

HEIFER INTERNATIONAL

U.S. EMPLOYEE BENEFIT ENROLLMENT GUIDE



HEIFER®
INTERNATIONAL

.....
HUMAN RESOURCES
2018 PLAN YEAR

INTRODUCTION

At Heifer International it is our employees that makes us the leader in our industry. Heifer employees display a high level of passion to the success of the organization, and our appreciation for this is reflected in the benefits and compensation packages that are offered to eligible employees. Heifer believes in providing fair, nondiscriminatory, appropriate and lawful benefits and compensation to its workforce.

Benefit Eligibility:

All full-time Heifer employees regularly scheduled to work a minimum of 30 hours per week are eligible for benefits. During the Open Enrollment period, you may elect coverage for you're your dependents including:

- Your Legal Spouse and/or Domestic Partner
- Dependent of you or your spouse; legally adopted children; children for which legal guardianship has been awarded
- Disabled dependent children who are supported primarily by you, and who are incapable of self-sustaining employment by reasons of mental or physical handicap (proof of their condition and dependent must be submitted).

Medical, Dental and Vision—Dependent children are covered until the **end of the month** in which they turn **age 26** regardless of financial dependency, residency, student status, employment or marital status.

*Please consult page 13 of the U.S. Employee Handbook for further information concerning benefit eligibility.

When Can You Enroll?

You can sign-up for benefits at any of the following times:

- During new hire onboarding
- During the annual open enrollment period
- Within 30 days of a qualified family-status change

***If you do not enroll at one of the above times, you must wait for the next annual open enrollment period, which is November of 2018).**

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Heifer International offers a variety of benefits allowing you the opportunity to customize a benefits package that meets your personal needs. In the following pages, you'll learn more about the benefits being offered.

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ENROLLMENT PROCEDURES

Heifer International has partnered with **Explain My Benefits**, an Enrollment Technology and Benefits Communication Vendor, to assist with Open Enrollment administration. All benefit eligible employees will enroll in benefits through the **InfinityHR** system either electronically or over-the-phone with a EMB benefits counselor.

*Prior to completing your benefit enrollment, **please review this guide completely.** Write down any questions you may have in the guide and bring this to your enrollment session to make sure that all of your questions are answered.*

Open Enrollment Dates: November 6-19, 2017

Enrolling electronically:

Please visit <http://www.explainmybenefits.biz/heifer/> to enroll.

Enrolling over the phone with an EMB counsellor:

Please call 1-321-296-8060, option 1 to enroll.

*You may call within the hours of 8:00 a.m.—4:00 p.m. (CST)

If you require assistance in completing your enrollment electronically, please contact Chasity Knight at 501-907-6950 or send a request to HR@heifer.org.

Making Changes After Enrollment:

If you have a qualifying life event that requires you to make a change to your existing benefits, please reach out to the Human Resources department as soon as possible. These changes are time sensitive and may require the need to turn in appropriate documentation such as a **marriage license, an official divorce decree, birth certificate and social security card for a birth or adoption.**

Examples of qualifying life events might include, but is not limited to:

- Marriage
- Divorce or legal separation
- Birth or adoption of eligible child(ren)
- Death of your spouse or covered dependent
- Change in your spouse's work status that affects his/her benefits
- Change in your work status that affects your benefits
- Change in your child's eligibility for benefits
- Receiving Qualified Medical Child Support Order (QMCSO)

If you experience a life event while employed at Heifer, please contact the Human Resources Benefits Team to get a list of documents that you will need to provide in order to change your benefit elections.

Phone: 501-907-6950

Email: HR@heifer.org

SELF-ENROLL INSTRUCTIONS

How to Self-Enroll in Benefits through InfinityHR:

Go to: <http://www.explainmybenefits.biz/heifer/>

Click on the green button that says “*Log Into Your Benefit System*”. Another Internet window will open taking you to www.infinityHR.com. (Make sure that your pop-up blocker is turned off). NOTE: Enrolling instructions are provided for assistance in getting logged into this website. Please review this for any questions that you may have.

Important Reminders:

- ⇒ All employees will be required to complete Open Enrollment, even if you are not making any changes to your benefits for 2018.
- ⇒ Transamerica benefits **WILL NOT** be included in the electronic enrollment process. For employees who wish to make a change to these elections, please complete your enrollment by calling the EMB Call Center at 1-321-296-8060, option 1 to enroll.
- ⇒ Please remember to review and update your beneficiary designations.



YOUR HEALTH PLAN OPTIONS:

We recognize how important healthcare coverage is to each of our employees and their families and want to ensure that you understand your benefits. We offer a comprehensive benefit package which includes medical, dental, vision, life, disability, flexible spending accounts and a retirement plan. In summary, the following plans are available to you as an employee:

- Medical—PPO and High Deductible medical plan.
- Dental –PPO dental plan. Available at a cost for you, your spouse and your children.
- Vision—Available at a cost for you, your spouse and your children.
- Basic Life & AD&D—Provided to you at no cost.
- Voluntary Life & AD&D—Available at a cost for you, your spouse and your children.
- Short Term Disability—Provided to you at no cost.
- Long Term Disability—Provided to you at no cost.
- Voluntary Supplemental Benefits—Available at a cost for you, your spouse and your children.
- Flexible Spending Accounts (FSA, LFSA, DFSA & HAS) - Available for your consideration.
- Other services provided at **no cost** to you—eDocAmerica, EAP, COMPASS. For more information on these services, please consult the *Benefits Resources Portal* or your Benefits Coordinator.



MEDICAL COVERAGE



BlueCross BlueShield of Arkansas is Heifer's Medical provider. For more assistance in deciding which plan is right for you, please reach out to your Compass HealthPro at **800.513.1667 x 511** or email siri.athota@compassphs.com



Services	Low Deductible Option	High Deductible Option
Annual Deductible		
Individual	\$1,000	\$2,000
Family	\$2,000	\$4,000
Coinsurance (Insurance pays)	80%	80%
Out of Pocket Max (including deductible)		
Individual	\$4,000	\$4,000
Family	\$8,000	\$8,000
Physician Visit		
Primary Care	\$30 Copay	20% after Deductible
Specialist	\$50 Copay	20% after Deductible
Emergency Room Visit	\$250 Copay	20% after Deductible
Urgent Care	\$30 Copay	20% after Deductible
Inpatient Hospital Services	20% after Deductible	20% after Deductible
Outpatient Surgical Services	20% after Deductible	20% after Deductible
Prescription Drugs		
Generic	\$15 Copay	20% after Deductible
Preferred	\$35 Copay	
Non-Preferred	\$75 Copay	
Mail Order Prescription	\$37.50/\$87.50/\$187.50	
*Your Cost Twice per Month		
Employee Only	\$52.05	\$44.66
Employee/Spouse	\$109.30	\$93.79
Employee/Child(ren)	\$96.29	\$82.63
Family	\$150.94	\$129.52

NOTE: Preventative services include evidence-based services that have a rating of "A" or "B" in the United States Preventive Services Task Force, routine immunizations and other screenings, as provided for in the Patient Protection and Affordable Care Act. Examples of these services include (but is not limited to): mammogram, pap smear, prostate antigen test, bone density testing, routine adult physical exam, routine well baby care, child immunizations,. These services are covered at 100% with no out-of-pocket cost to you on both plans.

*Employees who participate in the Moove It wellness program in 2017 and meet the 350 points requirement by November 30, 2017 will receive a \$50 monthly medical premium credit in 2018. Learn more on the next page.

Complete your program goal and enjoy a reduction in 2019 on your Medical Premiums!

Join Heifer's Wellness Program today by signing up at www.mooveitwellness.com

Employees hired after 8/31/2017 will be able to participate in 01/01/2018.



2018 Viverae Standard Employee Points Program

REQUIRED ACTIVITIES	POINT VALUE	COMPLETE BY DATE
Member Health Assessment (MHA)	50	11/30/2018
Biometric Screening	50	
3 Preventive Care Exams	50	
Additional Ways to Earn Points		
Coaching Sessions Completed	20 each / 100 max	
Questionnaires	5 each / 45 max	
Targeted Programs	15 each / 45 max	
Online Courses	10 each / 30 max	
Webinars	5 each / 30 max	
Employer Challenges (goal met)	15 each / 45 max	
Peer Challenges (Completed 4 Days)	10 each / 30 max	
250,000 Step Challenge (must have compatible app)	25 each / 75 max	
Healthy Events (Self-Reported – Auto Approved)	5 each / 15 max	
Healthy Events (Self-Reported – Auto Approved)	25 each / 50 max	
HEALTH METRIC BONUS POINTS		
Body Mass Index / Waist Measurement	BMI: Less than 25.0 OR Waist Measurement: Less than 35 inches (females) Less than 40 inches (males)	
Total Cholesterol	Less than 200 mg/dL	25
Blood Pressure	Systolic: Less than 120 mmHg AND Diastolic: Less than 80 mmHg	25
Glucose	Fasting: Less than 100 mg/dL OR Non-fasting or unknown: Less than 140 mg/dL	25
PROGRAM GOAL	350 POINTS	



HEALTHCARE STARTS WITH COMPASS.



YOUR LIFE JUST GOT SIMPLER.

Navigating healthcare these days seems impossible—unless you have Compass on your side. From finding doctors to getting cost estimates to solving billing problems, we’re here to help. Your employer has partnered with us to serve as your personal healthcare advisor. So rely on your Compass Health Pro® consultant to make you an empowered healthcare consumer who takes control of healthcare costs. Our service is simple to use and available to you and your family.



UNDERSTAND INSURANCE BENEFITS

Receive guidance in understanding your benefits throughout the year.



PAY LESS FOR PRESCRIPTIONS

Let Compass compare medication prices and explore lower-cost options for you.



FIND A GREAT DOCTOR

Find highly rated doctors, dentists and eye care professionals in your area who meet your personal preferences and healthcare needs.



GET HELP WITH MEDICAL BILLS

Have your medical bills reviewed to make sure you are not overcharged.



SAVE MONEY ON MEDICAL CARE

Get price comparisons before receiving care. Depending on the doctor, hospital or facility, costs can vary by hundreds or thousands of dollars—even in-network.

Your Health Pro Consultant:

Siri Athota

Email: siri.athota@compassphs.com

Tel: 800.513.1667 ext. 511

DENTAL COVERAGE



With Delta Dental you may choose to visit any dentist, but you will always pay less out of pocket when you choose a network dentist. A pre-determination is recommended for any services exceeding \$300.



Services	In Network	Out-of-Network
Annual Deductible		
Individual	\$25	\$25
Family	(No More Than 3 per Family)	(No More Than 3 per Family)
Preventative Services		
Cleaning & Exam	100% (Deductible does NOT apply)	90% (Deductible does NOT apply)
X-Rays		
Fluoride Treatment		
Sealants		
Basic Services		
Extractions	80% (After Deductible)	72% (After Deductible)
Endodontics (Root Canal)		
Fillings		
Oral Surgery		
Surgical Periodontics (Gum Disease)		
Non-Surgical Periodontics		
Major Services		
Dentures	50% (After Deductible)	45% (After Deductible)
Crowns		
Bridges		
Implants		
Annual Benefit Maximum	\$1,500	\$1,500
Orthodontics (adults & children)	50% to \$1,000/Lifetime	45% to \$1,000/Lifetime
Your Cost Twice per Month		
Employee Only	\$4.86	
Employee/Spouse	\$9.42	
Employee/Child(ren)	\$9.61	
Family	\$16.75	

Max Carry Over Benefit: An annual maximum carryover amount of up to \$375 will be rolled into your Carryover Account at the end of the year as long as you: Submit at least one claim for covered services during the benefit year; AND do not have paid claims that exceed \$749 within that calendar year. You may accumulate a carryover maximum of up to \$1,500



Delta Dental partners with Superior Vision to offer members access to a nationwide network of easy to find eye care providers including Walmart, Sam's Club and JC Penney Optical.

To find a participating provider, visit: www.superiorvision.com/member/locate_provider_ddar



BENEFIT FREQUENCY		
Eye Exam	Every 12 months	
Lenses	Every 12 months	
Frames	Every 24 months	
Contact Lens Fitting Exam	Every 12 months	
Contact Lenses	Every 12 months	
IN-NETWORK COPAYMENTS		
Eye Exam	\$10	
Frames and/or Lenses ¹ (no copay for contacts)	\$25	
Contact Lens Fitting Exam ²	\$25	
	IN-NETWORK BENEFITS	OUT-OF-NETWORK REIMBURSEMENTS
Eye Exam (subject to copay)	Covered in full	\$36
Standard Lenses (per pair - subject to copay)		
Single Vision	Covered in full	\$28
Bifocal	Covered in full	\$42
Trifocal	Covered in full	\$56
Lenticular	Covered in full	\$78
Progressive Lens Upgrade (subject to copay)	See description ²	\$56
Frames (subject to copay)	\$130 retail allowance	\$61
Contact Lens Fitting (CLF) Exam (subject to copay)		
Standard CLF Exam	Covered in full	\$0
Specialty CLF Exam	\$50 retail allowance	\$0
Contact Lenses ⁴		
Elective (Conventional or Disposable)	\$130 retail allowance	\$100
Medically Necessary ⁵	Covered in full	\$210

DISCOUNTS ⁶	
Insured Materials	
Frames	20% off amount over allowance
Lens Options (scratch coat, UV coat, tint, etc.)	20% off retail or out-of-pocket maximums ⁷
Progressives	20% off amount over retail lined trifocal lenses ⁸
Additional Services	
Exams, Frames & Prescription Lenses	30% off retail
Lens Options & Contacts	20% off retail
Disposable Contacts	10% off retail
Refractive Surgery (LASIK)	15% – 50% off retail
MONTHLY RATES (Employee Paid)	
Employee Only	\$6.84
Employee & Spouse	\$12.30
Employee & Child(ren)	\$13.32
Family	\$18.44



FLEXIBLE SPENDING ACCOUNTS

Consolidated Admin Services (CAS) provides Heifer Employees with HSA and FSA services.

CAS offers:

- A plan Debit Card for you and one family member.
- A website that provides 24/7/365 access to account information.
- A mobile device app that allows you to see available balances anywhere, anytime, as well as to file claims and upload receipts.



Search for **Consolidated Admin Services**

Download the CAS app for your chosen device from the Apple App Store or Google Play. Log in using the userid & password you use to access the CAS consumer portal. Once you are logged into the APP create a Pin and you are ready to GO!



Health Savings Account (HSA)

Use your pre-tax dollars to pay for out-of-pocket medical, dental & vision expenses.

Only employees who elect the High Deductible medical plan can enroll **in a Health Savings Account**. If you are receiving Medicare Part A, you may not contribute or receive an employer contribution to your HSA account.

Employee Contributions - The maximum contribution limits for 2018 will be \$3,450/single and \$6,900/family. NOTE: This amount WILL INCLUDE the employer contribution amount., so take that into consideration when determining the amount that you want to contribute from pre-tax dollars.

Employer Contributions - Heifer International will continue to contribute \$300/year for those with single coverage or \$600/per year for family coverage. This amount will be deposited into your HSA account with the first payroll in 2018.



- **Are you interested in any of these accounts with CAS? If so, you must enroll EVERY year!**

Flexible Spending Accounts (FSA)

Use your pre-tax dollars to pay for qualified medical, dental and vision expenses.

- Must incur expenses during January 1st through December 31st, 2018.
- Must submit evidence of expenses prior to March 30th, 2018.

The 2018 FSA Contribution Limit is \$2,650.

Dependent Care FSA

Can be used to pay for qualified dependent care expenses including day care, pre-school, elderly care, or other dependent care.

The maximum you may contribute to the Dependent Care FSA is \$5,000 if you are a single employee or married filing jointly, or \$2,500 if you are married and filing separately.

LIFE/AD&D/DISABILITY INSURANCE



Life and Disability Insurance at NO COST TO YOU!

As an employee you are automatically enrolled in the following employer paid policies: Basic Life, Basic AD&D, Short Term and Long Term Disability at **no cost** to you!

Life Benefit

\$75,000 and if your death is the result of an accident, your beneficiaries will also receive a \$75,000 Accidental Death & Dismemberment (AD&D) benefit.

AD&D

Provides a specified benefit for covered accidental bodily injury that directly causes dismemberment (the loss of a hand, foot, eye, etc...)

Age Restrictions

Benefits will reduce to 67% at age 70 and an additional 17% at age 75. The benefit terminates at retirement.



*** Use this Open Enrollment period to check that your beneficiaries are up to date.**

What is Disability Insurance?

Disability Insurance is income protection in the event that you are sick or seriously injured (car accident, cancer, stroke, etc...) and are not able to return to work for an extended period of time.

Short Term Disability

You will be eligible to receive Short Term Disability benefits after you have been unable to return to work for a continuous **10 days** due to a covered illness or injury. Your benefits will pay **60% of your weekly earnings to a maximum of \$2,500 per week** and you may receive this benefit for **up to 25 weeks**.

Long Term Disability

If your injury or illness prevents you from returning to work for **180 days** and you meet benefit qualifications, your Long Term Disability benefits will pay **60% of your monthly salary but will not exceed more than \$6,000 per month**. Your LTD benefits are payable for the period during which you continue to meet the definition of having a disability and if necessary, may continue to your social security normal retirement age.

*NOTE: The Long Term Disability benefit does have a **3/12 Pre Existing Clause** which means no condition that existed **3 months before** the policy effective date will be covered until **12 months after** the policy effective date.*

Would You Like to Purchase Additional Life Insurance?

If you feel like your family needs additional life insurance protection, you have the opportunity to purchase more for yourself, your spouse and your child(ren). AD&D coverage is included when you purchase additional life insurance for you and your family.

VOLUNTARY BENEFITS AVAILABLE

Employee

You may purchase in \$10,000 increments with a minimum of \$20,000 up to \$150,000 (guarantee issue without evidence of insurability) or up to \$500,000 after medical review. Take advantage and increase 2 increments with no EOI!

Spouse

You may purchase for your spouse no more than 100% of your elected amount in \$5,000 increments up to \$50,000 (without evidence of insurability) or up to \$250,000 after medical review. Take advantage and increase 2 increments with no EOI! NOTE: Reliance Standard does not allow for Domestic Partner coverage.

Child(ren)

Dependent children between the ages of 14 days and 6 months old, the benefit is \$250, for children ages 6 months to 26 years old you may purchase a benefit of either \$1,000, \$5,000 or \$10,000.

Evidence of Insurability will be required for any elected amounts of guaranteed issue. These documents will need to be returned to the Human Resources office by November 30, 2017. If evidence of insurability is required any elections that are chosen during Open Enrollment will be effective on the first day of the month following the date the insurance carrier accepts your evidence of insurability form.

Previous applications that were declined, marked incomplete or withdrawn will not be eligible to submit EOI forms.

DISCLAIMER: The insurance company's underwriting department will review your application and evidence of insurability. The insurance carrier may reach out to you directly to request additional information that is needed to process the application. Approval is at the discretion of the insurance company and is not guaranteed and does not involve Heifer or HR staff.



Visit
Reliance
Standard
Website

How much does voluntary Life Insurance cost?

Your Cost Twice Per Month

Age	Benefit Amount For Employee and Spouse								
	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
To 29	\$1.30	\$1.95	\$2.60	\$3.25	\$3.90	\$4.55	\$5.20	\$5.85	\$6.50
30-34	\$1.70	\$2.55	\$3.40	\$4.25	\$5.10	\$5.95	\$6.80	\$7.65	\$8.50
35-39	\$2.00	\$3.00	\$4.00	\$5.00	\$6.00	\$7.00	\$8.00	\$9.00	\$10.00
40-44	\$2.40	\$3.60	\$4.80	\$6.00	\$7.20	\$8.40	\$9.60	\$10.80	\$12.00
45-49	\$3.40	\$5.10	\$6.80	\$8.50	\$10.20	\$11.90	\$13.60	\$15.30	\$17.00
50-54	\$5.60	\$8.40	\$11.20	\$14.00	\$16.80	\$19.60	\$22.40	\$25.20	\$28.00
55-59	\$9.40	\$14.10	\$18.80	\$23.50	\$28.20	\$32.90	\$37.60	\$42.30	\$47.00
60-64	\$13.70	\$20.55	\$27.40	\$34.25	\$41.10	\$47.95	\$54.80	\$61.65	\$68.50
65-69	\$20.40	\$30.60	\$40.80	\$51.00	\$61.20	\$71.40	\$81.60	\$91.80	\$102.00
70-74	\$36.10	\$54.15	\$72.20	\$90.25	\$108.30	\$126.35	\$144.40	\$162.45	\$180.50
75-79	\$82.46	\$123.69	\$164.92	\$206.15	\$247.38	\$288.61	\$329.84	\$371.07	\$412.30
80-85	\$143.66	\$215.49	\$287.32	\$359.15	\$430.98	\$502.81	\$574.64	\$646.47	\$718.30

Child Benefit Amount		
\$1,000	\$5,000	\$10,000
\$0.10	\$0.52	\$1.03

*One premium covers all dependent children

NOTE: Age reductions apply, please see your benefit certificate for details

VOLUNTARY BENEFITS



Voluntary Benefits, offered through Transamerica, are offered to strengthen your overall benefits package. You will be able to customize the benefit based on need and affordability.

The Voluntary Benefits offered through Transamerica are **Accident, Critical Illness** and **Hospital Indemnity**. These benefits are:

- Fully portable and belong to you if you leave your employer, same price and same plan
- Payroll deducted
- ***Paid directly to you, not to a hospital or to a doctor***
- ***Paid regardless of any other coverage you may have***
- Level premiums - Rates do not increase with age
- Guaranteed Renewable
- Designed to provide additional cash flow to assist with out of pocket medical costs and other bills

Accident Plan

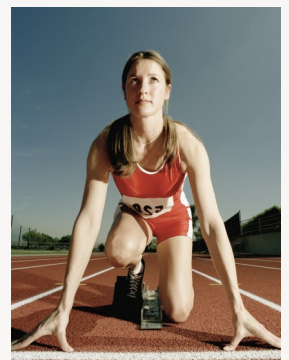
This plan that helps pay for the unexpected expenses that result from an accident:

- **On and off the job coverage** = 24 hours per day, 7 days per week
- Family coverage available
- Sports related injuries covered as well

Just a few examples of benefits included in the plan:

- Initial Accident Treatment - \$125
- Hospitalization - \$1,500 admission benefit, \$250 per day benefit
- Fractures - up to \$5,000
- Dislocations - up to \$4,000
- Wellness Benefit - \$60 per insured per year

**See brochure for a complete list of benefits*



Accident Plan Pricing

*Dependents through age 25 can be covered regardless of student status.

Your Cost Twice per Month	Employee	Employee & Spouse	Employee & Children*	Family*
	\$11.40	\$17.79	\$14.43	\$21.33

Critical Illness/Cancer

Critical Illness/Cancer is a benefit that will pay you a lump sum of money if you are diagnosed with a critical illness, heart attack, internal cancer or stroke. The cash benefit is provided upon the first diagnosis of a covered condition to help you with associated costs and beyond.

Regardless of other coverage in force the benefit is paid out in a full lump sum.

Examples of covered conditions: Heart Attack, Stroke, Major Organ Transplant, End-Stage Renal Failure, Coma, Loss of Sight, Speech and/or Hearing, paralysis (not due to stroke), Invasive Cancer, Bone Marrow Transplant, Carcinoma in situ (25% benefit), Coronary Bypass Surgery (25% benefit), and others.

A Wellness Benefit is included in your Critical Illness/Cancer Policy and pays \$50 for each insured.

Each covered person will get one screening test per calendar year. Also included is a **Recurrent benefit** that provides a second cash payment in the event a covered person is diagnosed with the same condition. Pays an additional **50%** of the original benefit.

Rates: This benefit is customized by each employee so rates vary, but can start as little as a few dollars a week. Please speak to a Benefit Counselor to customize your plan and rates. *See brochure for more details.

Examples of Wellness Benefit Screenings

- Low dose mammography
- Stress Test
- Serum Cholesterol
- Bone Marrow
- Pap Smear
- Colonoscopy
- Prostate Specific Antigen
- Chest X-ray

Hospital Indemnity

The Hospital Indemnity Plan can help offset your out-of-pocket expenses including deductibles, co-insurance and services not covered in your group health coverage for Hospitalization and Outpatient surgery.

Daily In-Hospital Benefit - Pays each day a covered person is confined to a hospital (but not an ER, outpatient stay or stay in an observation unit)	\$150 Max. 31 days per confinement
Intensive Care Benefit - Pays each day a covered person is confined to an intensive care unit	\$150 Calendar Year Max. 10 days
Hospital Confinement Benefit - Pays each day a covered person is confined to a hospital (but not an ER, outpatient stay or stay in an observation unit) lasting a minimum of 24 continuous hours from time of admission	\$1,000 Max. 1 day per confinement/1 day per calendar year

Your Cost Twice per Month	Employee	Employee & Spouse	Employee & Children*	Family*
	\$11.12	\$23.86	\$16.43	\$27.04



Personal Legal Planning

LegalShield Legal Protection Plan provides you with the ability to talk to an attorney about any personal legal issues. Benefits include: Advice on an unlimited number of topics such as family or financial matters, auto, home or estate issues. Other services include letters and phone calls on your behalf, legal document review, will preparation and much more.

Identity Theft Plan

These days, you can never be too cautious. The Identity Theft Plan will provide benefits that include:

- Credit reporting
- Personal credit score analysis
- Continuous credit monitoring with safety alerts
- Identity consultation and restoration services
- Safeguard for minors

You may purchase either as a separate plan, or purchase both the Legal and the Identity plans and enjoy package savings.

This plan covers one household (you, your spouse and children to age 26).

Your Cost Twice per	Legal Plan	ID Theft Protection	Legal/IDT Combo
	\$9.48	\$7.48	\$16.43



OTHER BENEFITS PROVIDED AT NO COST TO YOU:

SOUTHWEST EAP

Southwest Employee Assistance Program (EAP)

Your (EAP) counseling program offers a confidential service which is designed to help Heifer employees and their families with personal or work related problems. Southwest EAP provides assessment, short-term counseling, problem-solving assistance, referral if needed and follow-up services. Basically, you and your family have access to free, confidential and professional counseling.

Assessment means a counselor will help you identify the problems you are experiencing and recommend the most appropriate steps you can take to resolve your problems successfully. These steps may involve either a referral and/or short-term counseling. Southwest EAP can help in such areas as:

- Stress Management
- Emotional Issues
- Depression & Anxiety
- Eating Disorders
- Marriage/Relationship Issues
- Family Problems
- Financial Literacy

Using EAP is easy. Simply give them a call at : **501-663-1797** or **1-800-777-1797**. *Their services are at no cost to you as a Heifer Employee and the services are strictly anonymous.*

NOTE: You may also receive 25 points towards your Wellness credits for scheduling a consultation with EAP. This will be self-reported as a *healthy event*.



eDocAmerica.com

eDocAmerica gives individuals and their family members unlimited email access to board certified physicians, psychologists, pharmacists, dentists, dietitians and fitness experts who provide personal answers to all health related questions. Individuals now have the ability to easily get their questions answered and thus become more informed, more confident decision makers.

501-907-7117
info@edocamerica.com



ENROLLMENT RIGHTS

Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA)

COBRA requires most employers sponsoring group medical plans to offer employees and their eligible family members the opportunity for a **temporary extension** of medical and/or dental coverage called “continuation coverage.” In certain instances where coverage under the plan is lost (referred to as a qualifying event), this coverage is offered at 102% of group rates.

Depending on the qualifying event and the eligible participant, coverage can extend up to **18 or 29 months for employees, or 36 months for dependents**; 29 months may be granted when the participant is social security disabled at the time of initial COBRA eligibility or within the first 60 days of the COBRA period (additional paperwork required).

If you are covered by the group medical or dental plan, you have the right to choose continuation coverage if coverage is lost for the following reasons: resignation, termination (except for gross misconduct), or reduction of hours. If your spouse or dependent child is covered by your group plan, he or she has the right to choose continuation coverage if coverage is lost for the following reasons: your death, your termination, your reduction of hours, divorce, you become entitled to Medicare or your child loses dependent status due to age or marriage.

Health Insurance Portability & Accountability Act of 1996 (HIPAA)

The legislation of HIPAA is great in scope but its focus is to improve portability of health coverage, reduce health care costs by standardizing the processing of health care transactions, increase the security and privacy of health care information, limit exclusions for preexisting conditions, and allow a special opportunity to enroll in a new plan in certain circumstances. We encourage employees to further educate themselves on HIPAA’s portability rules, privacy mandates and special enrollment rights.

Additional information is available at www.dol.gov or by contacting the U.S. Department of Labor at 1-866-275-7922.



QUESTIONS/NOTES

IMPORTANT CONTACTS

Plan	Carrier	Phone Number	Website
Medical	Arkansas BlueCross	800-238-8379	www.arkansasbluecross.com
Nurse 24	Arkansas BlueCross	800-318-2384	www.arkansasbluecross.com
Dental	Delta Dental	800-462-5410	www.deltadentalar.com
Vision	DeltaVision (Superior)	800-507-3800	Www.superiorvision.com/member
Life & AD&D	Reliance Standard	800-351-7500	www.reliancestandard.com
Short & Long Term Disability	Reliance Standard	800-351-7500	www.reliancestandard.com
Cafeteria Plan - FSA/ HSA	Consolidated Admin Services (CAS)	877-941-5956	www.consolidatedadmin.com
Voluntary Benefits	Transamerica	888-763-7474	www.transamericaemployeebenefits.com
Wellness	Viverae	888-848-3723	www.mooveitwellness.com
Healthcare Tools	Compass	800-513-1667	www.compassphs.com/getconnected
Legal Services	Legal Shield	800-654-7757	www.legalshield.com
Transamerica Claims Help	Explain My Benefits	888-734-6937 Option 2	Email: service@explainmybenefits.biz

Other Contacts

You may contact **Stephens Insurance** if you have any questions regarding your insurance benefits, have claims issues or need assistance enrolling.

Laura Humphrey: 1-800-852-5053 or Direct: 501-377-8213 Email: laura.humphrey@stephens.com

COMPASS HealthCare Pro Professional: Siri Athota Direct: 800-513-1667 x511

Email: Siri.Athota@compassphs.com

HUMAN RESOURCES

Chasity Knight: 501-907-6950 or chasity.knight@heifer.org

Diane Souza: 501-907-2885 or diane.souza@heifer.org

Arisha Hogan: 501-907-2627 or arisha.hogan@heifer.org

DISCLAIMER: This is not a summary plan description (SPD) and does not guarantee benefits or payment. This document provides a brief summary of benefits that are available to you. Please refer to your coverage booklets and policies for complete details regarding covered charges, exclusions and plan payments or contact your benefits provider at the numbers located.