2015 Benefits Enrollment Guide

LSG Sky Chefs

ACTION: Your benefits become effective on your date of hire. All elections must be completed **within 30 days** of hire date *via Your Benefits Resources.* www.yourbenefitsresources.com/skychefs

DEFAULT: If you **do not enroll or waive** your coverage options, you will be assigned default coverage as follows:

- **Employee Only** - Cigna HRA Low Plan and Cigna Dental PPO
- Basic Life Insurance (2x Annual Salary), Basic AD&D (2x Annual Salary) and STD are employer paid

  You will need to provide beneficiary information when making elections.

QUESTIONS: If you have further questions, please contact the Sky Chefs YBR Customer Service Center 1-800-964-9934.

Welcome to Your LSG Sky Chefs Benefits!

Introduction:

Your benefits are a valuable part of your overall compensation. Make sure you get the most from them by taking the time to understand your options and by selecting the best coverage for you and your family.

This booklet is an overview of the benefit plans offered by LSG Sky Chefs. Complete details about how the plans work are included in the Summary Plan Descriptions (SPDs) and plan documents, which are available upon request. If there are any inconsistencies between this booklet and the plan documents, the plan document will govern. The Company reserves the right to change or end the LSG Sky Chefs benefit plans at any time.

You may obtain SPDs and other documents through eBase or by contacting the Benefits department.

Who Should Enroll:

- Adding an eligible dependent
- Making changes to your existing benefit elections
- Want to enroll in a new benefit option
- No longer wish to be enrolled in a particular benefit option

Additional Information:

There are several important documents that apply to your benefit plans. You can obtain a copy of them (listed below) by visiting the Your Benefits Resources website at www.yourbenefitsresources.com/skychefs or by calling the **Sky Chefs YBR Customer Service Center at (800) 964-9934**.

Summary Plan Descriptions

- COBRA Notification
- Group Life and Health Plan Benefits Notice
- HIPAA Notices
- Medicare Part D Certificates

Enrollment Instructions

Let's get started! Follow the steps below to make sure you get the coverage that you need:

1. Enroll using the Your Benefits Resources website: www.yourbenefitsresources.com/skychefs
   a. You must enroll using the Your Benefits Resources website
   b. Changes in your coverage elections can only be made during your designated enrollment period. You can only make changes during the rest of the Plan Year if you have a qualifying family status change, such as marriage or the birth of a child. You have **31 days** from the date of the qualifying event to make changes.

2. Gather necessary enrollment documentation.
   a. First time enrolling one of your dependents? Certain documentation may be required (i.e. birth certificate, marriage license, etc.). Contact the Sky Chefs YBR Customer Service Center for more information. If you are asked to provide documentation Mail or fax the necessary documents to:

      Dependent Verification Center
      PO Box 1401
      Lincolnshire, IL 60069-1401
      Fax: (877) 965-9555

3. If you are enrolling for the first time you **must** enter a beneficiary

4. Enroll by the deadline is 30 days from date of hire.

5. Review and print your online confirmation statement.
   a. Retain this statement for your records. You can use this statement to compare your elections with your benefit deductions on your paycheck.

6. Contact the **Sky Chefs YBR Customer Service Center** if you have any questions or need assistance with enrolling at **(800) 964-9934**.

Important Contact Information

Benefit Election Questions	Sky Chefs YBR Customer Service Center	800-964-9934
Medical, Dental, EAP, Life, Ltd/Std Questions	CIGNA	800-847-9994
Medical Claims Address **Group Number: 3202916**	CIGNA	P O Box 182223 Chattanooga, TN 37422-7223
Dental Claims Address **Group Number: 3202916**	CIGNA	P O Box 188037 Chattanooga, TN 37422-8037
Vision Claims Address **Group Number: 2499106**	CIGNA	P O Box 8056 Twinsburg, OH 44087
Leave Of Absence Direct Billing **Payment Address**	Sky Chefs Inc. P O Box 1373 Carol Stream, IL 60132-1373	800-964-9934 www.yourbenefitsresources.com/skychefs
Cobra Direct Billing Payment Address	Sky Chefs Inc. P O Box 1374 Carol Stream, IL 60132-1374	800-964-9934 www.yourbenefitsresources.com/skychefs
Short Term Disability		800-362-4462
Flexible Spending Account Questions	Your Spending Account	800-964-9934, 888-211-9900 (Fax) www.yourbenefitsresources.com/skychefs
Employee Benefits	Karen Hill	972-793-9308
Compass Health	answers@compassphs.com	800-513-1667
Healthyroads		www.Healthyroads.com

Eligibility and Coverage Changes

Employee Coverage: A Non-Union full time employee that is on LSG Sky Chefs payroll working more than 25 hours per week.

Dependent Coverage: Your eligible dependents include:

- Your lawful spouse
- Your dependent child up to age 26. Coverage ends at the end of the month in which the child turns 26.

Proof of Relationships: You may be required to submit proof of your relationship to dependents that you elect to cover under any of the health insurance plans. The following documents are accepted (according to relationship):

- Marriage Certificate
- Birth Certificate (must list names of parents)
- Legal Adoption Papers (final adoption papers or confirmation of placement for adoption purposes)
- Legal Guardianship Papers

Coverage Levels

For each benefit plan you wish to enroll in, you must determine the coverage level from the following categories:

- Employee only
- Employee plus child(ren)
- Employee plus spouse
- Employee plus family

Free Benefits

As an eligible non-union employee, LSG Sky Chefs automatically provides certain benefits at *no cost to you regardless if you participate in any other benefits*. These include:

- ✓ **Basic Life Insurance**
- ✓ **Basic Accidental Death & Dismemberment (AD&D)**
- ✓ **Basic Short Term Disability (STD)**
- ✓ **Employee Assistance Program (EAP)**

Preventive Care

When you enroll in a High, Medium or Low CIGNA CDH Medical Plan option, you have coverage for preventive care services at 100%. *Our preventative care services will follow all health care reform guidelines.* For full details see page 9.

Medical Benefits – CIGNA CDH Plans

The CIGNA Consumer Driven Health plans offer coverage for a broad range of medical expenses, and are designed to provide you with access to quality healthcare and protection against the high cost of non insured medical bills and non-work related injury.

How CIGNA CDH Plans Work - The CIGNA CDH plans are made up of four parts (or levels) of coverage:

1. **Health Reimbursement Account (HRA)** – When you enroll in a CDH plan option, the company gives you benefit dollars in an HRA account. The amount of HRA dollars you get depends on the coverage level you select. HRA dollars are available immediately to use for payment of any eligible healthcare expense during the plan year. Your HRA dollars are based on your eligibility date, not your hire date. Depending upon when you are eligible for medical coverage and the coverage level you select determines the amount of HRA dollars you receive. See the chart below that shows how the HRA dollars are pro-rated 25% each quarter throughout the year.
   - ✓ Seeing one of CIGNA's in-network providers "stretches" HRA dollars. It costs less to visit in-network doctors vs. out of network.
   - ✓ Preventive care services are free, and do not reduce your HRA dollars (for a list of preventative care services, see page 9).
   - ✓ The cost of prescription drugs does not reduce your HRA dollars.
   - ✓ With an HRA, you pay nothing at the doctor's office. Simply show the provider your Cigna ID card during your office visit. A claim will be filed by your doctor with CIGNA, and the cost of your visit will be deducted automatically from your HRA account.
   - ✓ If you don't use all of your HRA dollars during the plan year, the remaining dollars will automatically roll over to next year. This could help pay for any future member responsibility you may incur.

Company Provided HRA Dollars	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
January 1 – March 31	$1,000	$1,500	$1,500	$2,000
April 1 – June 30	$750	$1,125	$1,125	$1,500
July 1 – September 30	$500	$750.00	$750	$1,000
October 1 – December 30	$250	$375.00	$375	$500

2. **Member Responsibility** – If you use all of your HRA dollars and continue to have covered healthcare expenses, you must begin to pay for those expenses up to the maximum of your member responsibility (or, deductible). The amount of your member responsibility depends on the coverage level you select.
   - ✓ You still should pay nothing at the doctor's office when you owe member responsibility. A claim will be filed by your doctor with CIGNA, and the cost of your visit will be billed to you directly (which will be counted toward your member responsibility). Amounts below are in-network

Funds you are responsible for paying	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
High Option	$500	$750	$750	$1,000
Medium Option	$750	$1,125	$1,125	$1,500
Low Option	$1,000	$1,500	$1,500	$2,000

Member Responsibility/Deductible is a combination of your HRA dollars plus the funds that you are responsible to pay in-network.

Total Deductible	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
High Option	$1,500	$2,250	$2,250	$3,000
Medium Option	$1,750	$2,625	$2,625	$3,500
Low Option	$2,000	$3,000	$3,000	$4,000

Medical Benefits – CIGNA CDH Plans

1. **Co-insurance** – Once you meet your member responsibility, the plan begins to pay a portion of your healthcare expenses. Essentially, at this level both you and the plan "share" in paying a percentage of your expenses (example: CDH High Option – plan pays 90%, employee pays 10%). The percentage of cost that the plan begins to pay for depends on the coverage level you select.
   - ✓ The plan pays a higher percentage of your expenses when you see an in-network provider. However, there is some coverage out of network.

Co-Insurance (% you Pay)	**High Option** % you pay In Network/Out of Network	**Medium Option** % you pay In Network / Out of Network	**Low Option** % you pay In Network / Out of Network
Medical Services	10% / 30%	20% / 40%	30% / 50%
****Cigna Care Network (CCN)**	**N/A**	**10% / 40%**	**20% / 50%**

   ** If you use a provider from the **CCN** the plan pays a higher percentage of your expenses if you are in the medium or low plans.

2. **100% Plan Coverage after Co-insurance Maximum** – There are maximums in place for the amount of co-insurance that you will have to pay in a plan year. If you continue to have covered healthcare expenses during the plan year after meeting your co-insurance maximum, the plan will then pay 100% (or all) of the additional costs. Other than your generic drug co-pay amount, whatever you pay out-of-pocket for brand name and non brand name drugs counts toward your annual out-of-pocket maximum

Co-insurance Maximum	**Employee**	**Employee + Spouse**	**Employee + Child(ren)**	**Employee + Family**
High Option	In Netw k: $1,000 Out Netw k: $3,000	In Netw k: $1,500 Out Netw k: $4,500	In Netw k: $1,500 Out Netw k: $4,500	In Netw k: $2,000 Out Netw k: $6,000
Medium Option	In Netw k: $2,000 Out Netw k: $4,000	In Netw k: $3,000 Out Netw k: $6,000	In Netw k: $3,000 Out Netw k: $6,000	In Netw k: $4,000 Out Netw k: $8,000
Low Option	In Netw k: $3,000 Out Netw k: $5,000	In Netw k: $4,500 Out Netw k: $7,500	In Netw k: $4,500 Out Netw k: $7,500	In Netw k: $6,000 Out Ntw k: $10,000

The table below shows the maximum amount that you would have to pay out of your pocket during a plan year when enrolled in a CIGNA CDH plan. Your "Total Out-Of-Pocket Maximum" equals your member responsibility (deductible), plus your co-insurance maximum.

Total funds you are responsible to pay out of pocket	**Employee**	**Employee + Spouse**	**Employee + Child(ren)**	**Employee + Family**
In Network High Option Medium Option Low Option	 $1,500 $2,750 $4,000	 $2,250 $4,125 $6,000	 $2,250 $4,125 $6,000	 $3,000 $5,500 $8,000
Out of Network High Option Medium Option Low Option	 $3,500 $4,750 $6,000	 $5,250 $7,125 $9,000	 $5,250 $7,125 $9,000	 $7,000 $9,500 $12,000

Medical Benefits – CIGNA CDH Plans
How the Plans Work (Individual)

Carlos:

Carlos is 35-year-old single man who is healthy, with the exception of an occasional sports injury. He enrolled in the CIGNA CDH employee only Low Plan. He has an HRA with a $1,000 health fund, a $2,000 deductible (HRA funds included), and a medical plan with 70% co-insurance payments for in-network physicians. Here is how the CDH plan worked for Carlos.

Year 1	
Carlos receives an annual preventive care exam that is covered 100% by the medical plan	$0
He also receives care for his sports injuries: •Visit to an urgent care center •Visit to a sports medicine specialist • MRI	 $70 $160 $165
Medical expenses	**$395**
The HRA pays first Carlos pays	-$395 $0
Carlos' fund balance to carry over to next year's HRA	**$605**
Year 2	
Carlos' beginning balance	**$1,605**
Carlos receives an annual preventive care exam that is covered 100% by the medical plan • Visit to a specialist (2 visits) • Testing	$0 $320 $75
Medical expenses	**$395**
The HRA pays first Carlos pays	-$395 $0
Carlos' balance end of year 2	**$1,210**

Medical Benefits – CIGNA CDH Plans
How the Plans Work (Family)

The Coopers:

This active family of four is covered through Mr. Cooper's company health plan. Their oldest daughter has diabetes. Mr. Cooper enrolled his family in the CIGNA CDH medium employee + family plan with an HRA of $2,000, a $3,500 deductible (HRA funds included), 80% co-insurance payments for in-network services. Here's how the CDH plan worked for the Coopers.

All four family members receive annual preventive care exams that are covered 100% by the medical plan	$0
The oldest daughter receives care for her diabetes, including	
• Visits to her primary care doctor (12)	$1,500
• Visits to her endocrinologist (10)	$1,600
• Lab Work	$ 300
• 2 emergency room visits	$2,200
Medical expenses	**$5,600**
The HRA pays first	-$2,000
The Coopers pay their share to meet the $1,500 deductible not including HRA funds	-$1,500
Remaining costs	**$2,100**
Of the remaining costs:	
• The Coopers' plan pays 80%	$1,680
• The Coopers pay 20%	$ 420
Mr. Cooper is diagnosed with a heart condition and needs bypass surgery	**$75,000**
• The Coopers have met their deductible but not their total out of pocket max (OPM). The Coopers' plan pays 80%	**$60,000**
• Remaining balance:	**$15,000**
• The Coopers pay 20% only up to the co insurance max of $4,000. They have already paid $420 toward their co-insurance max.	**$3,580**
• There is still a remaining balance of:	**$11,420**
• At this point the plan pays the remaining balance plus 100% of the medical cost for the rest of the year because the Coopers have meet their OPM of **$5,500.**	

Medical Benefits – CIGNA CDH Plan

Preventive Care Services Staying well is important! Remember that when you enroll in a CIGNA medical plan, covered preventive care services are free. The chart below shows some of the preventive care services available to you.

Well Child Care (through age 18)	Adult Care (after age 18)
Well-baby and Well-child visits • Periodic visits, depending on age **Immunizations (as appropriate by age), such as:** • Diphtheria, tetanus, and acellular pertussis (DTaP) • Haemophilus influenzae type b conjugate (Hib) • Hepatitis A and B • Human papillomavirus (HPV) in girls and women age 9 – 26 • Influenza – annually age 6 months – 18 years • Measles, mumps, and rubella (MMR) • Meningococcal (MCV) ages 11 - 18 • Meningococcal (pneumonia) • Poliovirus (IPV) • Rotavirus • Varicella (chickenpox) **Screenings**: • Cholesterol: for those at risk after age 2 but by age 10 • Hearing and vision performed during wellness visit • Hemoglobin or hematocrit: once a year for females after menarche • Pap test within 3 years of sexual activity (or by age 21) at least every 3 years	**Well-man and Well-woman visits** • Periodic visits, depending on age **Immunizations such as:** • Hepatitis A an B – for those at risk • Human papillomavirus (HPV) in girls and women ages 9 – 26 • Influenza - annually • Pneumococcal (pneumonia) – ages 65+ once (or younger for those at risk) • Rubella (German measles) for women of childbearing age, if not immune • Tetanus and diphtheria booster (Td) - every 10 years (or DTaP as indicated) • Varicella (chickenpox) - second dose catch up or no prior immunization • Zoster - ages 60+ **Screenings:** • Cholesterol - ages 20+, every 5 years • Diabetes - screening age 45+, or any age if asymptomatic with sustained BP greater than 135/80, every 3 years • Mammogram - one routine or one diagnostic annually age 40+ (or at risk) • Osteoporosis screening – women age 65+, age 60 if at high risk • Pap test – annually after becoming sexually active, or ages 21 – 64 at least every 3 years • Prostate screening (PSA) – for men ages 50+, once per year • Ultrasound for abdominal aortic aneurysm (AAA) – men ages 65 – 75 who have never smoked • Colon cancer screenings – age 50+ (or at any age with risk factors) • Chlamydia screening, sexually active women ages 24 and younger

Co-Insurances Percentages – CIGNA CDH

The table below provides the co-insurance percentages that you pay for certain services. Co-insurance is level 3 of the plan, where you and the plan "share" the cost of your eligible healthcare expenses during the plan year, after you have met your member responsibility. Your portion will be as follows:

2015	In – Network		Out – of – Network	
✓ Physician's Office visit ✓ Specialist Office Visits ✓ Inpatient Hospital - Facility Services ✓ Outpatient Facility Services Operating Room, Recovery Room, Procedures Room, Treatment Room and Observation Room ✓ Emergency and Urgent Care Services ✓ Chiropractic Care Physician's Office Visit Calendar Year Maximum: 60 visits ✓ Home Health Care Calendar Year Maximum: 120 visits (includes outpatient private nursing when approved as medically necessary) ✓ Durable Medical Equipment Calendar Year Maximum: Unlimited	High Opt: Medium Opt: Low Opt:	10% after Member Responsibility met 20% after Member Responsibility met 30% after Member Responsibility met	High Opt: Medium Opt: Low Opt:	30% after Member Responsibility met 40% after Member Responsibility met 50% after Member Responsibility met

If you use a provider from the Cigna Care Network (CCN) the plan pays a higher percentage of your expenses if you are in the medium or low plans

Prescription Drugs – CIGNA CDH

You have prescription drug coverage when enrolled in a CIGNA CDH medical plan. ***The cost of prescription drugs does not come out of your Health Reimbursement Account (HRA).*** This leaves more dollars in your HRA during the year for use in covering the cost of doctor's visits and other medical services.

Other than your generic drug co-pay amount, whatever you pay out-of-pocket for brand name drugs counts toward your annual out-of-pocket maximum Remember, after your medical plan annual out-of-pocket maximum is met, all additional claims are paid at 100%.

An updated list of drugs and the tier they fall under is available on the company intranet.

Pharmacy	Mail Order
At the Pharmacy: When you have your prescription filled at a pharmacy you pay: ✓ $3 for generic drugs (If drug is available in generic, you pay this amount and the plan pays the remaining cost of the generic drug) ✓ $60 co-pay for brand name drugs (if your medication is less that the $60 co-pay you will pay the lesser amount) ✓ $80 co-pay for non-brand name drugs (if your medication is less that the $80 co-pay you will pay the lesser amount) ✓ You may get a 90 day supply. Mail order co-pay amounts apply. **Dispense as written applies** .	**Using Mail Order:** When you have your prescription filled through mail order you pay: ✓ $6 for a three month supply of generic drug (If drug is available in generic, you pay $6 and the plan pays the rest of the cost of that generic drug. ✓ $165 co-pay for brand name drugs (if your medication is less that the $165 co-pay you will pay the lesser amount) ✓ $220 co-pay for non-brand name drugs (if your medication is less that the $220 co-pay you will pay the lesser amount) **Dispense as written applies**

Prescription Drugs – CIGNA CDH

$0 Co Pay

Many preventative prescription medications will be provided at no cost to you. These medications include treatment for:

- ✓ **Asthma, Blood Pressure, Blood Thinner, Cholesterol & Osteoporosis**
- ✓ **Insulin and diabetic supplies**
- ✓ **Prescription strength prenatal vitamins**

generic and preferred brand drugs only

Over-the-Counter

Many over-the-counter medications for allergy, heart burn and acid reflux are free of charge when you have a prescription from the doctor.

Examples of these medications are Claritin, Zyrtec, Zegrid, Pepcid AC, and Zantac.

Vision Benefits

Vision benefits include access to vision care and prescription eyewear at increased savings when visiting CIGNA's national network of participating eye care providers.

How the Vision Plan Works:

- Visit or call any of CIGNA's participating network eye care providers. (You can locate convenient participating network eye care providers by visiting www.cigna.com).
- Identify yourself by presenting your member identification number.
- Receive services and materials and make applicable co-payments to the participating eye care provider.
- The participating provider will file the claim on your behalf.

Benefit Outline	CIGNA Fully Insured Option	
	In-Network	
Carrier	CIGNA	
Exam Copay	$10 copay; then covered in full	
Frames	$20 copay; LSG Sky Chefs provides up to $120 allowance 20% off any amount above the retail allowance of $120	
Lenses		
Single	covered in full	
Bifocal	covered in full	
Trifocal	covered in full	
Lenticular	covered in full	
Additional Lens Options	**Single Vision**	**Multifocal**
Ultraviolet Coating	$17 copay	$17 copay
Anti-Reflective Coating	$45 copay	$45 copay
Polycarbonate for Children (up to age 18)	no copay	no copay
Polycarbonate	$40 copay	$40 copay
Standard Progressive - Plastic	N/A	$81 copay
Premium Progressive - Plastic	N/A	20% savings
Custom Progressive - Plastic	N/A	20% savings
Photochromic - Plastic	$78 copay	$78 copay
Scratch-Resistant Coating	$17 copay	$17 copay
Solid Tints/Dyes (Pink I and II)	no copay	no copay
Solid Plastic Dye (except Pink I and II)	$15 copay	$15 copay
Plastic Gradiant Dyes	$20 copay	$20 copay
Additional Pairs of Glasses	20% off unlimited additional pairs of prescription glasses within 12 months of the last covered exam	
Elective Contacts (in-lieu of frame & lenses)	no copay; LSG Sky Chefs provides up to $120 allowance	
Contact Lens Fitting and Evaluation	included in contact lens allowance	
Medically Necessary Contacts	covered in full for members with specific conditions	
Laser VisionCare Program	Save up to 15% with discount program or 5% off promotional prices for laser surgery with any U.S. Laser Network Provider	

Dental Benefits (DMO)

LSG Sky Chefs offers two types of dental plans through CIGNA: the CIGNA DMO Plan and the CIGNA Dental PPO.

CIGNA DMO Plan: The CIGNA DMO Plan provides dental care through a network of dentists that charge set fees for their services. You must use a network dentist to receive discounted, covered DMO services. The Cigna DMO plan offers:

- ✓ No annual deductibles
- ✓ Preventive care covered at 100%
- ✓ No annual maximum benefit

How the CIGNA Dental Maintenance Organization (DMO) Works		
	With the CIGNA DMO, you must use dentists that are a part of the CIGNA network to receive benefits. You pay no deductible and complete no claim forms. In addition, you have no annual maximum benefit. If you enroll in the CIGNA DMO, you will select a dentist from the CIGNA Dental Network (a list of dentists can be found at www.cigna.com). You may choose one dentist for each covered family member (or it can be the same dentist for all). The dentist you select provides all general care and refers you to a network specialist if you need specialized care.	
The DMO Plan	Here's what you pay when you use a Cigna network dentist:	
	Covered Service	**You Pay**
	Annual Deductible	$0
	Preventive Services: X rays, exams, cleanings (two visits per Plan Year)	$0
	Restorative and Major Services: Fillings, extractions, crowns, inlays, dentures	Set fee as described in Patient Charge Schedule
	Orthodontic Services	Orthodontic services are available to dependent children and adults. Set fee as described in Patient Charge Schedule*
	Plan Year Maximum Benefit	None
	REMEMBER: *You must use a network dentist for benefits to be paid. Dental services are* ***not*** *covered if you use a non-network dentist.*	
Changing DMO Dentists	You may change dentists within the network at any time. To change dentists, call the 1-800 number on your DMO identification card. Changes are effective on the first day of the following month	

Dental Benefits (PPO)

CIGNA Dental PPO allows you to receive care from any dental provider you choose. However, if you use a CIGNA network dentist, you'll usually pay less out of your pocket. That's because network dentists have agreed to charge pre-negotiated, reduced fees. If you visit dentists outside the network, you may be billed for the difference between the amount that CIGNA will pay and the dentist's usual fees.

The plan offers the following benefits are per covered person:

- ✓ Preventive care covered at 100%
- ✓ Annual deductible, then the plan will pay a percent of covered expenses
- ✓ Annual maximum benefit is $2,000 per covered person

How the CIGNA Dental PPO Plan Works		
	The CIGNA PPO Plan pays benefits for reasonable and customary charges for dental services and supplies incurred for treatment of a dental disease or injury. These benefits apply separately to each covered person. With the CIGNA PPO Plan, you may use any dentist you choose, however you may pay less out of your pocket if you use a dentist who is participating in the CIGNA PPO Network. Visiting a participating CIGNA PPO dentist will represent a more substantial savings for you and for the company. You will pay a deductible each Plan Year for major and restorative services, and complete claim forms to be reimbursed from the Plan. The deadline for filing dental claims is **October 31** after the end of the Plan Year.	
The PPO Plan	**Covered Service**	**You Pay**
	Plan Year Deductible	$50 per person per Plan Year (applies to Basic and Major Restorative Services)
	Preventive Services: X rays, exams, cleanings (two visits per Plan Year)	0%
	Basic Restorative: Fillings, Extractions	20% after deductible
	Major Restorative: ❑ Crowns, Inlays, Dentures, **Porcelain crowns for molars** ❑ **Replacement period for crowns**	**40%** after deductible
	Orthodontic Services: (No Deductible) Braces for **dependent children and adults**	50%
	Plan Year Maximum Benefit: Preventive, Restorative and Major Services Orthodontic Services	**$2,000 per person per Plan Year** **$2,000 per person per lifetime**

Life Insurance Benefits

Life insurance may provide financial protection and security for those who depend on you.

The need for life insurance protection depends on your circumstances and personal financial situations. Your need for life insurance may vary depending on age, your number of dependents, your dependents' ages and your financial situation.

Basic life insurance coverage is provided to you by LSG Sky Chefs. However, you may decide to contribute toward a portion of the cost to purchase additional coverage through payroll deduction so that your benefit program is adequate and responsive to your needs.

LSG Sky Chefs offers life insurance coverage through CIGNA Life Insurance Company, and is available to employees on two levels: basic and supplemental.

Note: You must designate a beneficiary when you are electing Life Insurance coverage in order for your beneficiary to receive your life benefit. You may do this on the dependent page of the Your Benefits Resources website. Remember to update your beneficiary information as changes occur (such as marriage or divorce).

Special rules apply while on leave of absence. Please make sure to review this with the benefits dept before you go on leave.

Life Insurance Options	**Basic Life** LSG Sky Chefs provides Basic Life Insurance coverage of 2 times your annual base pay, at no cost to you. The amount of coverage is based on your "annual rate of basic earnings." **NOTE:** Your life insurance amount drops by 8% at the age of 65.
	Supplemental Life (up to a maximum of $800,000) You may choose any of the following options. ▪ 1 time your Annual Compensation ▪ 2 times your Annual Compensation ▪ 3 times your Annual Compensation **NOTE:** Your life insurance amount drops by 8% at the age of 65.
	How Supplemental Life Works Supplemental Life coverage is available at 1, 2 or 3 times your annual compensation. If you are electing Life Insurance for the first time, or if you are increasing your coverage level by more than one level, you must complete an Evidence of Insurability form and submit it to the address on the form.
Portability	**Supplemental Life Portability** **Normally when you terminate from a company your life insurance cancels too.** **We have worked with Cigna to give you the option to continue your Supplemental Life Insurance after you leave the company up to age 70.**
Example	Basic Life Coverage (provided by company, based on your annual rate of basic earnings) = $40,000 Supplemental Life Coverage Purchased (2 times) = $80,000 Total Life Insurance Amount = Supplemental Life Benefit of $80,000 plus Basic Life Benefit of $40,000 = **Total of $120,000**

Dependent Life Insurance Benefits

***Spouse Life Insurance:**

You may purchase Spouse Life Insurance that pays a benefit to you if your spouse dies while covered under the plan.

You may purchase coverage of .5, 1, 1 ½ or 2 times your base pay. The amount of your Spouse Life Insurance cannot be more than 50% of your total Life Insurance. If you do not elect Spouse Insurance when your spouse is first eligible, your spouse must complete an Evidence of Insurability Form to be able to enroll during the next enrollment period, or during a qualified event.

If you and your spouse work for the company, you cannot elect spouse life insurance.

***Dependent Child Life Insurance:**

You may purchase Dependent Child Life Insurance that pays a benefit to you if your dependent child dies while covered under the plan.

You may purchase coverage of $5,000 or $10,000 per child. You pay only one price to cover all of your eligible dependent children.

Your dependent child is only covered up to age 25.

***You must carry Supplemental Life Insurance in order to carry Spouse or Child Life Insurance).**

Accidental Death & Dismemberment (AD&D) Benefits

Accidental Death and Dismemberment (AD&D) benefits provide a benefit to you or your beneficiary if you are seriously injured or die in an accident.

Basic AD&D coverage is provided by LSG Sky Chefs. However, you may decide to contribute toward a portion of the cost to purchase additional coverage through payroll deduction so that your benefit program is adequate and responsive to your needs.

CIGNA Life Insurance Company is the carrier for the Accidental Death and Dismemberment (AD&D) insurance offered by LSG Sky Chefs. AD&D insurance is offered on two levels: basic and supplemental.

Note: It is very important that you designate a beneficiary when you are electing AD&D coverage. You may do this on the dependent page of the Your Benefits Resources website

Special rules apply while on leave of absence. Please make sure to review this with the benefits dept before you go on leave.

AD&D Insurance Options	**Basic AD&D Coverage** LSG Sky Chefs provides basic AD&D coverage at 2 times your Annual Base Pay at no cost to you. The amount of coverage is based on your "annual rate of basic earnings." **NOTE:** Your life insurance amount drops by 8% at the age of 65.
	Supplemental AD&D Coverage Supplemental Accidental Death & Dismemberment (AD&D) provides an added layer of financial protection if you die, are dismembered, or become totally paralyzed in an accident. You may purchase coverage of 1 to 5 times your base pay, or fixed amounts of either $250,000 or $350,000. **NOTE:** Your life insurance amount drops by 8% at the age of 65.
Loss of life, loss of two or more members, loss of speech and hearing (both ears), Quadriplegia (total paralysis of upper and lower limbs)	Pays the **full amount** employee is covered for
Loss of one arm, loss of one leg, paraplegia (total paralysis of both lower limbs)	Pays **three-quarters** of the amount employee is covered for
Loss of one member, hemiplegia (total paralysis of upper and lower limbs on one side of body), loss of thumb and index finger of the same hand	Pays **one-half** of the amount employee is covered for

Dependent Accidental Death & Dismemberment (AD&D) Benefits

*** Spouse AD&D:**

You may purchase Spouse AD&D Insurance that pays a benefit to you if your spouse dies or is dismembered in a covered accident.

*** Dependent Child AD&D:**

You may purchase Dependent Child AD&D Insurance that pays a benefit to you if your dependent child dies or is dismembered in a covered accident.

You may purchase coverage of $5,000 or $10,000 per dependent child. You pay only one price to cover all dependent children.

Your dependent child is only covered up to age 25.

***You must carry supplemental AD&D in order to carry spouse or child AD&D.**

Disability Benefits

Basic Short-Term Disability (STD)

As a Non-Union employee, you are automatically enrolled in basic Short-Term Disability (STD) coverage at no cost to you.

If you have a non work-related disability, the basic STD plan will pay a benefit beginning on your eighth consecutive day of absence from work or after your company-provided sick pay runs out, whichever is later. The plan pays $300 per week for up to 26 weeks. If you are enrolled in Long Term Disability (LTD) the plan pays for 13 weeks of STD.

To file a claim, you must contact CIGNA at 1-800-847-9994 by the 7th day of your absence from work. If you are in a state that offers short term disability benefits, then those state plans apply. CIGNA will help you understand what is available to you

Long-Term Disability (LTD)

Long-Term Disability (LTD) coverage can be one of the most important benefits you choose. It provides you and your family with financial protection if you are ever unable to work due to illness or injury. If you do not elect LTD when you're first eligible, you must complete an Evidence of Insurability Form to be approved by CIGNA before you can enroll.

You pay the full cost of LTD coverage. After you have been unable to work for 90 consecutive days due to illness or non-work related injury, the LTD Plan replaces a portion of your income (provided all plan requirements are met).

If you are disabled for longer than 90 days the LTD plan will replace 60% of your monthly base pay. LTD benefits generally continue up to age 65 (as long as you remain totally disabled).

- If you are disabled and already receiving STD benefits, and become eligible for LTD benefits, CIGNA will automatically file your LTD claim for you.

The table below provides a summary of the disability benefit features for Short Term Disability (STD) and Long Term Disability (LTD).

	Benefits Begin	Benefit Amount	Benefits Continue	Who Pays for Coverage
Basic STD	**For disability due to accident, coverage begins day one.** **For disability due to illness, coverage begins the later of the 8th consecutive day of disability, or after company provided sick pay runs out**	**$300 per week**	**Up to 26 Weeks Or Up to 13 weeks (with LTD election)**	**LSG Sky Chefs**
LTD (90 day)	**After you have been unable to work for 90 consecutive days**	**60% of monthly base pay***	**For as long as you are totally disabled, generally up to age 65**	**Employee**

*If disability benefits you receive from other sources equal 60% of your base pay, the minimum LTD benefit is 10% of your monthly pay or $100, whichever is greater.

Flexible Spending Accounts

A Flexible Spending Account (FSA) allows eligible employees to set aside tax free dollars from their paycheck to pay for certain un-reimbursed healthcare and/or dependent care expenses. The company offers two types of Flexible Spending Accounts:

1) **Health Care FSA** - for reimbursement of eligible healthcare expenses you have during the plan year.
2) **Dependent Care FSA** – for reimbursement of eligible dependent care expenses you have during the plan year, so that you (or if you are married, you and your spouse) can work.

When making an election to participate in a flexible spending account, you must carefully decide how much you wish to contribute to the plan. It is very important that you carefully choose the amount you believe you'll spend in the upcoming year, because money set aside in an FSA that is not spent is forfeited (given up).

The following pages provide more detail on each of the two Flexible Spending Accounts offered through LSG Sky Chefs, including:

- ✓ How the FSA Plans Work
- ✓ What Kind of Expenses Can Be Reimbursed
- ✓ Other Rules & Internal Revenue Service (IRS) Requirements

How the Health Care FSA Works:

•You may deposit up to a maximum of $2,500 per family per Plan Year into your Health Care FSA for reimbursement of eligible healthcare expenses you plan to incur during the plan year. This is done through regular payroll deductions (before-tax).

•You will be provided with a debit card to use when paying for expected expenses.

•Receipts for certain expenses are required to complete the reimbursement transaction. Due to IRS regulations, all FSA receipts, including debit card receipts, MUST be submitted to Your Spending Account for verification.

•The money in your Health Care FSA may be used for reimbursement of eligible expenses you have incurred during the Plan Year (January 14 through December 31).

•Claims for eligible expenses you incur from January 1, 2015 through December 31, 2015 must be submitted for reimbursement no later than March 31, 2016.

•Contributions to your Health Care FSA cannot be used (or transferred) to pay Dependent Care FSA expenses, or vice versa.

•The Internal Revenue Service (IRS) governs FSA plans, and requires that:

- ✓ You plan wisely! You must use all the money you set aside in your Health Care FSA during the Plan year. Any un-spent balance left at the end of the year will be forfeited (given up).
- ✓ Your deposit amount cannot be changed, stopped or started during the year for any reason, unless you have a change in family or job status.
- ✓ Only those items that are considered tax deductible for the IRS as listed in Publication 502 are eligible for reimbursement.
- ✓ The Health Care FSA may reimburse for expenses for legal dependents, but does not recognize spouse-equivalent status. This means you cannot be reimbursed for a domestic partner's or domestic partner's child's health care expenses.

Flexible Spending Accounts

What kind of expenses can be reimbursed from the Health Care FSA? Here are some typical expenses that qualify for Health Care FSA reimbursement:

- Medical plan deductibles, co-insurance and prescription drugs
- Physical exams
- Contact lenses, eyeglasses and eye exams
- Dental services
- Lasik eye surgery

How the Dependent Care FSA Works:

• You can use the Dependent Care FSA for reimbursement of eligible dependent care expenses so that you (or if you are married, you and your spouse) can work.

• You may deposit up to a maximum of $5,000 per Plan Year into your Dependent Care FSA for reimbursement of eligible dependent care expenses you plan to incur during the plan year. This is done through regular payroll deductions (before-tax).

• If you are married, and you and your spouse file separate tax returns, the maximum you can contribute to your Dependent Care FSA is $2,500.

If you are married, your spouse must be:

- ✓ Employed, or
- ✓ A full-time student at least five months during the year, or
- ✓ Mentally or physically disabled and unable to provide care for himself or herself

• The total dollars you contribute to the Dependent Care FSA cannot exceed the amount of your income or your spouse's income, whichever is lower.

• To get reimbursed for an eligible expense, you'll pay the bill first - then submit a claim form. There is no debit card for Dependent Care FSA.

• You must include an original receipt from your dependent care provider, and report the provider's taxpayer ID number or Social Security number on your claim form.

Which dependents are eligible?

The Dependent Care FSA can only be used to reimburse expenses for the care of the following eligible dependents:

- ✓ Children under age 13 that qualify as dependents on your federal income tax return (if a child reaches age 13 during the plan year, the benefit will no longer be effective).
- ✓ Other family members (or children over age 13) that are physically or mentally incapable of caring for themselves and that qualify as dependents on your tax return.
- ✓ Your spouse, if he/she is disabled or a full-time student for at least five months during the year. The FSA does not recognize spouse-equivalent status. Therefore, you cannot be reimbursed for a domestic partner or domestic partner's child's care.

Flexible Spending Accounts

What kind of expenses can be reimbursed from the Dependent Care FSA?
The types of dependent care that qualify for reimbursement are:

- ✓ Care that is necessary so that you (or if you are married, you and your spouse) can work, actively look for work or attend school full-time.
- ✓ Care given in a private home (including your own), or in a day care setting.
- ✓ Homes and day care centers caring for more than six people must meet state and local license requirements.

IRS Rules for Dependent Care FSA:
The Internal Revenue Service (IRS) governs flexible spending accounts, and has established the following rules:
• Any money that is set aside in the Dependent Care FSA by the employee must be spent (a claim made for reimbursement). Any money left in the account at the end of the plan year is forfeited (given up).

• If you use the Dependent Care FSA, you will not be able to take the entire IRS child care tax credit on your income tax return filed for that year.

• Your deposit amount per paycheck cannot be changed, stopped or started during the plan year for any reason, unless you have a qualifying change in family or job status.

• Dependent Care FSA balances do not earn interest.

• The Dependent Care FSA can reimburse for expenses for legal dependents, but does not recognize children over the age of 13 who qualify as dependents on your federal income tax return (unless the child over age 13 is physically or mentally incapable of caring for themselves). If a child reaches age 13 during the plan year, the benefit will no longer be effective.

If you do not have a qualifying dependent per the IRS guidelines you cannot elect this coverage. Please verify once again if your dependent is eligible according to the list above. Funds authorized by mistake will not be refunded to you.

Employee Assistance Program

The Employee Assistance Program (EAP) is a special benefit provided to employees of LSG Sky Chefs and members of their household, at no cost to you!

Through CIGNA Behavioral Health, the EAP is a completely confidential program that provides counseling in areas such as job issues, work-life balance, parenting, child/senior care, depression, grief over the loss of a loved one, divorce or separation, mental health/substance abuse, legal consultation and more.

In fact, the EAP can help you and your family with finding solutions to deal with any situation or challenge that impacts your well-being – big or small!

EAP coverage automatically begins on your date of hire, and is available to you and all members of your household. This includes your spouse, children, parent(s), or even a grandparent or roommate if he or she lives with you. Your dependent children that are away at college may also use the EAP.

You and your family members do not have to be covered under a CIGNA CDH medical plan to use EAP services.

What's included in the EAP? When you get started with the EAP program, you have an option to be referred to an EAP counselor in your area. All EAP counselors are licensed and have master's degrees or higher in social work, counseling, or psychology. They are experienced and trained to help with almost any problem you have.

Covered services are available at no cost you, and include up to a maximum of 8 visits with an EAP counselor (per area of concern).

Getting Started: You can reach the EAP by calling CIGNA Behavioral Health at 1 800-847-9994. A wealth of information is also available by logging on to www.cignabehavioral.com. When you call the 800 number, an EAP Service Representative is ready to assist you 24 hours a day, seven days a week, 365 days a year.

Privacy: As an EAP participant, your "protected health information" is subject to safeguard under the privacy provisions of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). The Company has adopted policies that restrict the use and disclosure of your protected health information. Generally, use and disclosure are limited to payment and health care operation functions, and only the "minimum necessary" information may be used or disclosed. This is only a brief summary of HIPAA. As a participant, you will receive or have received a "privacy notice" that more fully describes the important uses and disclosures of protected health information and your rights under HIPAA. For a free copy of this notice, you should contact the Plan's privacy officer.

Additional information

Women's Health and Cancer Rights: In October 1998, Congress enacted the Women's Health and Cancer Rights Act of 1998. This notice explains some important provisions of the Act. Please review this information carefully.

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

1. Reconstruction of the breast on which the mastectomy has been performed;

2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and

3. Prosthesis and treatment of physical complications in all stages of mastectomy, including lymph edemas.

Health plans must determine the manner of coverage in consultation with the attending physician and the patient. Coverage for breast reconstruction and related services may be subject to deductible and co-insurance amounts that are consistent with those that apply to other benefits under the plan.

Medicaid or CHIP: If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

Example: An employee becomes eligible for benefit coverage at LSG Sky Chefs, however their children already received health coverage under CHIP (and were not enrolled in the company health plan). Because of changes in the employee's income, their children become no longer eligible for CHIP coverage. The employee may enroll them in the company group health plan if application is made within 60 days of the date of their loss of CHIP coverage.

Compass Professional Heath Services

No matter how complex or simple, we all have healthcare needs. From finding a doctor to solving a billing problem, getting straight answers can seem impossible at times. But you're in luck, you have a Compass.

Compass Professional Health Services, to serve as your personal healthcare advisor. Our mission is to help you understand and reap the full benefits from your healthcare benefits. The service is simple to use and available to you now.

Here is just a sampling of the services Compass provides:

— Unlimited access to a healthcare expert

— Unbiased doctor recommendations

— Hospital cost and quality information

— Straight answers about your benefits

— Bill reconciliation

— Insider information on saving money

— Complete advisor for your healthcare

Our mission is to encourage all team member's personal and professional productivity, as well as physical and mental health.

Providing opportunities for our team members to develop healthier lifestyles by providing guidance and support of better habits and attitudes that contribute to their positive well-being.

Together, being at our best enables us to be the best to deliver the taste of the world.

Fit Fred,
Wellness Ambassador

Biometric Screenings: consists of Cholesterol, blood pressure, blood glucose, height, weight, waist circumference.

Personal Health Assessment (PHA): The PHA is a series of health and lifestyle questions. This is taken on line at www.healthyroads.com.

These items must be complete by August 31, 2015. This could impact your 2016 medical premiums.

All information is kept private and is held at Healthyroads.

We also Offer a Curriculum of:

- **Personal Health Assessment (PHA)**
- **Biometrics – tracking your own personal results**
- **On-Line Courses in nutrition, exercise and more**
- **Smoking Cessation programs**
- **Workout program – video demonstrations**
- **Nutrition – know your facts, learn more**
- **Coaching – talk to a pro**
- **Challenges and Competitions – ongoing throughout the year**
- **Interactive workouts – follow along**
- **Mobile App – use your phone as a pedometer**

It is easier to maintain good health … than it is to regain it once it is lost. -Dr. Kenneth Cooper