



2017

BENEFITS SUMMARY

For U.S. Hourly Commissioned Employees of Frito-Lay

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Covering Dependents

PepsiCo offers benefits to you and your eligible family members. Extended family members, such as grandchildren, are not eligible for coverage unless you are their legal guardian or have adopted them.

Here's a look at who is eligible for coverage:

Family Member	Eligibility Requirements
Your spouse	Must be your legal spouse for federal tax purposes (Including state recognized common-law spouses) ¹
Your children, including:² <ul style="list-style-type: none"> • Biological children • Legally adopted children (Or children placed for adoption) • Stepchildren • Foster children • Children for whom you or your spouse are the legal guardian 	Must be under age 26
Children named in a Qualified Medical Child Support Order (QMCSO)	Employee (<i>not spouse</i>) must be required to provide coverage from the PepsiCo plan
Physically or mentally disabled child who is age 26 or older	<ul style="list-style-type: none"> • Child is unmarried and does not have other medical coverage available through his/her own employment • Child lives with the employee for at least half of the year • Child is disabled on or before his/her 26th birthday • Child is dependent on you for financial support • The claims administrator determines that your child is disabled

¹ Common-law marriages may be formed in Alabama, Colorado, Iowa, Kansas, Montana, Oklahoma, Pennsylvania (pre-9/18/03), Rhode Island, South Carolina, Texas, Utah and District of Columbia.

² Other eligibility requirements apply to Child Life Insurance. See page 23 for more information.

Important! In order to enroll a dependent when you enroll on *Your Benefits Resources*, you must add your dependent's eligibility and data – e.g., birth date and Social Security number. Also, after you enroll a new dependent for benefits, you will be required to provide proof of eligibility. You must complete this step for your dependent's coverage to take effect.

Medical & Prescription Drug Coverage

- Your Options:**
- Healthy Advantage Option
 - Core Plus Medical Option
 - HMO (depending on your location)
 - Waive coverage

During enrollment, refer to the **Health Plan Comparison Charts** tool on YBR for more details, including HMO coverage.

Plan Feature	Healthy Advantage Option	Core Plus Medical Option
You Pay...		
Annual Deductible		
Individual	\$1,300	\$500
Family	\$2,600	\$1,000
Annual Out-of-Pocket Limit <i>(Includes deductible)</i>		
Individual	\$4,500	\$4,000
Family	\$9,000	\$8,000
The Plan Pays...		
Office Visits – Primary Care	80%	100% after your \$25 copay – no deductible applies
Office Visits – Specialist	80%	80%
Preventive Care	100%	100%
Screenings	100%	100%
Hospitalization	80%	80%
Emergency Care	80%	80%
Non-Emergency Visit in Emergency Room	50%	50%
Most Other Medically Necessary Services	80%	80%

- Notes:**
- There is no out-of-network coverage, except in an emergency or when there is not adequate provider access. Coverage will be based on Maximum Allowable Amount. The in-network deductible and annual out-of-pocket limits apply.
 - If you have family coverage under the Healthy Advantage Option, you must meet the family deductible before the plan starts to share the cost of care for you or any of your covered family members.
 - Some care requires precertification. Contact Health ACE for more information.
 - There is no separate deductible and out-of-pocket limit for prescription drugs.
 - Under the Core Plus Medical option, amounts you pay in copays do not count toward your deductible, but will count toward your annual out-of-pocket limit.
 - Preventive care and screenings may be subject to certain limitations and may not be covered at 100% if related to non-preventive care. Please contact Health ACE for details.
 - Under the Core Plus Medical Option, emergency care is subject to a \$100 copay per person for the first two visits in a calendar year and \$250 for each visit after that. You pay the copay before the deductible or coinsurance are applied. If you're admitted into the hospital, the copay will be waived. Not applicable for Healthy Advantage Option.
 - Under the Core Plus Medical option, other services ordered during your primary care office visit, such as lab tests, are subject to the deductible and coinsurance.

A Closer Look at the Healthy Advantage Option

The Healthy Advantage Option is a consumer-directed health plan with a Health Savings Account (HSA) feature.

Here are the highlights:

- **You pay the deductible.** This is the amount you must pay out of your pocket for medical expenses each year before the plan starts to pay benefits. The deductible for employee-only coverage is \$1,300 and \$2,600 for family coverage. **If you have family coverage, you must meet the entire family deductible before the plan begins to pay benefits.**
- **You and the plan share expenses through coinsurance.** Once you pay the deductible, the plan will pay a certain percentage of your expenses (shown in the chart on page 2) for the rest of the year. You'll pay the remaining portion. This is known as coinsurance.
- **Your total annual costs are capped by the out-of-pocket limit.** The total amount you have to pay in coinsurance and the deductible combined is capped by the out-of-pocket limit to protect you against high out-of-pocket expenses. There is an individual and a family limit. If you are covering family members and the expenses paid in deductible and coinsurance for one family member reach the individual out-of-pocket limit, the plan will pay 100% of that person's eligible medical expenses for the rest of the year. If eligible expenses paid in deductibles and coinsurance for all family members combined reach the family limit, the plan will pay 100% of all eligible medical expenses for the rest of the year.
- **Lower per-paycheck contributions.** You'll pay less in paycheck contributions for the Healthy Advantage Option.
- **Prescription drug coverage through Express Scripts.** Prescription drugs are covered in the same way as any other medical expense. This means you will need to pay 100% of prescription drug expenses until you meet the deductible. Once you meet the deductible, the plan will pay 80% and you'll pay 20% of the prescription drug expense. Also, your drug costs will count toward your out-of-pocket limit (subject to certain exceptions). Note that some preventive drugs are covered with no deductible to meet. You'll just pay 20% of the cost of the drug. See the box on page 4 for more information on preventive drugs.
- **Emergency room visits covered at 80% after deductible.** If you go to the emergency room for a non-emergency condition, the plan will cover 50% of the cost.
- **Reimbursement accounts.** If you enroll in the Healthy Advantage Option, you are eligible to save money in a Health Savings Account to pay your eligible health care expenses. However, you are not eligible to contribute to a Health Savings Account if you cover your spouse and they currently participate in a health care flexible spending account. In this case, you will be offered the Health Reimbursement Account (HRA).
- **Preventive care and screenings covered 100%.** Preventive care and screenings received from a network provider, including certain tests and labs, will be covered at 100% with no deductible.
- **The medical options are offered through two provider networks.** These are **Anthem Blue Cross and Blue Shield** and **UnitedHealthcare**. Your available network will be indicated on *YBR*, where you can search for doctors and providers using the **Find a Doctor or Hospital** tool. The provider network available is based on where you live.
- **The Healthy Advantage Option offers in-network coverage only.** The plan offers a wide selection of network doctors and providers who deliver quality care, at a lower cost than you'll pay out-of-network. That's because the fees charged by in-network providers are discounted. If you choose to use out-of-network providers, you'll be responsible for the full undiscounted cost of those services. In certain situations, such as an emergency or inadequate access to network providers to meet your medical need, you may be covered for using out-of-network providers, based on Maximum Allowable Amount (MAA) limits. The in-network deductible and in-network out-of-pocket maximum will apply. The Health ACE team will review these situations with you.

To find in-network providers:

- Talk to Health ACE: Call the number on the back of your medical ID card.
- Use the online search tools: myHealthHub.pepsico.com > Use Well > Shop for the Best Quality and Cost.

Healthy Advantage Prescription Drug Coverage

You will pay 100% of prescription drug expenses until you meet the medical plan deductible. Once the deductible is met, the plan pays 80% and you pay 20% of eligible expenses. There are a few exceptions. Preventive drugs are not subject to the deductible – see below for more information. Generic contraceptives and brand name contraceptives (if a generic is not available or if the brand name is medically necessary) are covered 100% – they are not subject to the deductible. Also, access-only drugs (see page 9 for a definition) will be available at the discounted network price but you'll pay 100% of the cost. Any amounts you pay for access-only drugs do not count toward the deductible or out-of-pocket limit.

The following rules apply for the Healthy Advantage Option:

- **If you buy a brand name when a generic equivalent is available**, you'll pay more. The plan will pay benefits based on the generic and you'll pay the difference. The difference you pay between the brand price and generic will not count toward the deductible or out-of-pocket limit.
- **The most effective way to fill long-term medications is through mail-order.** To encourage you to purchase prescriptions through mail-order, PepsiCo's prescription drug program includes a special provision that requires you to pay more at retail. More specifically, if you fill a long-term medication at retail, you'll pay 100% of the discounted network price starting with the third purchase. These additional amounts will not count toward the deductible or out-of-pocket limit (see page 9). If you switch your prescription to mail-order, you'll pay the 20% coinsurance after the deductible.

Log on to Express Scripts' website [express-scripts.com/pepsico](https://www.express-scripts.com/pepsico) anytime to look up a drug and find out how it's classified.

What's a Preventive Drug?

Under the Healthy Advantage Option, preventive prescription drugs are not subject to the annual deductible. You will simply pay the 20% coinsurance.

A preventive drug is a medication prescribed to help prevent the onset of a condition or event.

Here are some examples:

- Cholesterol-lowering medications (to prevent conditions brought about by high cholesterol)
- Anti-hypertensive medications (to prevent conditions brought about by hypertension or high blood pressure)
- Asthma medication

Is your prescription drug on the preventive list? Call **1-888-PEPSI-RX (1-888-737-7479)** or log onto [express-scripts.com/pepsico](https://www.express-scripts.com/pepsico) to check.

Health Savings Account (HSA)

You'll have access to a Health Savings Account that allows you to save pre-tax money for eligible health care expenses. Your HSA is portable – your money goes with you if you leave the Company. Any remaining balance at the end of the year rolls over – there's no "use it or lose it" rule.

You can contribute any amount up to the 2017 IRS allowable annual maximum:

- \$3,400 for employee-only coverage
- \$6,750 for family coverage
- If you are 55 by the end of 2017, you may be able to contribute up to an additional \$1,000

Take advantage of the HSA – here's why:

In addition to setting aside money to pay for health care expenses, you'll enjoy a **triple tax advantage**.

- 1 **The money goes into your HSA tax-free.** All contributions deposited into your HSA are on a pre-tax basis.
- 2 **Your money earns tax-free interest.** Any investment or interest income on your accumulated HSA balance or HSA investments is not taxable.
- 3 **You can withdraw money tax-free.** When you use your HSA to pay for qualified health care expenses, you aren't taxed on those funds when they come out of your account.

A "healthy" way to fund your HSA

Your HSA can also grow by earning **Healthy Living Rewards**. You are eligible to **earn up to \$300** for your HSA by participating in these Healthy Living wellness activities during the year:

- **\$200** for completing both the Wellness Questionnaire and Wellness Screening by March 31.
- **\$100** for having at least three out of four biometric screening results within the healthy range (or if outside the healthy range, for completing four telephonic coaching calls by November 30).

You can **double this to \$600** if you cover your spouse and he/she takes the same steps.

You must have an account in order to receive Healthy Living Rewards money. If you are in the Healthy Advantage Option and didn't open your account when you first enrolled, you can open your HSA by logging onto MyPepsiCo.com > [Pay, Benefits and Career](#) > [Your Benefits Resources](#) and following the Your Action Needed message. Be sure to open your account before December 13, 2017 or you'll forfeit any 2017 Healthy Living Rewards.

Note: The IRS limits on HSA contributions stated above apply to your contributions and PepsiCo's contributions combined. You will need to report your HSA contributions and distributions when filing your income taxes each year. Consult a tax advisor if you have any questions.

Your HSA can help you pay your current and future health care expenses – even when you're retired

Qualified health care expenses include:

- Medical plan deductibles and coinsurance
- Prescription drug coinsurance (for drugs covered by the medical plan)
- Dental and orthodontic care
- Vision care
- Other health care expenses not covered by the medical plan
- COBRA premiums
- Long-term care insurance premiums
- Medicare premiums (but not a Medicare supplement policy)

You can get a complete list of qualified health care expenses on the Your Spending Account website. To access, visit [MyPepsiCo.com > Pay, Benefits and Career > Your Benefits Resources > Health and Insurance > Your Spending Account > Manage Your Account](#). Go to the **Health Savings Account** tab and select **Check Eligible Expenses**.

How it works

All HSA contributions through PepsiCo are deducted from your paycheck tax-free. You can change your HSA contribution election anytime during the year by following the steps in the "TIP" box on page 7. Any change in your election will only apply to pay periods after your election change is effective.

If you elect the Healthy Advantage Option for the first time in 2017, you will receive additional information regarding the HSA, including how the HSA operates. Information regarding the account custodian (UMB Bank), investments and fees will also be provided.

If you stop participating in the Healthy Advantage Option, you can no longer contribute to the HSA account, but you can use the HSA balance to pay for eligible expenses.

Note: If you enroll in the Healthy Advantage Option and are not eligible for the Health Savings Account, you will have access to a Health Reimbursement Account (HRA), which will enable you to receive Healthy Living Rewards.

HSA reimbursements made easy

When you enroll in the HSA, you will receive a Your Spending Account card to access the money in your account. To learn more about your reimbursement options, go to [Your Benefits Resources > Health and Insurance > Your Spending Account > Knowledge Center](#).

Special Rules for HSAs: Because Health Savings Accounts offer tax advantages, they're governed by federal regulations and have some special rules:

- **To open a Health Savings Account**, you must be enrolled in a high-deductible health plan – PepsiCo's Healthy Advantage Option. You may not be covered under any other major medical plan, including a spouse's plan, that is not a high-deductible health plan. However, separate dental and vision coverage, as well as certain other limited medical coverage, is permitted.
- **If you have continued any health flexible spending account ("FSA") coverage through COBRA at your prior employer**, under IRS rules you can still enroll in the Healthy Advantage Option for medical coverage, but you will not be able to open an HSA until the first month after your health FSA coverage terminates. This means you will not be able to make contributions to your HSA or receive reimbursements from your HSA for claims incurred prior to that date.
- You are not eligible to contribute to a Health Savings Account **if your spouse has a health care reimbursement account** that allows reimbursement of expenses used to satisfy the Healthy Advantage Option deductible.
- You may not contribute to a Health Savings Account once **you are enrolled in Medicare**.
- You will need to report your HSA contributions and distributions when filing your income taxes each year.

TIP!

To change the HSA contributions you are making by payroll deduction, follow these steps:

- Go to MyPepsiCo.com and click *Your Benefits Resources* under **Pay, Benefits and Career**.
- Hover over **Health and Insurance** and click **Change Coverage** under **Take Action**.
- Select **HSA Contribution Change** in the drop-down menu and click **Continue** and then click **I Agree**.
- Click **Continue** to get to the Contribution Changes page, where you will enter your new contribution amount.

A Closer Look at the Core Plus Medical Option

With the Core Plus Medical Option, you pay more in paycheck contributions and less when you receive care. The Core Plus Medical Option works similarly to the Healthy Advantage Option as explained on pages 2-7, but there are some key differences.

Here are the highlights:

- **Coverage for primary care.** There is a \$25 copay for primary care physician (PCP) office visits, with no deductible to meet. Any other services ordered during your PCP visit, such as lab tests, are subject to the deductible and coinsurance.
- **Deductible.** The deductible for the Core Plus Medical Option is lower than the Healthy Advantage Option and works differently. If you are covering family members, there is an individual deductible that applies to each covered family member and a family deductible limit – you'll never pay more than the individual deductible for a member and no more than a family deductible for all members.
- **You and the plan share expenses through coinsurance.** Once you pay the deductible, the plan will pay a certain percentage of your expenses (shown in the chart on page 2) for the rest of the year. You'll pay the remaining portion. This is known as coinsurance.
- **Your total annual costs are capped by the out-of-pocket limit.** The total amount you have to pay in copays, coinsurance and the deductible combined is capped by the out-of-pocket limit to protect you against high out-of-pocket expenses. There is an individual and a family limit. If you are covering family members and the expenses paid in deductible and coinsurance for one family member reach the individual out-of-pocket limit, the plan will pay 100% of that person's medical expenses for the rest of the year. If eligible expenses paid in deductibles and coinsurance for all family members combined reach the family limit, the plan will pay 100% of all eligible medical expenses for the rest of the year.
- **Emergency room coverage.** You will be required to pay the first \$100 of emergency room charges – before the deductible and coinsurance are applied. If an individual has more than two visits to the ER in a calendar year, the copay will increase to \$250 starting on the third visit. If you are admitted to the hospital, the copay will be waived. The plan will pay 80% of the cost if the ER is used for an emergency. If you go to the emergency room for a non-emergency condition, the plan will cover 50% of the visit.
- **Prescription drugs are covered differently than other medical expenses.** There is no deductible to meet and copays and coinsurance will vary based on the type of drug purchased. See page 9 for details.
- **The Core Plus Medical Option offers in-network coverage only.** The plan offers a wide selection of network doctors and providers who deliver quality care, at a lower cost than you'll pay out-of-network. That's because the fees charged by in-network providers are discounted. If you choose to use out-of-network providers, you'll be responsible for the full undiscounted cost of those services. In certain situations, such as an emergency or inadequate access to network providers to meet your medical need, you may be covered for using out-of-network providers, based on Maximum Allowable Amount (MAA) limits. The in-network deductible and in-network out-of-pocket maximum will apply. The Health ACE team will review these situations with you.

To find in-network providers:

- Talk to Health ACE: Call the number on the back of your medical ID card.
- Use the online search tools: myHealthHub.pepsico.com > Use Well > Shop for the Best Quality and Cost.

Core Plus Medical Prescription Drug Coverage

The Core Plus Medical Option provides prescription drug coverage through Express Scripts.

Your share of the cost of prescription drugs varies by the type of drug you purchase: generic, preferred brand, non-preferred brand, elective or access-only. You'll pay less when you buy generic and more when you buy non-preferred. You'll never pay more than the copay or the maximum for each prescription. Amounts you pay toward prescription drugs – at retail pharmacies and mail-order – will count toward the combined annual out-of-pocket limit, except as described on page 10.

For This Type of Drug	What It Is	If You Fill a Prescription Through a Network Pharmacy (up to 30-day supply)	If You Fill a Prescription Through Mail-Order Service (90-day supply)
Generic	A drug that is the chemical equivalent to a brand-name drug. Typically the lowest-cost alternative.	\$10 copay	\$20 copay
Preferred Brand	A brand-name drug listed as preferred on Express Scripts' formulary list. Clinically effective. Often lower cost than other brand-name drugs.	You pay 25% with a \$120 max	You pay 25% with a \$240 max
Non-Preferred Brand	A brand-name drug that is listed as non-preferred on the formulary list.	You pay 50% with a \$240 max	You pay 50% with a \$480 max
Elective	Includes erectile dysfunction drugs (e.g., Viagra), anorexiant (e.g., Meridia), antifungals (e.g., Lamisil), brand-name contraceptives and infertility drugs.	You pay 50% with a \$240 max	You pay 50% with a \$480 max
Access-Only	A drug for which alternatives are widely available over the counter or which serves no medical purpose. Includes non-sedating antihistamines (NSAs), cosmetic drugs (e.g., Alera) and hair-growth drugs (e.g., Rogaine).	You pay 100% of the discounted cost	You pay 100% of the discounted cost

Important Notes:

- Amounts you pay toward prescription drugs – at retail pharmacies and through the mail-order service – count toward a combined annual out-of-pocket limit for medical and prescription drugs. This limit, which includes the medical deductible, is \$4,000 individual/\$8,000 family in-network. For more information, go to [MyPepsiCo.com](https://www.mypepsi.com) > Pay, Benefits and Career > Total Rewards > Find it Fast > Plan Details > Health and Insurance > Medical Plan Details. If you purchase an access-only drug, you are required to pay 100% of the discounted cost. This cost will not count toward your combined out-of-pocket limit. Further, any additional cost or other extra amounts you are required to pay will also not count toward your combined out-of-pocket limit.
- In all cases, any additional amounts you have to pay as a result of the brand name drug when generic is equivalent and the retail refill allowance rules are not limited by any copay maximum and will not count toward your out-of-pocket limit.
- Generic contraceptives (and brand-name contraceptives if a generic is not available or if the brand name is medically necessary) are covered 100%.

The following rules apply for the Core Plus Medical Option Prescription Drug Coverage:

- **If you buy a brand name when a generic equivalent is available**, you'll pay more. You'll pay the generic copay plus the cost difference between the generic copay and the brand name.
- **The most effective way to fill long-term medications is through mail-order.** To encourage you to purchase prescriptions through mail-order, PepsiCo's prescription drug program includes a special provision that requires you to pay more at retail. For instance, if you take a long-term medication (such as those used to treat high blood pressure or high cholesterol) and you fill it at a retail pharmacy, **you'll pay 100% of the discounted network price starting with the third purchase.** If you switch your prescription to mail-order, you'll pay the normal copay or coinsurance.
- **Maximum payments** for certain high-cost specialty drugs purchased via mail-order for less than a 61-day supply will be adjusted to reflect the prorated portion of the 90-day cost.

Important: Any additional amounts you have to pay as a result of these rules will not be protected by the maximum coinsurance payments listed on the previous page, and will not count toward your out-of-pocket limit.

Log on to Express Scripts' website [express-scripts.com/pepsico](https://www.express-scripts.com/pepsico) anytime to look up a drug and find out how it's classified.

HMOs Available in Some Locations

HMO benefit levels vary by plan. The **Health Plan Comparison Charts** tool on *Your Benefits Resources* provides details. Go to *Your Benefits Resources* to see if an HMO is available to you. With an HMO, you may have copays, which are flat fees for services and supplies instead of deductibles and coinsurance. You often need to coordinate care through a primary care physician (PCP) and out-of-network care is usually not covered, except for certain emergencies.

Alternate Coverage Contribution for Spouse Coverage

An employee whose spouse works full-time **and** is eligible for subsidized major medical coverage through the spouse's employer plan will pay an additional \$1,200 a year to cover the spouse under a PepsiCo medical option.

The \$1,200 alternate coverage contribution encourages working spouses to evaluate their employer's medical coverage before enrolling in PepsiCo's plan. You will need to indicate "Yes" or "No" to the alternate coverage contribution when you enroll on *Your Benefits Resources* if you elect to cover your spouse. **Employees who answer "No" may be audited to confirm coverage is not available.** If other coverage is found to be available (in an audit or otherwise), PepsiCo may apply the alternate coverage contribution retroactively.

Tobacco Users: Take Note

If you or your spouse have used tobacco products in the six months prior to your hire date, you may pay a \$600 annual surcharge for your 2017 medical coverage. To avoid the surcharge, you will need to complete the Healthy Living tobacco-free program **within five months of your hire date**. If you miss the deadline, the surcharge will begin. Once it begins, the surcharge will continue until you complete the program. To get more information, call Healthy Living at 1-855-PEP-1117 (1-855-737-1117). Representatives are available Monday - Friday, 8 a.m. - 9 p.m. Eastern time.

Please note that you will be asked to indicate your tobacco user status on *YBR* when you enroll. Your status is automatically set to "None." If you and/or your spouse have used tobacco products within the six months prior to your hire date, you will need to change this status accordingly. If you complete a program during your five month "grace period," the surcharge will not go into effect.

Get to Know Health ACE

Your One Point of Contact for All of Your Health Care Needs

Navigating your new health care plan may seem overwhelming. If you're not sure who to call for what, Health ACE is the answer. Offered through Anthem Blue Cross and Blue Shield (BCBS) and UnitedHealthcare (UHC), this health advocacy team dedicated to PepsiCo. is available to everyone who enrolls in the Healthy Advantage and Core Plus Medical Options.

Your Health ACE advocate will:

Assist you with...

- Answering questions about networks, coverage and explanations of benefits (EOBs).
- Resolving problems, including addressing denied health care claims.
- Getting ongoing support for more difficult or complex medical situations.
- Using the health care cost and quality comparison tools from Anthem BCBS (Castlight) and UHC (myHealthcare Cost Estimator).
- Finding a qualified doctor in your area.

Connect...

- The dots for you and your family, to help you stay on track and get the most from your health care coverage and programs.
- You with the right PepsiCo Healthy Living programs and partners.

Educate you about...

- Plan rules and requirements and available resources.
- How to make informed decisions about your health care.
- Support and service available through quality of care programs and your health plan.

To speak with a Health ACE advocate, call **1-877-224-0030** (for Anthem BCBS members) or **1-888-761-0113** (for UHC members). You will also find the phone number on the back of your medical plan ID card, which will be sent to you after you enroll.

Need Confidential, Compassionate Care? Employee Assistance Program (EAP) is There for You

The Employee Assistance Program (EAP) is provided through Optum, and can help you and your family members with a range of issues, including:

- Stress and anxiety
- Marital, family and relationship conflicts
- Grief, loss and depression
- Substance abuse
- Anger management

Free counseling for you and your family

You can talk confidentially with a professional mental health counselor when you call the EAP number. You can also be referred to a local counselor for up to four free face-to-face sessions.

Phone-Based	Face-to-Face
<ul style="list-style-type: none"> • You have unlimited access to no-cost counseling. • You can request the same trained counselor each time you call. 	<ul style="list-style-type: none"> • You can request a referral to a local counselor for up to four free face-to-face counseling sessions. • After your fourth visit, you may be eligible for additional coverage under your medical plan. Deductibles and coinsurance will apply, depending on your choice of coverage.

Get information and support 24/7

You always have access to helpful guidance and tools at liveandworkwell.com:

- Search for an Optum counselor and get a referral.
- Manage your stress with interactive tools.
- Ask an EAP expert your questions about emotional health.
- Find information on depression, anxiety, substance abuse and more.

You can also find information on stress management at healthyliving.pepsico.com.

The EAP is available to all PepsiCo employees and their eligible dependents, regardless of the medical option chosen.

To access the EAP, call **1-800-223-7486** 24/7 or go to liveandworkwell.com, access code: Pepsi and click **Start Here**.

Your privacy is protected by federal law. Your participation in the EAP and all information you and your dependents provide are strictly confidential consistent with the PepsiCo HIPAA Privacy Policy located in Plan Details on the Total Rewards website.

Health Care Tools and Resources

In addition to Health ACE, PepsiCo provides a variety of programs that give you access to expert medical advice and the best quality of care. By focusing on the quality of care delivered, we aim to improve health outcomes while managing costs. The following programs are available to those enrolled in Core Plus Medical and Healthy Advantage Options.

Health Care Cost and Quality Comparison Tools

These tools let you compare cost and quality information before you receive medical care so you get the best value for the money you spend. With Castlight for Anthem BCBS members and myHealthcare Cost Estimator for UnitedHealthcare members, you and your family can:

- Find out what you will pay for a medical service.
- View personalized recommendations and tips on how to save money on health care, based on where you live, your family's medical history and your PepsiCo medical plan.
- Research the best care for you and your family based on cost, quality and convenience.

Anthem BCBS members can access Castlight by logging onto [anthem.com](https://www.anthem.com) and clicking **Know Your Cost**. UnitedHealthcare members can access myHealthcare Cost Estimator at [myuhc.com](https://www.myuhc.com) and clicking the **Estimate Health Care Costs** tab.

Teladoc – Acute Care and Behavioral Health Doctor's Visits from Your Home

- Teladoc gives you and your covered dependents 24/7 access to a national network of U.S. board-certified doctors and pediatricians through the convenience of phone or online video consultation.
- Teladoc doctors can diagnose, treat and prescribe medication for many types of non-emergency medical conditions: bronchitis, sore throat, ear infections, cold and flu symptoms and more.
- Consultations cost \$40 or less – much lower than a trip to the urgent care center or emergency room.
- Teladoc also offers mental health services. You can consult 24/7 with a behavioral health professional on the phone or through online video chat for help with addiction, depression, family difficulties, and more. Per consultation fees (subject to the deductible and coinsurance):
 - \$160 for initial consultation with a psychiatrist
 - \$90 for ongoing visits with a psychiatrist
 - \$80 for a visit with a clinical therapist
- You, and each of your covered family members, will need to register to use this service. Some state restrictions may apply. You can register at [teladoc.com/pepsico](https://www.teladoc.com/pepsico); click on **Set Up Account**. You can also register by phone at **1-800-teladoc (1-800-835-2362)**. Adult dependents age 18 and older will need to set up their own accounts.

Best Doctors – Expert Medical Advice at No Cost

- Call Best Doctors when you are unsure about a medical diagnosis or treatment plan and want a second opinion, or you want to find an expert physician.
- This service is also available to your spouse and children even if they are not covered under the medical plan. Your parents and parents-in-law are also eligible.
- Call 1-866-904-0910 or go to bestdoctors.com.

Treatment Decision Support process through Best Doctors

- Treatment Decision Support, provided through Best Doctors, is designed to educate patients on their treatment options to achieve better health outcomes and avoid unnecessary, more costly inpatient surgical procedures when appropriate.
- Treatment decision support process is recommended prior to the following outpatient or inpatient surgeries: knee, hip, back, shoulder or carpal tunnel surgery, benign uterine condition, gallstones (non emergency) or bariatric surgery.
- If inpatient surgery is performed without completing the treatment decision support process, **the first \$500 of costs will not be covered.**
- Call 1-866-904-0910 if you have any questions.

Care Management: Helping You Manage an Ongoing Health Condition

- When it comes to your health, there may be times when you need a little extra help and professional support. Maybe you have a chronic condition like diabetes or high blood pressure, or you've recently had a health crisis such as a heart attack – or both. Maybe you just got out of the hospital following surgery. Whatever the case, a Health ACE nurse is there to help you.
- Your medical plan carrier – Anthem BCBS or UHC – administers the Care Management Program. Your carrier is in the best position to identify any potential need for special attention, because they process and track your medical claims. You're encouraged to take advantage of care management; if you are invited to participate and choose not to, certain penalties may apply.

Centers of Excellence (COEs)

- You have access to a network of facilities nationwide that have expertise in specialty care. These centers have demonstrated expertise in delivering quality specialty care for patients with highly complex medical needs. They offer the highest quality care for specific procedures and have demonstrated records of improved health outcomes for their patients. Centers of Excellence are available for:
 - Bariatric surgery*
 - Cardiac care
 - Complex cancer care
 - Knee and hip replacement
 - Spine surgery
 - Transplants
- Call Health ACE for more information and to identify the best facility to treat your condition – 1-877-224-0030 for Anthem BCBS members, or 1-888-761-0113 for UHC members.

**You are required to use a COE facility for bariatric surgery if one is located within 100 miles. If a COE is available and not used, the procedure will not be covered.*

Advanced Radiology and Sleep Condition Programs – for Anthem Blue Cross and Blue Shield Members

- These programs through AIM Specialty Health are designed to improve your quality of care when you need an advanced radiology procedure or are being diagnosed for a sleep condition.
- If your doctor orders an advanced radiology procedure or a sleep study, be sure to call AIM at **1-866-745-5995**.

Reproductive Resource Services (RRS) Program to Support Your Infertility Treatment

- PepsiCo offers a Reproductive Resource Services program at no cost to you. The program is designed to help you understand the infertility treatment options, ensure you follow the best treatment protocol for this complex condition and maximize your benefits. The RRS Nurse will discuss your options with you and ensure that you receive care from the specialists selected based on quality of care they provide.
- You must enroll in the RRS Program in order for any infertility related medical and prescription drug claims to be covered. In addition, you are required to receive your treatments through a recommended specialist if you live within 60 miles of one.
- Infertility benefits for medical treatment and prescription drugs are subject to a combined lifetime maximum of \$35,000.
- Call Health ACE for more information – **1-877-224-0030** for Anthem BCBS members, or **1-888-761-0113** for UHC members.

Dental

- Your Options:**
- Basic Dental Option
 - Cigna DHMO (depending upon your location)
 - Enhanced Dental Option
 - Waive coverage

The Basic Dental and Enhanced Dental Options

Both the Basic and Enhanced Dental Options are offered through two provider networks: MetLife and Delta Dental. When you enroll, you choose which provider network you want to use. There is no difference in cost or coverage level.

On the following page is a summary of coverage under each option – refer to the **Health Plan Comparison Charts** tool on *YBR* for more details.

TIP!

When deciding between the Basic and Enhanced Dental Options, you'll want to think about how much and what type of dental treatment you will need as well as whether you'll use a network dentist. Check to see if your dentist is in the MetLife or Delta Dental network; some dentists participate in one, but not the other. **If you'll be using out-of-network dentists or orthodontia services, you may want to elect the Enhanced Dental Option as it will pay a higher level of benefits for out-of-network treatments and orthodontia is covered.**

The DHMO Options

Similar to a health maintenance organization "HMO," the dental HMO (DHMO) options offer coverage for all aspects of your dental care. Like a medical HMO, DHMOs are more restrictive than PPO plans, but offer set costs for services. Depending upon your location, there may be one or two DHMO options available: DeltaCare DHMO and Cigna Dental Care. When you enroll in either option, you must select one primary dentist for yourself and your dependents from the list of their primary dentists. Your primary dentist must coordinate the care for you and your dependents. Refer to the **Health Plan Comparison Charts** tool on *YBR* for more details.

2017 Basic and Enhanced Dental Plan Options

Plan Feature	Basic Dental Option		Enhanced Dental Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible <i>(Individual/family)</i>	\$25/\$75	\$50/\$150	\$0	\$50/\$150
Diagnostic and Preventive Care <i>(Exams, cleanings, sealants, X-rays)</i>	Plan pays 100% No deductible applies	Plan pays 80%	Plan pays 100%	Plan pays 90%
Basic Restorative <i>(Extractions, root canals, oral surgery, fillings, periodontal cleaning)</i>	Plan pays 80%	Plan pays 50%	Plan pays 80%	Plan pays 70%
Major Restorative <i>(Bridges, dentures, crowns, non-cosmetic implants)</i>	Plan pays 50%	Not covered	Plan pays 50%	Plan pays 40%
Orthodontia <i>(For adults and children)</i>	Not covered	Not covered	Plan pays 50%	Plan pays 40%
Lifetime Orthodontia Maximum <i>(Per person)</i>	Not covered	Not covered	\$2,000	\$1,500
Annual Maximum Benefit Per Person <i>(Excluding Orthodontia)</i>	\$2,000	\$2,000	\$4,000	\$2,000

Notes:

- Benefits for out-of-network services are subject to Reasonable and Customary (R&C) limits. If your dentist charges more than the R&C limit, you're responsible for paying the difference.
- Sealants are covered up to age 19.
- If you expect treatment to be more than \$150, you should request a pre-treatment estimate.

5 Easy Ways to Find a Network Dentist

- 1 Call your dentist and ask if they participate in the MetLife or Delta Dental networks.
- 2 Call MetLife (1-888-820-5412) or Delta Dental (1-866-746-3701).
- 3 Check the websites: metlife.com/dental or deltadentalins.com
- 4 Go to *Your Benefits Resources* and click the link **Find a Dentist**.
- 5 If you don't have Internet access, you can call the HR Service Center at 1-866-HR-FOR-ME (1-866-473-6763) for assistance in finding a network provider.

Vision

Your Options: • EyeMed Vision Care Plan • Waive coverage

If your provider is a member of the EyeMed network, you can receive your vision care services and supplies at discounted rates. The EyeMed network includes more than 40,000 providers and approximately 18,000 locations, including private practice providers and retail chains.

Here's a quick overview of the EyeMed Vision Care Plan. Refer to the [Health Plan Comparison Charts](#) tool on YBR for more details.

Plan Feature	Network	Out-of-Network
Eye exam <i>(One per person per year)</i>	Plan pays 100%	Plan pays up to \$50
Frames¹ <i>(One pair every 12 mos.)</i>	Plan pays \$60, plus 20% of the retail price over \$60; you pay the rest	Plan pays up to \$36 per pair
Standard eyeglass lenses¹ <i>(One pair every 12 mos.)</i>	<ul style="list-style-type: none"> Plan pays 100% for single, bifocal, lenticular or trifocal lenses You pay \$65 for standard progressive lenses; the Plan pays the rest 	Plan pays up to \$36 per pair
Contact lenses¹ <ul style="list-style-type: none"> Conventional <i>(One pair every 12 mos.)</i> Disposable 	<ul style="list-style-type: none"> Plan pays \$100, plus 15% of the retail price over \$100; you pay the rest Plan pays up to \$100 	Plan pays up to \$100 Plan pays up to \$100
Laser vision correction discount <i>(LASIK or PRK through U.S. Laser Network only)</i>	You pay 85% of retail price ²	Not covered

¹ EyeMed covers one pair of eyeglass lenses or contact lenses every 12 months, but not both.

² Discount only – not a covered benefit.

Considering EyeMed?

Figure out how much you spend on vision care each year, then compare the amount to the benefits you receive from EyeMed and the price tag. Members have access to private practice providers or retail chains, including the nation's top optical retailers, such as **LensCrafters**, **Target Optical**, **Sears Optical**, **JCPenney Optical** and most **Pearle Vision** locations.

Vision Discounts – No Enrollment Required

Discounts at all LensCrafters are available to you at no charge as a PepsiCo employee. There is no need to elect this benefit or be enrolled in the vision plan. Show your Company identification, such as your ID card or a pay stub, and save 15% on conventional contact lenses and 20% on eyeglasses (not including eye exams).

TIP!

For a list of participating providers, go to eyemedvisioncare.com and under **Locate a Provider** select the **Access** network. Or use the provider search tool on *Your Benefits Resources*.

Reimbursement Accounts

PepsiCo offers two reimbursement accounts – a **Health Care Reimbursement Account (HCRA)** and a **Dependent Care Reimbursement Account (DCRA)** – to help you pay for eligible, out-of-pocket expenses such as deductibles and child care. The dollars you set aside will come out of each paycheck tax-free, helping you budget and save money.

Know the Rules

- 1 According to IRS rules, you may not set aside money in a HCRA if you choose the Healthy Advantage Option. Instead, you are eligible to save money in your HSA. (Refer to page 5.)
- 2 For the 2017 HCRA and DCRA, you must incur all claims in the calendar year up to December 31, 2017.
- 3 You lose any money you don't use by the deadline.
- 4 You must submit your claims for eligible expenses by June 30, 2018.
- 5 You can change your Reimbursement Account contributions during the year only if you have a qualified change in status.
- 6 Over-the-counter drugs are not eligible for reimbursement from the HCRA without a written prescription from your doctor.

Helping You To Enroll

Go to *Your Benefits Resources* and click **Estimate Your Health Care Reimbursement Account Expenses** or **Estimate Your Dependent Care Reimbursement Account Expenses** to estimate how much you could save in your Health Care or Dependent Care Reimbursement Accounts.

Questions about eligible expenses?

Call the HR Service Center at **1-866-HR-FOR-ME (1-866-473-6763)**.

Take a Look at the Details

	Health Care Reimbursement Account	Dependent Care Reimbursement Account
You can contribute:	\$100 to \$2,550	\$100 to \$5,000 per family ^{1,2}
To pay for:	Health-related expenses, products, and services	Out-of-pocket care expenses for your children under age 13 and for your mentally or physically disabled spouse or dependents of any age
Eligible expenses such as:	<ul style="list-style-type: none"> • Deductibles, coinsurance and copays • Contact lenses and eyeglasses • LASIK and eye-correction surgery • Dental services and braces • Charges over plan limits • Hearing aids 	<ul style="list-style-type: none"> • Licensed nursery programs and day care centers for children • Licensed day care centers for disabled dependents • Costs for family or adult day care centers • Dependent care provided by other individuals outside or inside your home (<i>Excluding your tax dependents and your children younger than age 19</i>) • Day camp expenses (<i>But not overnight camp</i>)
Under these guidelines qualifying expenses must be:	<ul style="list-style-type: none"> • Incurred up to December 31, 2017 • Incurred by you or by anyone who is your tax dependent • Medically necessary • Not reimbursable under any other plan • Tax-deductible under IRS rules 	<ul style="list-style-type: none"> • Incurred up to December 31, 2017 • Incurred by you³ • Necessary so you can work • If you are married: <ul style="list-style-type: none"> – Necessary so your spouse can work or attend school full time, or – Necessary to care for your mentally or physically disabled spouse

¹ Special contribution limits may apply to highly compensated employees.

² If you are married and file a separate tax return, the maximum you can contribute is \$2,550. If your spouse contributes to a similar account, your total family contribution cannot exceed \$5,000. If your spouse is a full-time student or disabled, special contribution rules also apply.

³ If you are divorced or legally separated and have custody of an eligible child, you may use the Dependent Care Reimbursement Account even if you allow your former spouse to claim the child as a dependent for income tax purposes.

HCRA reimbursements made easy

When you enroll in the HCRA, you will receive a Your Spending Account card to access the money in your account. Or, you may elect to have your health care expenses automatically reimbursed from your HCRA. To learn more about your reimbursement options, go to [Your Benefits Resources > Health and Insurance > Your Spending Account > Knowledge Center](#).

Life Insurance

PepsiCo automatically provides a certain level of employee life insurance at no cost to you.

Your **Company-provided life insurance** is 1x eligible pay up to a maximum of \$1 million. You can find the formula for eligible pay on the Total Rewards website. Go to MyPepsiCo.com and click **Total Rewards** on the **Pay, Benefits and Career** tab.

You can elect to buy **Optional Life Insurance** for yourself and your eligible dependents as follows:

	For You	For Your Spouse	For Your Children ¹
You can buy	1x to 10x your eligible pay	Units of \$10,000	Units of \$5,000
Up to the maximum of	\$5 million	\$250,000	\$25,000 per child
You must provide proof of good health	If you buy coverage of more than 2x your eligible pay	If coverage exceeds \$50,000	Never

- Notes:**
- You pay the same premium for Child Life Insurance no matter how many children you cover.
 - You must indicate your tobacco user status on YBR when you enroll in life insurance. Your status will automatically be set to "non-smoker." If you die of a smoking-related condition and you were paying non-smoker rates, please note that your benefits may be reduced.

You can buy **Accidental Death & Dismemberment (AD&D) Insurance** for added financial protection. Here's the coverage you can buy for yourself, your spouse and your children.

	Yourself	Your Spouse	Your Children ¹
Amount of Coverage Available	Up to 15x your eligible pay, up to \$1 million	\$50,000 - \$250,000 (In increments of \$50,000)	\$5,000 - \$25,000 per child (In increments of \$5,000)

- Note:** You pay the same premium for PepsiCo's Child AD&D insurance no matter how many children you cover.
- ¹ The definition of eligible child for purposes of Child Life and Child AD&D is as follows:
- Children under the age of 26 are eligible as long as they are financially dependent on you. Proof of financial dependency will be required to process a claim.
 - Foster children are not eligible.

Disability Insurance

PepsiCo provides basic short-term and long-term disability coverage at no cost to you.

Note: New hires and rehires have a 90-day waiting period before they are eligible for short-term and long-term disability coverage.

Your Options

Short-Term Disability Coverage

Short-Term Disability coverage replaces 50% of your weekly eligible pay (58% in Hawaii), up to \$600 per week, if you are disabled and unable to work for up to 26 weeks after the applicable eligibility waiting period (52 weeks in California).

Additional Short-Term Disability Coverage

You can buy additional short-term disability coverage. Here's a look at those benefits:

- The plan pays up to 66 ²/₃% of weekly eligible pay with no weekly maximum.
- Benefits are paid up to 26 weeks if you are disabled and unable to work.
- You pay for this coverage with pre-tax dollars.

Note to Employees in California, Hawaii, New Jersey, New York, and Rhode Island: Before you buy additional short-term disability coverage through PepsiCo, keep in mind you are covered under a state disability insurance plan. Any disability payments from the PepsiCo plans will be reduced by any amounts you receive from the state plan. In some cases, you may not receive any additional benefit by electing (and paying for) the higher level of coverage from PepsiCo.

Long-Term Disability Coverage

Basic Long-Term Disability coverage replaces 35% of your annual eligible pay (up to a maximum monthly benefit of \$15,000) if you are disabled and unable to work for more than 26 weeks.

Additional Long-Term Disability Coverage

You can buy additional long-term disability coverage. Here's a look at those benefits:

- The plan pays a benefit equal to 60% of your annual eligible pay.
- Benefits begin after you are disabled and unable to work for more than 26 weeks.
- You pay for this coverage with after-tax dollars, so the additional portion of this benefit is not taxable when you receive it.
- Benefits are capped at \$15,000 per month.

View disability plan details on the Total Rewards website. Go to MyPepsiCo.com > Pay, Benefits and Career > Total Rewards > Find It Fast > Plan Details.

Group Legal

You can choose Group Legal coverage through Hyatt Legal Plans. This coverage helps you pay for a variety of common legal services for one low annual fee.

To make sure a Hyatt Legal Plan attorney is in your area before you enroll:

- Go to info.legalplans.com and
- Enter password 820010.

Or call Hyatt's Service Center at **1-800-821-6400**. If there is no attorney in your area, you can still select your own attorney and be reimbursed according to a fee schedule.

Here's what the plan covers:

- Simple and living wills
- Debt-collection defense
- Property tax assessments
- Sale or purchase of a home
- Name changes
- Document preparation and review
- Traffic tickets
- Identity theft
- Tax audits
- Refinancing of your home
- Prenuptial agreements
- Home equity loans
- Separation and divorce
- Adoption and guardianship

View Group Legal Plan details on the Total Rewards website. Go to MyPepsiCo.com > [Pay, Benefits and Career](#) > [Total Rewards](#) > [Find it Fast](#) > [Plan Details](#).

Well-Being

PepsiCo invests in well-being programs that provide you with the tools, resources and support you need to help you take the time to focus on you, your health and your financial fitness. These programs are provided at no cost to you.

Healthy Living



Wellness Questionnaire/Wellness Screening/Coaching

Whether you're looking for help with nutrition, weight management, tobacco cessation, exercise, stress reduction or another health-related topic, you'll find the tools and resources you need to be an even better you.

You have the opportunity to **earn up to \$300** in Healthy Living Rewards* for taking these healthy steps:

- **\$200** for completing both the Wellness Questionnaire and Wellness Screening by March 31
- **\$100** for having at least three out of four biometric screening results within the healthy range (or if outside the healthy range, for completing four telephonic coaching calls by November 30)

And if you cover your spouse under the PepsiCo medical plan and they complete these steps, you can earn an additional \$300 for a **total of \$600**.

New to PepsiCo? You can earn the Healthy Living Rewards, too! You must complete the steps within 90 days of your hire date or by November 30, whichever comes first.

If you enroll in the Healthy Advantage Option, these rewards will be contributed to your HSA and will be tax-free to you. Please note that you must open your HSA by December 13, 2017 or your rewards will be forfeited. If you enroll in another option or waive coverage through PepsiCo, you will receive a Reward Card, which will be treated as taxable income.

Get started today at healthyliving.pepsico.com or by calling **1-855-PEP-1117 (1-855-737-1117)**.

Healthy Pregnancy

- The Healthy Pregnancy Program is there for expectant mothers and those who are thinking about getting pregnant.
- Call your Health ACE for more details. For Anthem BCBS members, call **1-877-224-0030**. For UHC members, call **1-888-761-0113**.

*Healthy Living Rewards apply to employees who are eligible for PepsiCo benefits (and their spouses) enrolled in the PepsiCo medical plan. Employees covered under a collective bargaining agreement (CBA) that restricts changes to benefits and/or contributions are not eligible unless the CBA specifically indicates.

Healthy Money



PepsiCo provides a best-in-class financial well-being program called Healthy Money. The Healthy Money program is free, confidential and available to all employees. It includes resources to help you be well financially, including:

- **Healthy Money financial counselors**, available through PricewaterhouseCoopers (PwC) who can provide unlimited one-on-one counseling via telephone (**1-866-737-7498**) or email (**financialcounselor@us.pwc.com**)
- **ALEX Financial Wellness**, an interactive online experience designed to help you identify one thing you can start doing today to reduce your money stress
- **Online tools, resources and information**, accessible via **my Healthy Money** (**myhealthymoney.pepsico.com**)
- **Healthy Money Kids**, a program to help you talk to your kids about money and provide them the resources needed to build better money habits
- **Monthly webinars**, delivered by PepsiCo's Healthy Money Partners at PwC and Fidelity investments that provide you with up-to-date information on important financial topics

Through the Healthy Money program you can get help with everyday money worries, like paying bills, dealing with credit card debt, buying a house, saving for college, planning for retirement, and much more. To learn more about what the Healthy Money program offers, go to **my Healthy Money** (**myhealthymoney.pepsico.com**).

Apps & Bookmarks

Want to stay in touch with your benefits? Make sure you download all three of the icons below to your mobile home screen:



Virtual Benefits Contact Card
pepbencontacts.com
Connect with important contacts – online or by phone.

my Health Hub Icon



myHealthHub.pepsico.com
Learn about your health and wellness benefits, find programs and resources, and make smart health care decisions.



my Healthy Money Icon
myHealthyMoney.pepsico.com
Improve your financial well-being with tips, videos, webinars and more.

iPhone, iPad and iPod Touch Users

- 1 From Safari, go to the website address listed to your left
- 2 Tap the share button
- 3 Tap **Add to Home Screen**

Android Users

- 1 From Google Chrome, go to the website address listed to your left
- 2 Tap the menu button
- 3 Tap **Add to Home Screen**

You can access many of your benefits and health and wellness programs and services wherever you go. It only takes a few seconds to download these free, helpful apps from the Apple or Google Play (Android) store to your mobile device:

- **Castlight Mobile**
Provider locator, appointment maker, cost/quality comparisons
- **Anthem Blue Cross and Blue Shield**
Physician finder, hospital/ER/urgent care center locator, virtual ID card
- **Express Scripts**
Prescription refills/renewals, order status, pharmacy locator, medication info
- **Fidelity Investments**
Account balances, investment allocation, personalized rate of return
- **UnitedHealthcare (Health4Me mobile app)**
Physician/facility finder, cost/quality comparisons, claims status check
- **Teladoc**
Access a doctor by phone anytime, anywhere



Tip!

On-the-go and want to stay on track with your meds? Or get reminders when you're running low? Or look up potential lower-cost options? Download the FREE Express Scripts mobile app at your smartphone app store. Just search "Express Scripts."*

*These applications may be operated by companies not affiliated with PepsiCo, Inc. (PepsiCo). Linked applications, including those affiliated with PepsiCo, may have their own privacy policies or notices, which we strongly suggest you review if you visit any linked applications and their possible associated websites. PepsiCo is not responsible for the privacy practices, actions, collection of confidential information of any such applications and your use of the specific applications themselves, their associated websites or the privacy practices of those third parties. You are responsible for your actions with regard to the applications.

Contacts & Links

You can get additional information on the Total Rewards website by logging onto MyPepsiCo.com > [Pay, Benefits and Career](#) > [Total Rewards](#).

For Information About:	Who to Call:	Website to Visit:
General and Coordinated Support		
Enrollment and General Questions about PepsiCo's Medical, Dental, Vision, Life, or Accident Plans	HR Service Center: 1-866-HR-FOR-ME (1-866-473-6763)	MyPepsiCo.com > Pay, Benefits and Career > Your Benefits Resources
Quick and Easy Information About Health and Wellness Benefits, Programs and Resources	N/A	myHealthHub.pepsico.com
Health Care		
All Health Care Questions and Support (Including Available Coverage, Claim Questions and Care Management)	Health ACE Anthem Blue Cross and Blue Shield: 1-877-224-0030 UnitedHealthcare: 1-888-761-0113	anthem.com myuhc.com
Prescription Drug Coverage or Claim Questions	Express Scripts: 1-888-PEPSI-RX (1-888-737-7479)	express-scripts.com/pepsico
Quality of Care Tools	Castlight: 1-877-224-0030 Teladoc: 1-800-teladoc (1-800-835-2362) Best Doctors: 1-866-904-0910	anthem.com > Know Your Cost teladoc.com/pepsico > Set Up Account bestdoctors.com/members
Dental Coverage and Claim Questions	MetLife Dental: 1-888-820-5412 Delta Dental: 1-866-746-3701 Cigna DHMO: 1-800-367-1037	metlife.com/dental deltadentalins.com mycigna.com
Vision Coverage and Claim Questions	EyeMed Vision Care: 1-866-723-0513	eyemedvisioncare.com
Health Savings Account, Health Care or Dependent Care Reimbursement Account Claims, Commuter Account	HR Service Center: 1-866-HR-FOR-ME (1-866-473-6763)	MyPepsiCo.com > Pay, Benefits and Career > Your Benefits Resources > Health and Insurance > Your Spending Account
Employee Assistance Program	Private Line: 1-800-223-7486	liveandworkwell.com ; Password: Pepsi

For Information About:	Who to Call:	Website to Visit:
Disability		
Short-Term Disability Coverage Long-Term Disability Coverage	PepsiCo Leave and Claim Center (PLCC): 1-855-737-2255	MyPepsiCo.com > Pay, Benefits and Career > Total Rewards > Find it Fast > Plan Details
Short-Term Disability Pay	HR Service Center: 1-866-HR-FOR-ME (1-866-473-6763)	N/A
Legal		
Group Legal Program	Hyatt Legal: 1-800-821-6400	info.legalplans.com Enter password: 820010
Well-Being		
Healthy Living Wellness Questionnaire and Screening, Coaching Programs (Including Tobacco-Free Program)	Healthy Living: 1-855-PEP-1117 (1-855-737-1117)	healthyliving.pepsico.com
Healthy Money	Healthy Money: 1-866-737-7498	myhealthymoney.pepsico.com
Retirement		
Retirement and 401(k)	The PepsiCo Savings and Retirement Center at Fidelity: 1-800-632-2014	netbenefits.com/pepsico

Important Information

This guide and the Total Rewards website are intended to provide a summary of the provisions of certain PepsiCo, Inc. plans and programs. However, this guide and the website are not intended to augment rights provided under the terms of the official plan documents. Not every benefit in this guide may apply to you. Your eligibility and benefits will be determined in accordance with and subject to the official plan documents. No benefits will be paid or provided unless and until the applicable Plan Administrator determines, in its sole discretion, that you are entitled to such benefits. While PepsiCo, Inc. currently intends to continue the plans and programs herein, PepsiCo, Inc. reserves the right to amend, modify or terminate the plans and programs at any time. Nothing in this guide should be construed as a promise or guarantee of future benefits or of any level or amount of benefits, or as a promise or guarantee of employment or future employment for any duration.

PepsiCo, Inc. and its benefits administrators reserve the right to audit dependent eligibility at any time. Providing PepsiCo with false or misleading information when enrolling your dependents, enrolling an individual who does not satisfy the eligibility criteria or failing to timely drop an enrolled individual when the individual no longer satisfies the eligibility criteria may constitute fraud or misrepresentation. If PepsiCo determines that fraud or misrepresentation has occurred, benefit coverage may be terminated retroactively, and you may be subject to other disciplinary action, including dismissal.

Trademarks

Your Benefits Resources is a trademark of Hewitt Associates LLC.

For PepsiCo benefits effective January 1, 2017 through December 31, 2017.

October 2016