

FEED MY
STARVING
CHILDREN



Full-time Employee Benefits Guide

Effective August 1 – December 31, 2019

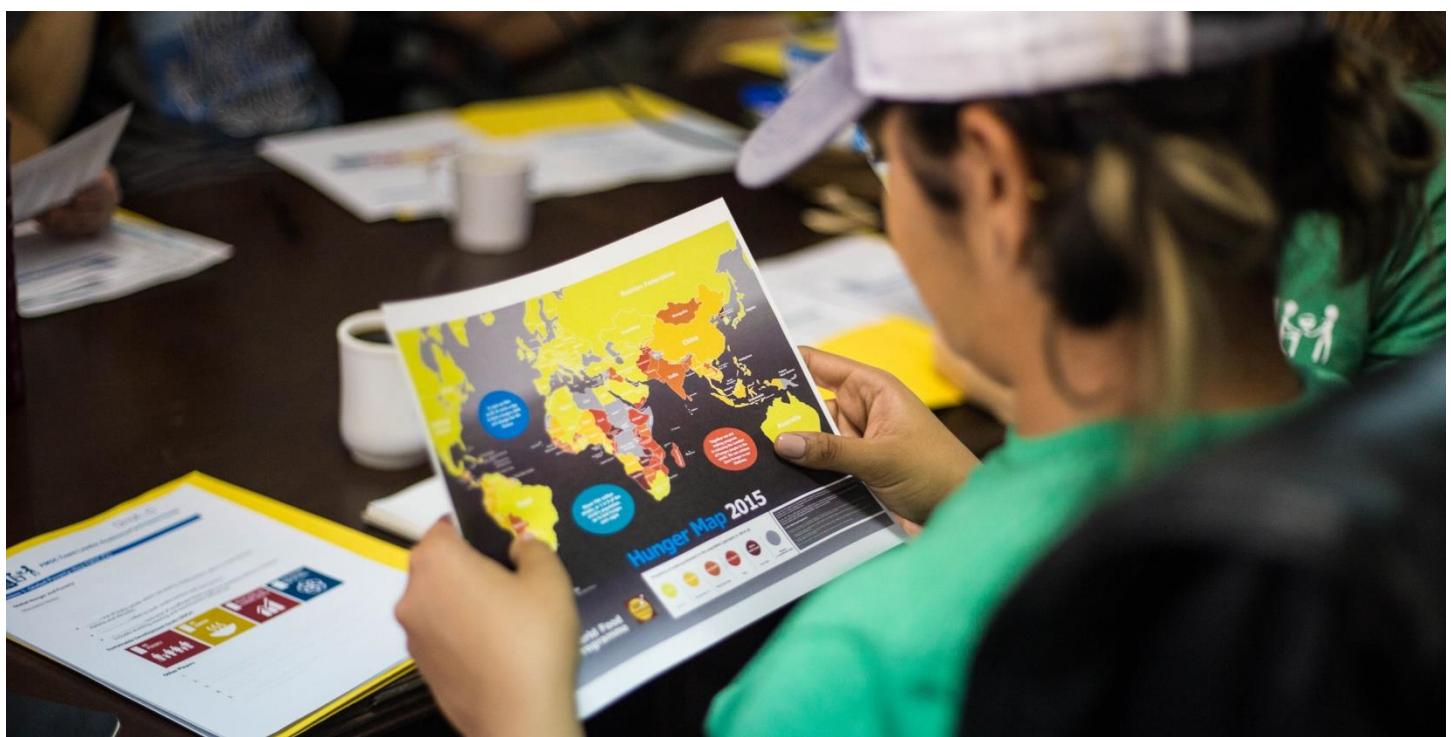
FULL-TIME EMPLOYEE BENEFITS GUIDE

Contents

Mission, Vision & Commitment Statements	3
Our employees are our most valuable asset	4
Contact Information	5
Eligibility and Special Enrollment Rights	6
Retirement Plan – 401(k).....	7
Medical Insurance.....	8-10
Health Savings Account (HSA)	11
Flexible Spending Account (FSA).....	12
Dental Reimbursement.....	13
Vision Plan.....	14
Disability Insurance.....	15
Basic Life and AD&D.....	16
Voluntary Life and AD&D.....	17-18
Other Mutual of Omaha Value-added Benefits.....	19-22
Paid Time Off (PTO) and Holidays	23
Adoption & Infertility Treatment Assistance	24
FMSC Gear.....	24

“...and if you spend yourselves in behalf of the hungry and satisfy the needs of the oppressed, then your light will rise in the darkness, and your night will become like the noonday.”

- Isaiah 58:10



Mission, Vision & Commitment

Mission

Feeding God's starving children, hungry in body and spirit.

Vision

Through God, Feed My Starving Children (FMSC) will strive to eliminate malnutrition and starvation in children throughout the world by helping to instill compassion in a generation that hears and responds to the cries of those in need, until all are fed.

Our commitment to excellence

We will provide for our employees a satisfying work environment that is based on trust, mutual respect and doing the right thing.

Human Resources mission statement

Strategically partnering in building FMSC's global operations by recruiting, developing, rewarding and retaining our national workforce and aligning it with our Christian mission and values.



OUR EMPLOYEES ARE OUR MOST VALUABLE ASSET.

THAT'S WHY FMSC IS COMMITTED TO PROVIDING EMPLOYEES WITH A COMPREHENSIVE BENEFIT PROGRAM THAT SUPPORTS HEALTH AND WELLNESS.

Stay healthy

- › Medical Insurance
- › Dental Reimbursement Plan
- › Health Savings Account
- › Flexible Spending Account
- › Vision Plan

Feel Secure

- › 401(k) Retirement Plan
- › Short-term and Long-term Disability
- › Basic Life and AD&D Insurance
- › Voluntary Life and AD&D Insurance
- › Adoption and Infertility Treatment Assistance

Maintain work / life balance

- › Health and wellness discounts and resources through HealthPartners and Mutual of Omaha
- › Paid Time Off and Holidays
- › FMSC gear

Contact Information

Refer to this list when you need to contact one of your benefit vendors. For general information, contact Human Resources at 763-267-6325.

Retirement Plan – 401(k)

Pentegra
866-633-4015
pentegra.com

Medical Insurance

HealthPartners
952-883-500 or 800-883-2177
healthpartners.com

Health Savings Account

HR Simplified
888-318-7472
hrsimplified.com

Flexible Spending Account

HR Simplified
888-318-7472
hrsimplified.com

Dental Reimbursement

FMSC Human Resources
763-267-6325

Vision Plan

EyeMed
866-939-3633
eyemedvisioncare.com

Short-Term and Long-Term Disability

Mutual of Omaha
FMSC Human Resources
763-267-6325

Life and Accidental Death & Dismemberment Insurance

Mutual of Omaha
FMSC Human Resources
763-267-6325

Other Mutual of Omaha Value-Added Benefits

Mutual of Omaha
FMSC Human Resources
763-267-6325

Paid Time Off and Holidays

FMSC Human Resources
763-404-7871

Adoption and Infertility Treatment Assistance

FMSC Human Resources
763-267-6325

FMSC Gear

FMSC MarketPlace
763-267-6314



Who is eligible and when:

Full-time employees regularly scheduled at least 30 hours per week or expected to average at least 30 hours per week over a 12-month period are eligible to enroll in the following plans on the effective date shown.

Benefit Description	Effective Date
401(k)	1 st of the month following a 1-month waiting period
Health Insurance	1 st of the month following full-time start date
Health Savings Account	1 st of the month following full-time start date
Flexible Spending Account	1 st of the month following full-time start date
Dental Reimbursement	1 st of the month following full-time start date
Vision & Hearing Care Benefit	1 st of the month following full-time start date
Short- & Long-Term Disability	1 st of the month following full-time start date
Basic Life & AD&D Insurance	1 st of the month following full-time start date
Voluntary Life & AD&D Insurance	1 st of the month following full-time start date
Adoption & Infertility Treatment Assistance Program	On 1-year anniversary of continuous regular full-time employment
FMSC Gear	All employees are immediately eligible upon date of hire.

Notice of Special Enrollment

If you are declining enrollment for yourself or your dependents (including your spouse), because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment and submit the required documentation within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment and submit required documentation within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Human Resources at 763-267-6325 or hr@fmsc.org.

Retirement Plan – 401(k)

Who is eligible and when:

All regular employees age 18 or older are eligible to enroll in the plan at any time after they have met the eligibility requirements as shown below. You can change or cancel the deferral election at any time.

New Hire

(You have not previously been employed by FMSC)

- › You will be automatically enrolled in the plan at 1% of pay on the first of the month following a 1-month waiting period. You can change or cancel the deferral election at any time.

Rehire

(You have previously been employed by FMSC)

- › If you were previously employed by FMSC for at least 30 days, you will be eligible to enroll on your first day of employment as soon as administratively possible.

Newly-Eligible

(Your employment status changed from PT On-Demand/Casual to PT/FT Regular)

- › Once you have been an FMSC employee for at least 30 days, you are immediately eligible to enroll as soon as administratively possible.

Plan features:

FMSC provides this benefit to help you save a portion of your income for retirement. To encourage saving for retirement, FMSC will contribute up to 4% matching contributions as shown below:

Employee Deferral	Employer Match	Total
1%	1%	2%
2%	2%	4%
3%	3%	6%
4%	3.5%	7.5%
5%	4%	9%
>5%	4%	>9%

You May:

- › Roll over account balances from a prior employer's plan and/or IRA
- › Defer up to 90% of your eligible compensation
- › Elect to contribute pre-tax or post-tax (Roth) deferrals

Contributions:

- › Your contributions are 100% vested
- › Employer match contributions are 100% vested

Medical Insurance

There are three medical plan options to choose from for the 2019 plan year. All three utilize the Open Access network with access to HealthPartners' Cigna National network. A high-level overview is below. Please refer to the Certificate of Coverage for specific coverage levels, out-of-network coverage and/or benefit exclusions.

Coverage is also available to spouses and eligible dependents under age 26 - regardless of student or marital status.



Medical Plan Options

		PLAN OPTION #1 \$1,000 - \$40	PLAN OPTION #2 \$1,500 – 75% Three For Free	PLAN OPTION #3 \$4,000 – 100% HSA
Deductible	Individual	\$1,000	\$1,500	\$4,000
	Family	\$3,000	\$4,500	\$8,000
Co-Insurance		25%	25%	0%
Out-of-Pocket	Individual	\$4,250	\$4,500	\$4,000
	Family	\$8,500	\$9,000	\$8,000
Preventive Care		No charge	No charge	No charge
Diagnostic Test (X-ray, blood work)		No charge	Deductible, then 25%	Deductible, then 0%
Imaging (CT/PET scans, MRIs)		Deductible, then 25%	Deductible, then 25%	Deductible, then 0%
Office Visits (For Illness or Injury)		\$40 Copay	No charge for first 3 visits; then deductible and 25%	Deductible, then 0%
Urgent Care		\$40 Copay		Deductible, then 0%
Convenience Care/Retail Health Clinic		\$20 Copay		Deductible, then 0%
Virtuwell		No Charge	No Charge	Deductible, then 0%
Emergency Room		Deductible, then 25%	Deductible, then 25%	Deductible, then 0%
Ambulance Services		Deductible, then 25%	Deductible, then 25%	Deductible, then 0%
Outpatient Hospitalization		Deductible, then 25%	Deductible, then 25%	Deductible, then 0%
Inpatient Hospitalization		Deductible, then 25%	Deductible, then 25%	Deductible, then 0%
Prescription Drugs		\$15/\$50/\$100 25%; up to \$500 per Rx	\$15/\$50/\$100 25%; up to \$500 per Rx	Deductible, then 0% Non-Formulary - Not Covered

Employee Medical Contributions:

Monthly employee contributions for each medical plan option are illustrated below. Medical plan premiums are deducted from your paycheck on a pre-tax basis. These rates are based on 26 per-pay-period deductions each year.

Plan Option #1: \$1000 - \$40 Copay

	Employer Monthly Premium	Employee Monthly Premium	Employee Per Pay Period Premium
Employee Only	\$385.25	\$126.66	\$58.46
Employee + Spouse	\$712.20	\$478.01	\$220.62
Employee + Child(ren)	\$624.68	\$319.80	\$147.60
Family	\$889.69	\$543.66	\$250.92

Plan Option #2: \$1,500 - Three for Free

	Employer Monthly Premium	Employee Monthly Premium	Employee Per Pay Period Premium
Employee Only	\$392.24	\$84.57	\$39.03
Employee + Spouse	\$718.57	\$390.00	\$180.00
Employee + Child(ren)	\$629.91	\$249.80	\$115.29
Family	\$897.26	\$437.78	\$202.05

Plan Option #3: \$4,000 - 100% HSA

	Employer Monthly Premium	Employee Monthly Premium	Employee Per Pay Period Premium
Employee Only	\$384.23	\$33.78	\$15.59
Employee + Spouse	\$703.22	\$268.67	\$124.00
Employee + Child(ren)	\$618.60	\$152.64	\$70.45
Family	\$877.88	\$292.57	\$135.03

Find a HealthPartners Network Provider:

- › To find participating providers in the Open Access network: healthpartners.com/openaccess
- › To find participating pharmacies in the Open Access network: healthpartners.com/pharmacy
- › To determine prescription drug coverage: healthpartners.com/genericsadvantagerx

Additional services offered by HealthPartners:

Member Services:

Contact HealthPartners Member Services when you have questions about your coverage, claims, account balances, finding a doctor or specialist and additional health plan services. They can also connect you with the Nurse, Pharmacy or Behavioral Health Navigator programs to help you further understand your benefits and find the care you need. Member Services can be reached Monday-Friday, 7 a.m. to 7 p.m. CST, by calling the number on the back of your ID card: 952-883-5000 or 800-883-2177.

CareLine Services:

Members are able to make a free call to a registered nurse who will help answer your questions about whether you should see a doctor, home remedies and medicines you are taking. They are available 24 hours a day and can be reached at 612-339-3663 or 800-551-0859.

BabyLine:

The BabyLine is a great resource for questions about your pregnancy or new baby. This line is available 24 hours a day at 612-333-2229 or 800-845-9297.

Frequent Fitness Program:

HealthPartners provides covered members up to a \$20 credit toward their health club membership dues when they work out 12 times or more per month at a participating health club. The household savings maximum is \$40. Participating health clubs include Anytime Fitness, Curves, LA Fitness, Life Time Fitness, Snap Fitness, YMCA, YWCA, local community centers and many more!

Healthy Discounts:

Show your HealthPartners Member ID card to participating retailers to receive Healthy Discounts on pet insurance, exercise equipment, fitness classes, diapers and kids items, healthy eating services, eyewear, spa treatments and more! Find additional discounts at healthpartners.com/discounts.



Health Savings Account (HSA)

Who is eligible and when:

Employees who enroll in the \$4,000 High Deductible Health Plan (HDHP) can set up a Health Savings Account (HSA) if they meet the following requirements:

- › Are covered under a high deductible health plan (HDHP) on the first day of the month.
- › Are *not* enrolled in Medicare.
- › *Cannot* be claimed as a dependent on someone else's tax return.
- › Are *not* covered under another medical plan that is not a HDHP, including a Flexible Spending Account (unless it is a Limited-Purpose account, which can only be used for dental and vision expenses).



An HSA can be effective as early as the HDHP's effective date if the employee enrolls within that month. If the employee doesn't enroll in the HSA within the month that the HDHP is first effective, then the HSA would be effective as soon as the employee's HSA enrollment form has been processed and the account opened.

Benefits you receive:

The HSA is a tax-favored account that can be set up to pay for current and future medical expenses. The benefits of an HSA include:

- › Tax-Deductible – Money contributed to the account is tax-deductible
- › Tax-Free – Money and interest in the account is tax-free for qualified expenses
- › Tax-Deferred – Leftover accumulated money can grow tax-deferred to help fund retirement
- › Yours to Keep – Contributions to your account are yours to keep forever, until you choose to use them

Employees can change contributions to their Health Savings Account at any time.

2019 Annual Maximum Contributions

Single	Family	Age 55+
\$3,500	\$7,000	\$1,000 catch-up contribution*

*Employees age 55 and older are eligible to contribute an extra \$1,000 per year towards their HSA.

The money in the account can be used to pay for any "qualified medical expense" permitted under federal tax law for you, your spouse and/or dependent(s). Qualified expenses include most medical care and services, dental care and vision care. For a complete list of eligible expenses, please visit [irs.gov](https://www.irs.gov).

According to the IRS, you must keep records sufficient to show that:

- › The distributions were exclusively to pay or reimburse qualified medical expenses,
- › The qualified medical expenses had not been previously paid or reimbursed from another source, and
- › The medical expenses had not been taken as an itemized deduction in any year.

Do not send these records with your tax return. Keep them with your tax records.

Flexible Spending Account (FSA)

Benefits you receive:

A Flexible Spending Account provides you with an important tax advantage that can help you pay for eligible health care and dependent care expenses on a pre-tax basis. By paying for certain expenses on a pre-tax basis, you lower your taxable income and increase your take-home pay.

Medical FSA

This allows you to pay with pre-tax dollars for certain IRS-approved medical care expenses not covered by your insurance. The annual maximum amount you can elect to contribute to the plan is \$2,700 (minimum contribution is \$100). Expenses can be incurred by you, your spouse or eligible dependents.

Examples include:

- › Your medical plan's co-pays, deductible and coinsurance
- › Medical supplies such as hearing aids, crutches and orthopedic shoes
- › Vision services, including contact lenses, contact lens solution, eye examinations, eyeglasses and laser eye surgery
- › Dental services and orthodontia (contact Human Resources if you use the plan for orthodontia)
- › Chiropractic services
- › Acupuncture
- › Please note: over-the-counter drugs are not eligible unless prescribed by a doctor.



Dependent Care FSA

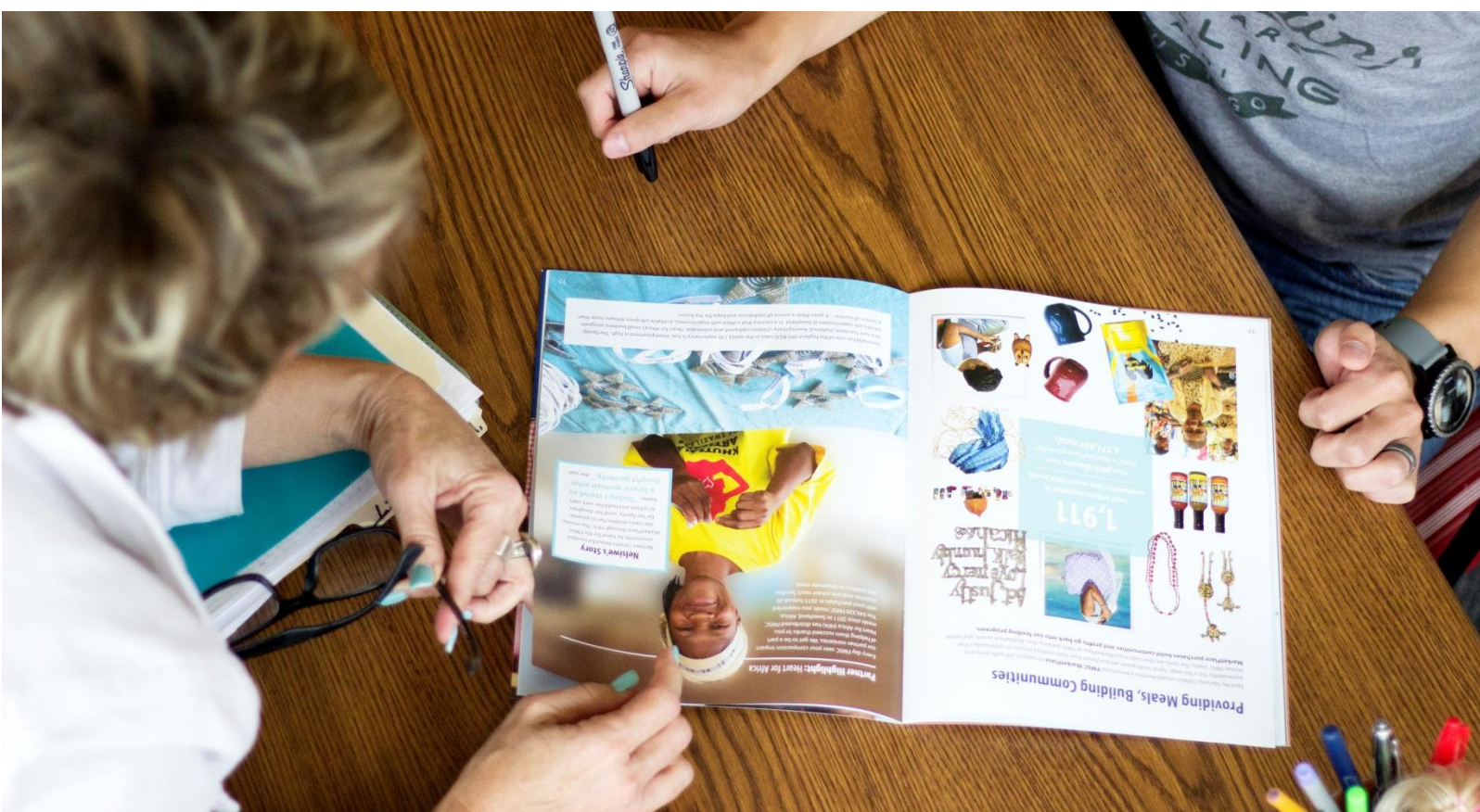
The Dependent Care FSA allows you to use pre-tax dollars to pay for qualified dependent care expenses such as caring for children under age 13 or caring for elders. The annual maximum amount you may contribute to the Dependent Care FSA is \$5,000 (or \$2,500 if married and filing separately) per plan year (minimum contribution is \$100).

Examples include:

- › The cost of child or adult dependent care
- › The cost for an individual to provide care either in or out of your house
- › Nursery schools and preschools

2019 Annual Maximum Contributions

Medical FSA	Dependent Care FSA
\$2,700	\$5,000



Dental Reimbursement

Benefits you receive:

FMSC will reimburse each benefit-eligible employee up to \$1,200 per year for dental expenses, orthodontia expenses or premiums paid to obtain individual dental insurance for the employee, spouse and/or dependents. To receive this reimbursement, the employee must complete a reimbursement form, attach the receipt along with other needed documentation, then submit the form to Human Resources for processing.

If you are covered by individual insurance, an Explanation of Benefits (EOB) from the insurance company is required. If covered by a dental savings plan or discount program, a Fee Schedule of Coverage is required. Premiums to another employer-sponsored dental plan (e.g. spouse's group plan through employer) are not reimbursable.

Dental Reimbursement

\$1,200*

*Employees hired after January 1 are eligible for a pro-rated amount.

Please note:

If you submit your qualified dental expenses to any other coverage or plan, you *may not* submit these expenses to the FMSC Dental Reimbursement Plan. You will be asked for a signature on your reimbursement request form verifying that the claimed expense amount has not been paid or reimbursed under any other coverage or tax-favored savings plan (Flexible Spending Account, Health Savings Account, etc.)

If you have questions regarding these guidelines, please reach out to HR at hr@fmsc.org or 763-267-6325.

Vision Plan

Benefits you receive:

Reduce your out of pocket expenses for eyeglasses and contact lenses by enrolling in this plan. This is a materials-only plan, meaning that exams are not covered. A snapshot of your in-network vision benefits is shown below.

Remember, one annual exam is completely covered under FMSC’s medical insurance – so make sure to bring your medical insurance card to your vision exam appointment.

	In-Network Benefits
Exam	Not covered
Frames	\$0 copay; \$130 allowance, 20% discount over \$130
Lenses Single Vision, Bi-Focal, Tri-Focal, Lenticular	\$25 copay
Lenses Progressive (standard) Progressive (premium) Tier 1 Tier 2 Tier 3 Tier 4	\$90 copay \$110 – 135 copay \$110 copay \$120 copay \$135 copay \$90 copay; 20% off charge less \$120 allowance
Contact Lenses Conventional Disposable	\$0 copay; \$130 allowance, 15% discount over \$130 \$0 copay; \$130 allowance, plus balance over \$130
Benefit Frequency Lenses or Contact Lenses Frames	12 months 24 months

Employee Vision Contributions:

Vision plan premiums are deducted from your paycheck on a pre-tax basis. These rates are based on 26 per-pay-period deductions each year.

Tier of Coverage	Employee Per Pay Period Premium	Employee Annual Premium
Employee only	\$2.09	\$54.36
Employee + Spouse	\$3.97	\$103.32
Employee + Child(ren)	\$4.18	\$108.72
Family	\$6.15	\$159.84

Disability Insurance

If you get sick or injured and are unable to work, you don't want to worry about paying for groceries or covering next month's mortgage. Disability income insurance can help replace a significant portion of your income. Some think of it as "paycheck protection."

FMSC pays the *entire* cost of both Short-Term and Long-Term Disability Insurance for all regular Full-Time Employees.

Benefits you receive:

Employees who become disabled will be provided with both Short-Term and Long-Term Disability insurance. FMSC pays the *entire* cost of coverage. Any disability benefit received will be taxable to the employee.

	Short-Term Disability	Long-Term Disability
Income replacement	60% of your pre-disability earnings	60% of your pre-disability earnings
Maximum benefit	\$1,200 per week	\$5,000 per month
Benefits begin	Accident - First day of disability Illness or Childbirth - Eighth day of disability	91st day of disability
Maximum benefit duration	Accident - 13 weeks Illness - 12 weeks	To Social Security Normal Retirement Age



90% of disability claims are for conditions caused by illness, such as arthritis, back pain, and cancer.
Council for Disability Awareness, Disability Statistics, 2016



One in four of today's 20 year-olds will become disabled for at least a year before they retire.
Social Security Administration, Disability and Death Probability Tables for Insured Workers Born in 1997

Basic Life and AD&D Insurance

Benefits you receive:

FMSC provides \$50,000 of Basic Life insurance and \$50,000 of Basic Accidental Death and Dismemberment insurance for benefit-eligible employees. FMSC pays 100% of the cost of this coverage.

Life Insurance can help with costly expenses involving funeral expenses, assisting your family in paying off debts or a mortgage, or even a memorial donation to a favorite charity.



The Basic Life and AD&D benefits reduce according to the following schedule:

Employee Age	Benefit Reduction
Age 65	Reduces to 65% of original face amount
Age 70	Reduces to 45% of original face amount
Age 75	Reduces to 30% of original face amount
Age 80	Reduces to 20% of original face amount

Additionally, all regular full-time employees receive the following Mutual of Omaha services at no cost as part of their Basic Life and AD&D insurance:

- > Employee Assistance Program
- > ID Theft Assistance
- > Travel Assistance
- > Hearing Aid Discount Program

See “Other Mutual of Omaha Value-Added Benefits” section on page 19 for more information.

Voluntary Life and AD&D Insurance

Benefits you receive:

Employees who want to supplement their Basic Life and AD&D insurance have the opportunity to purchase additional coverage for themselves and/or their eligible dependents. Voluntary Life and AD&D insurance must be elected together, and in matching amounts.

Voluntary Life and AD&D Options	Benefit Amount	Guarantee Issue Level*
Employee	Increments of \$10,000; maximum is the lesser of 5x your basic annual earnings or \$500,000	\$100,000 for newly-eligible employees
Spouse**	Increments of \$5,000 up to \$100,000; not to exceed 100% of employee amount	\$25,000 for newly-eligible spouses
Child(ren)** < 19 years old	Increments of \$1,000 up to \$10,000	\$10,000
Children** < 26 years old (if a full-time student)	Increments of \$1,000 up to \$10,000	\$10,000

Please note that spouse coverage terminates at age 70.

* *New hires qualify for the guaranteed issue level. To take advantage of this opportunity, the application for coverage must be received by Human Resources within 30 days of being eligible for the benefit (your new hire eligibility period).*

***In order to elect Voluntary Life Insurance coverage for your spouse and/or your children, you must elect coverage for yourself.*

Calculate how much Voluntary Life insurance you may need:

1. Immediate expenses	2. Income replacement	3. Future expenses	4. Savings and Other Life Insurance
Add up your debts (car, mortgage, loans, etc.) and an estimate of your funeral expenses.	Decide for how many years your family would need financial support, and multiply your annual income by that number. The multiplier might be the number of years before your youngest child graduates from high school, or the years until your spouse can receive social security payments.	Add up any future expenses you expect to have, such as purchasing additional assets for your family, setting aside educational funds for your children, etc.	Add up any savings, investments or liquid assets that can be readily turned into cash if you were to pass on. Add up the death benefits of any other whole, term, or group life insurance policies you're already covered under.

How much Voluntary Term Life you should purchase: Add boxes 1, 2, and 3. Then subtract box 4.

Voluntary Life and AD&D Insurance

Voluntary Life and AD&D insurance is paid for by the employee via payroll deduction. For Voluntary Life insurance, employee and spouse premiums are calculated based on the age of the employee. The monthly costs are as follows:

Employee's Age	Employee/Spouse Monthly Cost per \$1,000 of benefit
Age <35	\$.086
35-39	\$.106
40-44	\$.152
45-49	\$.229
50-54	\$.363
55-59	\$.584
60-64	\$.896
65-69	\$1.642
70+	\$3.349

Voluntary Life	Monthly Cost per \$1,000 of benefit
Child(ren)	\$0.24 <i>(one premium will insure all covered children)</i>

Voluntary AD&D	Monthly Cost per \$1,000 of benefit
Employee	\$.017
Spouse	\$.017
Child(ren)	\$.051

Calculate your monthly premium:

To calculate your monthly premium, complete the following by entering your coverage amount and rate.

	Coverage Amount				Increment		Life/AD&D Rate		Monthly Cost
Sample	\$100,000	÷	\$1,000	=	100	X	\$.152	=	\$15.20
Employee:	\$	÷	\$1,000	=		X	\$	=	\$
Spouse:	\$	÷	\$1,000	=		X	\$	=	\$
Children:	\$	÷	\$1,000	=		X	\$	=	\$

Your Total Monthly Cost

\$

Other Mutual of Omaha Value-Added Benefits

Employee Assistance Program

Mutual of Omaha's EAP assists employees and their eligible dependents with personal or job-related concerns, including:

- › Emotional Well-Being
- › Family and Relationships
- › Legal and Financial
- › Healthy Lifestyles
- › Work and Life Transitions

Visit mutualofomaha.com/eap or call 800-316-2796 for confidential consultation and resource services.

Benefits

- › Access to EAP Professionals 24 hours a day, seven days a week
- › Provides information and referral resources
- › Service for employees and eligible dependents
- › Online resources for:
 - Substance use and other addictions
 - Dependent and Elder Care resources
- › Access to a library of educational articles, handouts and resources via www.mutualofomaha.com/eap
 - Legal library and online forms
 - Financial and online tools



What to Expect

You can trust your EAP professional to assess your needs and handle your concerns in a confidential, respectful manner. Our goal is to collaborate with you and find solutions that are responsive to your needs.

Don't delay if you need help. Visit mutualofomaha.com/eap or call 800-316-2796 for confidential consultation and resource services.

Travel Assistance

Travel Assistance can help you avoid unexpected bumps in the road anywhere in the world. It's available for you, your spouse and dependent children on any single trip, up to 120 days in length, more than 100 miles from home for business and personal travel.

Pre-trip Assistance

** Minimize travel hassles by calling us pre-departure for:

- › Information regarding passport, visa or other required documentation for foreign travel
- › Travel, health advisories and inoculation requirements for foreign countries
- › Domestic and international weather forecasts
- › Daily foreign currency exchange rates
- › Consulate and embassy locations

For inquiries within the
U.S. call toll free:
1-800-856-9947

Outside the U.S.
call collect:
312-935-3658

Emergency Travel Support Services

- › Phone translation and interpreter services – 24/7 access to telephone translation services
- › Locating legal services – referrals for local attorney or consular offices and help maintain business and family communications until legal counsel is retained (includes coordination of financial assistance for bonds/bail)
- › Baggage – assistance with lost, stolen or delayed baggage while traveling on a common carrier
- › Emergency payment and cash – assistance with advance of funds for medical expenses or other travel emergencies by coordinating with your credit card company, bank, employer, or other sources of credit; includes arrangements for emergency cash from a friend, family member, business or credit card
- › Emergency messages – assistance with recording and retrieving messages between you, your family and/or business associates at any time
- › Document replacement – coordination of credit card, airline ticket or other documentation replacement
- › Vehicle return – if evacuation or repatriation is necessary, return your unattended vehicle to the car rental company

Medical Assistance

- › Locating medical providers and referrals
- › Communication on your medical status with family, physicians, employer, travel company and consulate
- › Emergency evacuation if adequate medical facilities are not available, including payment of covered expenses
- › Transportation home for further treatment – in the event of death, assist in the return of mortal remains
- › Transportation arrangements for the visit of a family member or friend if your hospitalization is more than seven calendar days
- › Return home for dependent children if your hospitalization is more than seven calendar days
- › Assistance with lodging arrangements if convalescence is needed prior to, or after, medical treatment
- › Coordination with your health insurance carrier during a medical emergency
- › Assistance obtaining prescription drugs or other necessary personal medical items

**Available at any time, not subject to 100 mile travel radius.

Travel assistance services are independently offered and administered by AXA Assistance USA, Inc. (AXA). Insurance benefits provided as part of Travel Assistance underwritten by a third party. AXA is not affiliated in any way with Mutual of Omaha companies. There may be times when circumstances beyond AXA Assistance USA's control hinder its endeavors to provide services. AXA Assistance USA will make all reasonable efforts to help you resolve the emergency situation. Both companies are responsible for their own contractual and financial obligations.



ID Theft Assistance

Identity Theft Assistance, provided by AXA Assistance, helps you and your dependents understand the risks of identity theft, learn how to prevent it, and most importantly, assist you if your information is compromised. ID Theft Assistance is available as part of your overall Travel Assistance package offered by your employer.

Awareness and Education

We help you understand the growing threat of identity theft by:

- › Promoting awareness of identity theft
- › Answering your questions about identity theft and how to recognize if you've become a victim
- › Educating you on how to avoid having your identity stolen

Access ID Theft Assistance services by calling AXA Assistance toll-free at: 800-856-9947

Recovery Assistance

If your identity is compromised, the most important thing to do is respond quickly. We assist you by:

- › Connecting you to the fraud departments at your bank(s) and credit card companies
- › Facilitating access to credit bureaus and obtaining a complimentary credit report
- › Guiding you in contacting federal government and local law enforcement agencies and filing reports and complaints



Brought to you by Mutual of Omaha Insurance Company. Travel Assistance Services provided by AXA Assistance USA © AXA Assistance USA, Inc. All Rights Reserved. AXA Assistance is a trade name of AXA Assistance USA, Inc. Reproduction or use of AXA Assistance USA, Inc.'s trade names, logos, brands, proprietary images or marks or those of its parent or affiliates are expressly prohibited without prior written permission. Travel Assistance Services are independently offered and administered by AXA Assistance USA, Inc. (AXA). Insurance benefits provided as part of Travel Assistance underwritten by a third party. Mutual of Omaha does not warrant or guarantee, or make any representation as to the quality of the services provided by AXA, or any provider to whom a referral is made by AXA. There may be times when circumstances beyond AXA Assistance USA's control hinder its endeavors to provide services. AXA Assistance USA will, however, make all reasonable efforts to provide such services and help you resolve the emergency situation.



Hearing Discount Program

Program Benefits Include

- › Custom hearing solutions – they find the solution that best fits your lifestyle and your budget from one of our 10 manufacturers
- › Risk-free 60-day trial – 100 percent money-back guarantee on hearing aid purchase
- › Hearing aid low price guarantee – if you find the same product at a lower price, bring us the local quote and we'll not only match it, we'll beat it by 5 percent
- › Continuous Care – one year free follow-up, two years of free batteries and a three-year warranty

Call an Amplifon Patient Care Advocate today:
888-534-1747

Accessing Your Benefits is as Easy as...

1. Call Amplifon at 888-534-1747 and a Patient Care Advocate will assist you in finding a hearing care provider near you.
2. Our advocate will explain the Amplifon process, request your mailing information and assist you in making an appointment with a hearing care provider.
3. Amplifon will send information to you and the hearing care provider. This will ensure your Amplifon discounts are activated.

Special money-saving offer!

- › Call for a *free* hearing screening appointment.
(This is not a medical exam and is only intended to assist with amplification selection.)

Floating and Paid Holidays

Floating holidays:

On an employee's full-time hire date and then on each subsequent anniversary, they receive 3 floating holidays to be used on days of their choosing within the next 12 months.

Paid holidays:

FMSC recognizes the following paid holidays:

- > New Year's Day
- > Good Friday
- > Memorial Day
- > Independence Day
- > Labor Day
- > Thanksgiving
- > Day after Thanksgiving
- > Christmas Eve
- > Christmas Day



Paid Time Off (PTO)

Benefits you receive:

FMSC provides a flexible PTO program that combines vacation, sick and personal time into one bank of time.

A new full-time employee expected to work on average 40 hours per week over a 12-month period accrues 16 days of PTO during the first 12 months of employment. The employee's PTO accrual increases by one day each year for the first 10 years of employment to a maximum of 26 days per year.

A new full-time employee expected to work on average less than 40 hours per week over a 12-month period accrues 12 days of PTO during the first 12 months of employment. The employee's PTO accrual increases by $\frac{3}{4}$ of a day each year for the first 10 years of employment to a maximum of 19.5 days per year.

PTO does not expire, but there is a cap on the amount of accrued unused PTO an employee may have in his/her bank.

See policy in the Employee Handbook for more information.

Adoption & Infertility Treatment Assistance

Benefits you receive:

FMSC will reimburse you up to \$2,500 per calendar year with a lifetime maximum of \$5,000 for expenses incurred towards adoption and/or infertility treatment.

FMSC Gear

Benefits you receive:

Employees receive 50% off FMSC T-shirts and \$15 off FMSC sweatshirts sold in our MarketPlace.*

*The Donation T-shirt, online purchases, and artisan-created MarketPlace goods are not included.



This document is a summary and is not intended as policy or a complete description of benefits. This document is not a guarantee of benefits and is subject to change at any time. Details of each plan are contained in the plan documents which legally govern the operation of the programs. If there is any conflict between this document and any of the plan documents, the plan documents will always govern.

Tax Implications

Some benefits in this Guide are income tax-advantaged and subject to U.S. Internal Revenue Service (IRS) Code. However, no language in this Employee Benefit Guide is intended, nor should be construed as tax advice. Please consult your personal tax preparer, accountant or financial planner with any questions regarding benefit taxability.