarried child from birth to 26; above age 19, but mentally or physically handicapped and reliant on the parent
Pay Frequencies	Weekly and Bi-weekly
Pre- or Post-tax	Post-tax
Carrier	Cigna
Teammate	
Minimum Benefit	\$25,000
Guaranteed Issue	\$100,000
Amounts of Insurance	You may purchase the benefit in increments of \$1,000
Voluntary Life Maximum Benefit	Lesser of 10 x annual compensation or \$500,000
Voluntary AD&D maximum Benefit	Amounts in excess of \$250,000 are limited to 10 x salary
Age Reductions	65% at age 65 50% at age 70 30% at age 75
Spouse	
Guaranteed Issue	\$10,000
Maximum Benefit	\$250,000
Child	
Benefit	\$5,000 or \$10,000; \$500 from birth to 6 months

Cigna Voluntary Life/AD&D Insurance—800-997-1654/www.cigna.com

Weekly Teammate Contributions	
Age	Teammate and Spouse Rate per \$1,000
<20	\$0.023
20-24	\$0.023
25-29	\$0.023
30-34	\$0.025
35-39	\$0.035
40-44	\$0.055
45-49	\$0.085
50-54	\$0.138

Rates are based on the age/amount of coverage.

Weekly Teammate Contributions	
Age	Teammate and Spouse Rate per \$1,000
55-59	\$0.240
60-64	\$0.385
65-69	\$0.642
70-74	\$1.071
75-79	\$1.281
80-84	\$1.281
85-89	\$1.281
90-94	\$1.281
95-99	\$1.281

Voluntary Dependent Life Rate per \$1,000	
Child	\$0.058

Weekly Voluntary AD&D Contributions	
Teammate Rate:	\$0.011 per \$1,000
Family Rate:	\$0.011 per \$1,000

Cigna Policy Numbers

Voluntary Life Insurance:

FLX962243

Voluntary AD&D Insurance:

OK963868

Symetra Voluntary Long Term Disability Insurance—Policy Number: 01-017493-00

- This benefit provides additional income protection coverage should you become disabled for a long period of time.
- You may elect amounts in \$100 increments, though not to exceed 60% of your monthly earnings, to a maximum of \$2,000.
 - » Teammates can enroll in voluntary LTD through Benefit Focus.
- The minimum benefit is \$100.
- The maximum benefit period is contingent upon when disability begins:
 - » If disability begins prior to age 60, there is a 24-month benefit period.
 - » If disability begins at the attained age of:
 - ◇ 60–65, there is a 24-month benefit period.
 - ◇ 66, there is a 21-month benefit period.
 - ◇ 67, there is an 18-month benefit period.
 - ◇ 68, there is a 15-month benefit period.
 - ◇ 69+, there is a 12-month benefit period.

Symetra Voluntary Long Term Disability Weekly Rates—800-796-3872

Issue Age	\$200	\$400	\$600	\$800	\$1,000	\$1,200	\$1,400	\$1,600	\$1,800	\$2,000
Less than 25	\$0.18	\$0.35	\$0.53	\$0.71	\$0.88	\$1.06	\$1.24	\$1.41	\$1.59	\$1.77
25	\$0.22	\$0.43	\$0.65	\$0.86	\$1.08	\$1.29	\$1.51	\$1.72	\$1.94	\$2.16
30	\$0.26	\$0.52	\$0.79	\$1.05	\$1.31	\$1.57	\$1.83	\$2.09	\$2.36	\$2.62
35	\$0.37	\$0.74	\$1.11	\$1.48	\$1.85	\$2.22	\$2.58	\$2.95	\$3.32	\$3.69
40	\$0.47	\$0.94	\$1.41	\$1.88	\$2.35	\$2.82	\$3.29	\$3.76	\$4.22	\$4.69
45	\$0.56	\$1.12	\$1.69	\$2.25	\$2.81	\$3.37	\$3.93	\$4.49	\$5.06	\$5.62
50	\$0.70	\$1.40	\$2.10	\$2.80	\$3.50	\$4.20	\$4.90	\$5.60	\$6.30	\$7.00
55	\$0.92	\$1.83	\$2.75	\$3.66	\$4.58	\$5.49	\$6.41	\$7.32	\$8.24	\$9.15
60+	\$0.92	\$1.85	\$2.77	\$3.69	\$4.62	\$5.54	\$6.46	\$7.38	\$8.31	\$9.23



SUN LIFE VOLUNTARY BENEFITS

Teammates are able to enroll in the following benefits if they are scheduled to work 30 hours or more a week.

Accident Insurance— Policy Number: 900214

How Sun Life's Accident insurance can help

Junior was in high school when he broke his leg playing varsity basketball. His family has at least a \$2,500 medical deductible. Fortunately, Junior's mother elected accident insurance through work. After Junior broke his leg, his family submitted a claim. After the claim was approved, they began receiving cash benefits for Junior's ambulance ride, the emergency room visit, x-rays, diagnosis of the fracture, and crutches. They also received cash benefits for follow-up visits and physical therapy appointments.

Having accident insurance helped Junior's family focus on his recovery and less on out-of-pocket medical expenses.

You can elect coverage for:

- Yourself.
- You and your children.
- You and your spouse.
- You and your family.

Additional plan features

- Provides coverage for on- and off-the-job accidents.
- Benefits are payable directly to you, the teammate.
- Benefits pay in addition to any other coverage you may have.
- These benefits do not require health questions or have limitations on pre-existing conditions.

To view the benefits schedule, refer to the Sun Life Accident Insurance Benefit Summary available on www.ballsfoods.com/benefits/.

Critical Illness Insurance— Policy Number: 900214

If you are diagnosed with a covered condition like a heart attack or stroke, critical illness insurance pays a lump sum benefit that can be used however you want. It helps reduce daily stress about money, so you can focus on getting better.

The following benefits are available to you. Depending upon your plan, the cost for Sun Life's Critical Illness insurance could depend on the benefit amount, your age, and whether or not you use tobacco products.

Choose the benefit that best meets your needs and your budget.

You can elect coverage for:

- Yourself.
 - » You can elect from \$5,000 to \$25,000 of coverage in increments of \$5,000 with no medical questions asked, up to the guaranteed issue amount of \$25,000.
- Your spouse.
 - » If 2,500 to \$12,500 of coverage in increments of \$2,500 with no medical questions asked, up to the guaranteed issue amount of \$12,500.
- Your children.
 - » If you elect coverage for yourself, you may elect (for each eligible child) \$5,000. An eligible child is defined as your child from birth to age 26.

Additional Plan Features

This plan pays a \$100 wellness screening benefit each year once you provide proof of an eligible health screening. We'll pay \$100 for a spouse screening too. The application for reimbursement is easy and includes common screenings, such as certain blood tests for breast, prostate, or colon cancer; pap smear; skin cancer screening; lipid panel (cholesterol, triglycerides, HDL, LDL); diabetes test; and electrocardiogram (ECG). (This list may vary by state.)

To view the covered critical illness conditions, refer to the Sun Life Critical Illness Insurance Benefit Summary available on www.ballsfoods.com/benefits/.

WEEKLY DEDUCTION AMOUNTS FOR VOLUNTARY BENEFITS

Sun Life Financial Accident Insurance—800-786-5433/www.sunlife.com/us

Coverage	Weekly
Teammate	\$3.12
Teammate and Child(ren)	\$6.01
Teammate and Spouse	\$4.58
Family	\$7.46

Sun Life Financial Critical Illness and Cancer Insurance—800-786-5433 www.sunlife.com/us

Sun Life Financial Teammate Coverage										
Attained Age	NON-Smoker					Smoker				
	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000
Less than 25	\$0.72	\$1.43	\$2.15	\$2.86	\$3.58	\$0.74	\$1.48	\$2.22	\$2.95	\$3.69
25	\$0.72	\$1.43	\$2.15	\$2.86	\$3.58	\$0.74	\$1.48	\$2.22	\$2.95	\$3.69
30	\$1.25	\$2.49	\$3.74	\$4.98	\$6.23	\$1.80	\$3.60	\$5.40	\$7.20	\$9.00
35	\$1.25	\$2.49	\$3.74	\$4.98	\$6.23	\$1.80	\$3.60	\$5.40	\$7.20	\$9.00
40	\$2.34	\$4.68	\$7.03	\$9.37	\$11.71	\$4.08	\$8.17	\$12.25	\$16.34	\$20.42
45	\$2.34	\$4.68	\$7.03	\$9.37	\$11.71	\$4.08	\$8.17	\$12.25	\$16.34	\$20.42
50	\$4.13	\$8.26	\$12.39	\$16.52	\$20.65	\$8.22	\$16.43	\$24.65	\$32.86	\$41.08
55	\$4.13	\$8.26	\$12.39	\$16.52	\$20.65	\$8.22	\$16.43	\$24.65	\$32.86	\$41.08
60	\$7.00	\$14.01	\$21.01	\$28.02	\$35.02	\$14.56	\$29.12	\$43.68	\$58.25	\$72.81
65	\$7.00	\$14.01	\$21.01	\$28.02	\$35.02	\$14.56	\$29.12	\$43.68	\$58.25	\$72.81
70	\$11.20	\$22.41	\$33.61	\$44.82	\$56.02	\$23.19	\$43.38	\$69.58	\$92.77	\$115.96
75	\$14.69	\$29.38	\$44.07	\$58.75	\$73.44	\$27.46	\$54.92	\$82.38	\$109.85	\$137.31
80+	\$16.65	\$33.30	\$49.95	\$66.60	\$83.25	\$29.58	\$59.17	\$88.75	\$118.34	\$147.92

Sun Life Financial Spouse Coverage								
Attained Age	NON-Smoker				Smoker			
	\$5,000	\$7,500	\$10,000	\$12,500	\$5,000	\$10,000	\$20,000	\$25,000
Less than 25	\$0.59	\$0.88	\$1.18	\$1.47	\$0.61	\$0.92	\$1.22	\$1.53
25	\$0.59	\$0.88	\$1.18	\$1.47	\$0.61	\$0.92	\$1.22	\$1.53
30	\$1.25	\$1.87	\$2.49	\$3.12	\$1.80	\$2.70	\$3.60	\$4.50
35	\$1.25	\$1.87	\$2.49	\$3.12	\$1.80	\$2.70	\$3.60	\$4.50
40	\$2.34	\$3.51	\$4.68	\$5.86	\$4.08	\$6.13	\$8.17	\$10.21
45	\$2.34	\$3.51	\$4.68	\$5.86	\$4.08	\$6.13	\$8.17	\$10.21
50	\$4.13	\$6.20	\$8.26	\$10.33	\$8.22	\$12.32	\$16.43	\$20.54
55	\$4.13	\$6.20	\$8.26	\$10.33	\$8.22	\$12.32	\$16.43	\$20.54
60	\$6.89	\$10.33	\$13.78	\$17.22	\$14.43	\$21.65	\$28.87	\$36.09
65	\$6.89	\$10.33	\$13.78	\$17.22	\$14.43	\$21.65	\$28.87	\$36.09
70	\$11.09	\$16.63	\$22.18	\$27.72	\$23.08	\$34.62	\$46.15	\$57.69
75	\$14.57	\$21.86	\$29.15	\$36.43	\$27.33	\$41.00	\$54.67	\$68.34
80+	\$16.52	\$24.78	\$33.05	\$41.31	\$29.46	\$44.19	\$58.92	\$73.65

CONTACTS

Health Insurance Provider—Blue Cross Blue Shield of Kansas City	Provider Eligibility: 800-810-2583 Customer Service: 888-495-9340 x4, then select 1 for English or 2 for Spanish	www.myhealthtoolkitKC.com
Prescriptions—MedTrak Rx	800-771-4648 <i>Balls Price Chopper and Hen House Pharmacies Only</i>	www.medtrakrx.com
Telemedicine—Teladoc	800-835-2362	www.teladoc.com
Wellness— Start Now	Dial 800-550-2427, option #4 for Orthus Health Dial 913-321-3663 Ext: 3444 for the Start Now Hotline	www.MyPathwaytoHealth.com
Dental— Cigna <i>(No card needed because you can use your SSN and DOB; however, you are able to print an ID card at www.cigna.com)</i>	800-244-6224	www.MyCigna.com
Vision— Cigna <i>(Card Issued, but not required—Provide SS# and DOB)</i>	877-478-7557	
Flexible Spending Account—Blue Cross Blue Shield	800-300-5248	www.myhealthtoolkitkc.com
401(k) Plan— Principal Financial Group	800-547-7754	www.principal.com
Employee Assistance Program— New Directions	800-624-5544 816-237-2352	www.ndbh.com Company code: balls
Life/AD&D and LTD—Cigna Policy Numbers—FLX962243 and OK963868	800-997-1654 for General Questions 800-362-4462 for Disability and Life claims 800-423-1282 for Life Conversion 800-732-1603 for EOI status	www.cigna.com
Voluntary LTD—Symetra Policy Number—01-017493-00	800-796-3872	www.symetra.com
Voluntary Critical Illness and Accident Insurance—Sun Life Policy Number: 900214	800-786-5433	www.sunlife.com/us
Balls Food Stores—Benefit Plan Support <i>General Benefits Eligibility and Costs, Complex Claim Questions, Medical Leaves, Benefit Deductions, Life Event Changes, Death Claims, Long-Term Disability</i>	913-573-1226	benefits@ballsfoods.com

