

2023 BENEFITS GUIDE



TAYLOR™



Taylor’s mission is to create opportunity and security for all. This Guide outlines our comprehensive benefit programs which support our mission. The following pages outline a robust benefit program that encourages healthy lifestyles, promotes wellness by providing premium discounts, fun wellness challenges throughout the year and providers like Vida, Wellworks for You and Lockton Nurse Advocate to assist with managing your chronic conditions. We also provide for your future security with life, disability and retirement offerings summarized in this Guide.

If you are new to Taylor — welcome to the team! If you are using this Guide for Open Enrollment, please review the changes for 2023 carefully to ensure you enroll in the benefits needed for you and your family.

Thank you!

Carolyn Erickson
Chief Human Resources Officer

Here’s where to find ...

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NEW FOR 2023

New medical plan features

Active open enrollment for medical coverage

For 2023, there are several new medical plan opportunities available for you. You will need to actively enroll in the plan of your choosing to have medical coverage in 2023. Please take the time to review all the new information and select the medical plan that best fits your needs.

FSA benefits also require re-election if you want those programs in 2023.

All other benefits carry forward into 2023.

HSA employer contributions

If you enroll in the HSA Plus or HSA plan for 2023, Taylor will contribute **\$150 per year** to your Health Savings Account.

Florida Select Network

If you live in Florida, you will now be covered under the Blue Cross Blue Shield Florida Select Network. Under this network, you can expect greater savings and the same high quality of care you have come to expect. Taylor has reviewed the providers utilized by our Florida employees and 95% of claims were within the Florida Select Network. We anticipate no inconvenience for our employees. Please visit this [link](#) to confirm whether a provider is in the Florida Select Network.

Kaiser-California

For employees living in California, Taylor now offers you the option to enroll in medical coverage with Kaiser Permanente.

Minnesota Twin Cities Limited Network

If you live in the Twin Cities metropolitan area in Minnesota, you are eligible to enroll in our new Minnesota Twin Cities Limited Network. This plan option offers you the chance to save on your medical insurance premiums by limiting where you can receive care. This Limited Network **does not include** coverage for out-of-network providers.

Teladoc

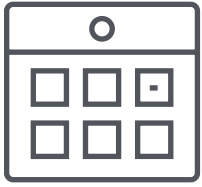
Teladoc Medical Experts (Teladoc) is a leading virtual care service getting you the right expert care when you need it most. You can use Teladoc when you or your eligible dependents are unsure about a diagnosis, want a second opinion, help choosing a treatment plan, have medical questions and want a leading expert's advice, need help finding a local expert who specializes in treating your condition or have been admitted to the hospital and want expert guidance.

Cochlear implants

Taylor now includes coverage for cochlear implants for individuals with hearing loss.

Dental enhancements

We have increased coverage for periodontal care and X-rays. Refer to the dental section of the Benefit Guide for details.



ENROLLING IN BENEFITS

Open enrollment

During open enrollment, you have the option to make changes to your coverage. This year, open enrollment is October 31 through November 14, and you must elect a medical plan during this period for coverage in 2023.

New hires

If you're new to Taylor, you have 30 days from your hire date to enroll in benefits. Your date of hire counts as day one.

Next steps

- Log in to www.myworkday.com/taylor or use the Workday app to locate your benefit task in your inbox.
- Instructions are provided for you at each step along the way.
- Collect the legal names, dates of birth and Social Security Numbers for dependents.
- Remember, FSA elections need to be made every year. If you choose to participate, your current year enrollment will NOT carry over into next year.

QUALIFYING LIFE EVENTS

If you need to add or remove coverage for yourself or your dependents after the enrollment period, you must wait until the next open enrollment period unless you have a qualifying life event as defined by the IRS.

It is your responsibility to complete a Change Benefit task in Workday or to contact HRConnect for assistance. The change MUST be completed within 30 days of your life event.

Here are some examples of qualifying life events:

- Birth, legal adoption, or placement for adoption
- Marriage, divorce, or legal separation
- Dependent child reaches age 26
- Spouse or dependent loses or gains coverage elsewhere
- Death of your spouse or dependent child
- Spouse or dependent becomes eligible or ineligible for Medicare/Medicaid or the state children's health insurance program
- Change in residence that changes coverage eligibility
- Court-ordered change
- Spouse's open enrollment that occurs at a different time than yours
- You or your dependents lose coverage under a state Medicaid or children's health insurance program (CHIP)
- You or your dependents become eligible for premium assistance under state Medicaid or CHIP. You must request enrollment within 60 days from the date of the Medicaid/CHIP event.

QUESTIONS?

HRConnect is available to answer your questions (877-252-9861 or HRConnect@taylor.com).

For Rembrandt employees, please contact your Rembrandt Human Resources department.



EMPLOYEE ELIGIBILITY

You are eligible for the following benefits on your date of hire if you are regularly scheduled to work 20 or more hours per week and not classified as a temporary employee.

- Medical insurance
- Dental insurance
- Vision insurance
- Basic life insurance
- Supplemental life insurance
- Flexible spending account
- Health savings account
- Employee assistance program
- Wellness
- FEDlogic

On the first day of the month following 180 days in which you are regularly scheduled to work 20 or more hours per week, you are eligible for the following benefits:

- Short-term disability
- Long-term disability

401(k) eligibility

If you are age 21 or older and employed in a regular classification, you will be automatically enrolled in the 401(k) plan.

Eligibility and leave of absence

During an approved leave of absence, benefits may be continued for up to 6 months provided you continue to pay your portion of the required premium for the coverages you have elected. If your continuous leave of absence extends beyond 6 months, your coverage will end, and COBRA may be offered as applicable.

The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official plan documents, the official documents will govern.



DEPENDENT ELIGIBILITY

Generally, the following individuals may be eligible dependents for our benefit plans. The company reserves the right to audit dependent elections.

Spouse

- Legally married for purposes of federal law
- Common law when recognized by the state of residence

Dependent children to age 26

- Natural born
- Adopted
- Stepchildren and/or foster children
- Eligible dependents include adopted children, disabled dependents, dependent grandchildren (who meet the plan's eligibility requirement) and children under legal guardianship. Dependents such as grand/disabled/adopted child(ren) are subject to review/approval by the insurance carrier.

Family members working at Taylor

We are fortunate to have employees who also have family members working within Taylor. As a reminder, employees may be covered as an employee or a dependent, but not both (no double coverage). A few examples:

- Both spouses work for Taylor: If the employee is enrolled in their own medical, dental or vision coverage, they cannot be covered as a dependent on their spouses plan. Children may be covered by one parent, but not by both parents.
- Both spouses (or a child) work for Taylor: Every benefit eligible employee has basic life insurance provided by Taylor, so supplemental spouse coverage is not an option when your spouse is also employed by Taylor in a benefit eligible position. If you have a child working in a benefit eligible position, you cannot elect Supplemental Child Life Insurance since your child has Basic Life Insurance.



Here are some terms you'll see in this guide:

COINSURANCE: Your share of the costs of a healthcare service, usually figured as a percentage of the amount charged for services. You start paying coinsurance after you've paid your plan's deductible.

COPAY: A fixed amount you pay for a specific medical service (typically an office visit) at the time you receive the service. The copay can vary depending on the type of service. Copays cannot be included as part of your annual deductible, but they do count toward your out-of-pocket maximum.

DEDUCTIBLE: The amount you pay for healthcare services before your medical insurance begins to pay.

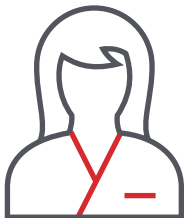
IN-NETWORK: A group of doctors, clinics, hospitals and other healthcare providers that have an agreement with your medical plan provider. You'll pay less when you use in-network providers.

LIMITED NETWORK: A smaller network of providers who consistently deliver both lower costs and higher quality through care that is patient-centered, evidence-based, appropriate and coordinated. A Limited Network does not include coverage for out-of-network providers.

OUT-OF-NETWORK: Care received from a doctor, hospital or other provider that is not part of the medical plan agreement. You'll pay more when you use out-of-network providers.

OUT-OF-POCKET MAXIMUM: This is the most you must pay for covered services in a plan year. After you spend this amount on deductibles, copayments and coinsurance, your medical plan pays 100% of the costs of covered benefits. However, you must pay for certain out-of-network charges above reasonable and customary amounts.

REASONABLE AND CUSTOMARY: The amount of money a medical plan determines is the normal or acceptable range of charges for a specific health-related service or medical procedure. If your healthcare provider submits higher charges than what the medical plan considers normal or acceptable, you may have to pay the difference.



MEDICAL

Blue Cross Blue Shield of Minnesota | www.bluecrossmn.com/taylor | (866) 289-5154

Taylor is committed to helping you and your dependents maintain your health and wellness by providing you with access to the highest levels of care. The medical plan options remain unchanged and include PPO Plus, PPO, HSA Plus and HSA. These four medical plans are administered by Blue Cross Blue Shield of Minnesota and include prescription coverage through CVS/Caremark.

Employees can elect a medical and prescription drug plan without enrolling in the dental or vision plan.

After completing your enrollment in a medical plan, ID cards will be mailed to your home address from BCBS and CVS for pharmacy coverage.





Blue Cross Blue Shield features

Blue Cross Blue Shield of Minnesota | www.bluecrossmn.com/taylor | (866) 289-5154

Blue365

This free program offers generous discounts and is an online destination (www.blue365deals.com/bcbsmn) offering exclusive health and wellness deals to make maintaining a healthy lifestyle simple and affordable. The program is available to employees and families enrolled in our medical plan. Blue365 partners with retailers to provide discounts on fitness gear, gym memberships, vision care, healthy eating options, pet supply discounts and so much more. Save on leading brands like Fitbit®, Nutrisystem®, Garmin®, EyeMed, Reebok and others.

Blue Distinction Centers and Blue Distinction Centers+

These facilities have a proven history of delivering exceptional care and results. With two levels of recognition, you and your doctor can choose the option that best meets your needs for the following services: **bariatric (weight-loss) surgery, knee and hip replacement, spine surgery, and transplants.**

Find a Doctor and Care Cost Estimator

Blue Cross's website now provides Care Cost Estimator and Find a Doctor tools (www.bluecrossmn.com/taylor) that help you be a consumer of health care. Shop around local providers to see how costs for procedures may vary from one facility to the next.

Doctor on Demand

More convenient than ever, Doctor on Demand (www.doctorondemand.com/bcbsmn) provides telemedicine/virtual appointments to treat common issues and prescribe medications all at a **lower cost**. From rashes to colds, stress management to diabetes management, individualized treatment plans are created around you. See the following pages to understand how each plan covers Doctor on Demand services.

Medical and prescription drug plan summary

PPO Plus

*DEDUCTIBLE DOES NOT APPLY
**AFTER DEDUCTIBLE

	In-network	Out-of-network
Deductible (what you pay before insurance starts to pay)		
Employee only	\$1,500	\$4,000
Family	\$3,000	\$8,000
Coinsurance (what you pay after the deductible)		
	20%	40%
Out-of-pocket maximum (includes deductible)		
Employee only	\$6,600	\$12,700
Family	\$13,200	\$25,400
Preventive care services (immunizations, routine physical exams, gynecological exams, etc.)		
	0%*	40%**
Retail health clinic visit	\$20 copay*	40%**
Physician office visit	\$25 copay*	40%**
Specialist visit	\$35 copay*	40%**
Doctor On Demand medical and psychology/psychiatry	\$0 copay*	40%**
Urgent care	\$25 copay*	40%**
Emergency room	20%**	20%**
Inpatient care	20%**	40%**
Outpatient care	20%**	40%**
Prescription drugs		
Employee pays per prescription		
Retail (30-day supply)		
Generic	\$10	\$10
Preferred brand name	20% (\$40 min./\$80 max.)	20% (\$40 min./\$80 max.)
Non-preferred brand name	50% (\$60 min./\$120 max.)	50% (\$60 min./\$120 max.)
Specialty	20% (\$75 min./\$150 max.)	20% (\$75 min./\$150 max.)
Mail order (90-day supply)		
Generic	\$25	No coverage
Preferred brand name	20% (\$100 min./\$200 max.)	No coverage
Non-preferred brand name	50% (\$150 min./\$300 max.)	No coverage

Medical and prescription bi-weekly payroll contributions

PPO Plus	Taylor cost	Your cost
Employee	\$181.50	\$121.00
Employee + child(ren)	\$372.07	\$248.05
Employee + spouse	\$453.76	\$302.50
Family	\$580.80	\$387.20

PREVENTIVE SERVICES

Taylor provides certain preventive services at no cost to all members. These services include:

- Medicine and supplements to prevent certain health conditions for adults, women and children
- Medicine and products for quitting smoking or chewing tobacco (tobacco cessation)
- Medicine used prior to screenings for certain health conditions in adults
- Vaccines and immunizations to prevent certain illnesses in infants, children and adults
- Contraceptives for women

PPO

*DEDUCTIBLE DOES NOT APPLY

**AFTER DEDUCTIBLE

	In-network	Out-of-network
Deductible (what you pay before insurance starts to pay)		
Employee only	\$2,500	\$5,000
Family	\$5,000	\$10,000
Coinsurance (what you pay after the deductible)		
	20%	40%
Out-of-pocket maximum (includes deductible)		
Employee only	\$6,600	\$12,700
Family	\$13,200	\$25,400
Preventive care services (immunizations, routine physical exams, gynecological exams, etc.)		
	0%*	40%**
Retail health clinic visit	\$40 copay*	40%**
Physician office visit	\$40 copay*	40%**
Specialist visit	\$60 copay*	40%**
Doctor On Demand medical and psychology/psychiatry	\$0 copay*	40%**
Urgent care	\$40 copay*	40%**
Emergency room	20%**	20%**
Inpatient care	20%**	40%**
Outpatient care	20%**	40%**
Prescription drugs		
Employee pays per prescription		
Retail (30-day supply)		
Generic	\$10	\$10
Preferred brand name	20% (\$40 min./\$80 max.)	20% (\$40 min./\$80 max.)
Non-preferred brand name	50% (\$60 min./\$120 max.)	50% (\$60 min./\$120 max.)
Specialty	20% (\$75 min./\$150 max.)	20% (\$75 min./\$150 max.)
Mail order (90-day supply)		
Generic	\$25	No coverage
Preferred brand name	20% (\$100 min./\$200 max.)	No coverage
Non-preferred brand name	50% (\$150 min./\$300 max.)	No coverage

Medical and prescription bi-weekly payroll contributions

PPO	Taylor cost	Your cost
Employee	\$191.97	\$95.80
Employee + child(ren)	\$393.53	\$196.41
Employee + spouse	\$490.09	\$229.34
Family	\$614.29	\$306.59

PREVENTIVE SERVICES

Taylor provides certain preventive services at no cost to all members. These services include:

- Medicine and supplements to prevent certain health conditions for adults, women and children
- Medicine and products for quitting smoking or chewing tobacco (tobacco cessation)
- Medicine used prior to screenings for certain health conditions in adults
- Vaccines and immunizations to prevent certain illnesses in infants, children and adults
- Contraceptives for women

HSA Plus

*DEDUCTIBLE DOES NOT APPLY

**AFTER DEDUCTIBLE

	In-network	Out-of-network
Deductible (what you pay before insurance starts to pay)		
Employee only	\$3,000	\$6,000
Family	\$6,000	\$12,000
Coinsurance (what you pay after the deductible)		
	20%	20%
Out-of-pocket maximum (includes deductible)		
Employee only	\$6,600	\$12,700
Family	\$13,200	\$25,400
Preventive care services (immunizations, routine physical exams, gynecological exams, etc.)		
	0%*	20%**
Retail health clinic visit	20%**	20%**
Physician office visit	20%**	20%**
Specialist visit	20%**	20%**
Doctor On Demand medical and psychology/psychiatry	0%**	20%**
Urgent care	20%**	20%**
Emergency room	20%**	20%**
Inpatient care	20%**	20%**
Outpatient care	20%**	20%**
Prescription drugs		
Employee pays per prescription		
Retail (30-day supply)		
Generic	\$10	\$10
Preferred brand name	20% (\$40 min./\$80 max.)	20% (\$40 min./\$80 max.)
Non-preferred brand name	50% (\$60 min./\$120 max.)	50% (\$60 min./\$120 max.)
Specialty	20% (\$75 min./\$150 max.)	20% (\$75 min./\$150 max.)
Mail order (90-day supply)		
Generic	\$25	No coverage
Preferred brand name	20% (\$100 min./\$200 max.)	No coverage
Non-preferred brand name	50% (\$150 min./\$300 max.)	No coverage

Medical and prescription bi-weekly payroll contributions

HSA Plus	Taylor cost	Your cost
Employee	\$191.97	\$86.82
Employee + child(ren)	\$393.53	\$177.99
Employee + spouse	\$490.09	\$206.88
Family	\$614.29	\$277.84

Employer contribution to HSA

- **\$150 annually or \$5.77 per bi-weekly payroll.**
- **See page 20 for more details on Health Savings Account features.**

PREVENTIVE SERVICES

Taylor provides certain preventive services at no cost to all members. These services include:

- Medicine and supplements to prevent certain health conditions for adults, women and children
- Medicine and products for quitting smoking or chewing tobacco (tobacco cessation)
- Medicine used prior to screenings for certain health conditions in adults
- Vaccines and immunizations to prevent certain illnesses in infants, children and adults
- Contraceptives for women

HSA

*DEDUCTIBLE DOES NOT APPLY

**AFTER DEDUCTIBLE

	In-network	Out-of-network
Deductible (what you pay before insurance starts to pay)		
Employee only	\$6,600	\$12,700
Family	\$13,200	\$25,400
Coinsurance (what you pay after the deductible)		
	0%	0%
Out-of-pocket maximum (includes deductible)		
Employee only	\$6,600	\$12,700
Family	\$13,200	\$25,400
Preventive care services (immunizations, routine physical exams, gynecological exams, etc.)	0%*	0%**
Retail health clinic visit	0%**	0%**
Physician office visit	0%**	0%**
Specialist visit	0%**	0%**
Doctor On Demand medical and psychology/psychiatry	0%**	0%**
Urgent care	0%**	0%**
Emergency room	0%**	0%**
Inpatient care	0%**	0%**
Outpatient care	0%**	0%**
Prescription drugs		
Employee pays per prescription		
Retail (30-day supply)		
Generic	0%**	0%**
Preferred brand name	0%**	0%**
Non-preferred brand name	0%**	0%**
Specialty	0%**	No coverage
Mail order (90-day supply)		
Generic	0%**	No coverage
Preferred brand name	0%**	No coverage
Non-preferred brand name	0%**	No coverage

Medical and prescription bi-weekly payroll contributions

HSA	Taylor cost	Your cost
Employee	\$191.97	\$58.91
Employee + child(ren)	\$393.53	\$126.84
Employee + spouse	\$490.09	\$145.77
Family	\$614.29	\$201.22

Employer contribution to HSA

- **\$150 annually or \$5.77 per bi-weekly payroll.**
- **See page 20 for more details on Health Savings Account features.**

PREVENTIVE SERVICES

Taylor provides certain preventive services at no cost to all members. These services include:

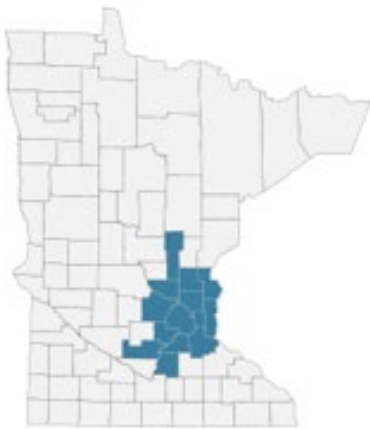
- Medicine and supplements to prevent certain health conditions for adults, women and children
- Medicine and products for quitting smoking or chewing tobacco (tobacco cessation)
- Medicine used prior to screenings for certain health conditions in adults
- Vaccines and immunizations to prevent certain illnesses in infants, children and adults
- Contraceptives for women

Minnesota Twin Cities Limited Network

Is this option right for you?

First check whether any of the statements below apply to you.

- I have family members who live outside the Minnesota Twin Cities metropolitan area or out of state who are covered under my medical plan (e.g., college students).
- I live outside of the Minnesota Twin Cities metropolitan area (see map).
- I want the option to get care out-of-network.
- I get medical care through any of the following providers and do not want to change who I get my care from.
 - Gillette Children's
 - HealthPartners
 - Park Nicollet
 - HCMC (Hennepin County Healthcare)
 - Mayo



If any of these statements apply to you, then the Minnesota Twin Cities Limited Network is not a good fit for you.

If these statements do not apply to you, then we encourage you to consider joining the Minnesota Twin Cities Limited Network. The Limited Network option is available with significant premium savings under the PPO Plus, PPO, HSA Plus and HSA Plans (including the \$150 employer contribution to your HSA if enrolled in HSA Plus or HSA). However, this option does come with limitations outlined below.

Under the Minnesota Twin Cities Limited Network:

- You must live within one of the following zip codes (see map): 550XX, 551XX, 553XX-555XX, 560XX, 563XX
- In-network providers include Allina Health, North Memorial Health, Fairview Health Services, University of Minnesota Physicians, University of Minnesota Masonic Children's Hospital, and Ridgeview Medical Center
- **There is no out-of-network coverage except in emergency situations and only if you are outside the Twin Cities area. Key Providers NOT in the network include Gillette, Health Partners, Park Nicollet, HCMC or any Mayo location. You will be responsible for any and all charges incurred at these or any out of network providers.**

Minnesota Twin Cities Limited Network

Medical and prescription bi-weekly payroll contributions

PPO Plus: Minnesota Twin Cities Limited Network	Taylor cost	Your cost
Employee	\$163.35	\$108.90
Employee + child(ren)	\$334.87	\$223.25
Employee + spouse	\$408.38	\$272.25
Family	\$522.72	\$348.48

PPO: Minnesota Twin Cities Limited Network	Taylor cost	Your cost
Employee	\$191.97	\$67.02
Employee + child(ren)	\$393.53	\$137.41
Employee + spouse	\$490.09	\$157.40
Family	\$614.29	\$214.50

HSA Plus: Minnesota Twin Cities Limited Network	Taylor cost	Your cost
Employee	\$191.97	\$58.94
Employee + child(ren)	\$393.53	\$120.84
Employee + spouse	\$490.09	\$137.19
Family	\$614.29	\$188.63

HSA: Minnesota Twin Cities Limited Network	Taylor cost	Your cost
Employee	\$191.97	\$33.24
Employee + child(ren)	\$393.53	\$74.22
Employee + spouse	\$490.09	\$81.60
Family	\$614.29	\$119.10

*ID cards for members in the Limited Network will list the network as High Performance Network.



Kaiser-California plan

Kaiser Permanente | www.kp.org | 800.464.4000

Taylor is pleased to offer employees living in California the choice to enroll in the HMO (Health Maintenance Organization) plan with Kaiser Permanente. There are a few important considerations to make before you decide if the Kaiser plan is right for you.

No deductible

- There is no deductible under this plan.

Copayments

- All services include copayments, except for routine and preventive care which are offered at no charge. All copayments apply to the out-of-pocket maximum.

No out-of-network coverage

- This plan only includes coverage with Kaiser providers.

Kaiser

Medical	Kaiser In-network
Deductible	
Employee only	\$0
Family	\$0
Coinsurance	0%
Out-of-pocket maximum	
Employee only	\$1,500
Family	\$3,000
Preventive care services (immunizations, routine physical exams, gynecological exams, etc.)	No charge
Retail health clinic visit	\$20 copay
Physician office visit	\$20 copay
Specialist visit	\$20 copay
Urgent care	\$20 copay
Emergency room	\$100 per visit
Inpatient care	\$500 per admission
Outpatient care	\$100 per procedure
Prescription drugs	Employee pays
Retail (30-day supply)	
Generic	\$15 copay
Brand name	\$35 copay
Specialty	30% coinsurance up to \$250 max.
Mail order (100-day supply)	
Generic	\$30 copay
Brand name	\$70 copay

Kaiser bi-weekly payroll contributions

Kaiser	Taylor cost	Your cost
Employee	\$191.97	\$115.38
Employee + child(ren)	\$393.53	\$236.54
Employee + spouse	\$490.09	\$278.28
Family	\$614.29	\$369.23

Employees may elect Kaiser without enrolling in the dental or vision plan.

NO OUT-OF-NETWORK COVERAGE

Registered Domestic Partners

Registered Domestic Partners may be enrolled in the Kaiser Plan and you will be required to provide documentation prior to January 1.

In accordance with current tax regulation, if your Registered Domestic Partner is not a tax dependent for you, there will be taxable income reported on your W2.

Kaiser features

Kaiser Permanente | www.kp.org | 800.464.4000

Convenient ways to get what you need

You've got more ways to get quality care than ever before, so it's easier to stay on top of your health.

Video or phone appointment

Schedule a face-to-face video visit or phone appointment with a Kaiser Permanente care team and any specialists you've been referred to.

In-person care

Kaiser Permanente offers same-day, next-day, after-hours and weekend services at many of our locations.

Email

Message your Kaiser Permanente doctor's office with nonurgent questions and get a reply usually within 2 business days.

Prescription delivery

Use the Kaiser Permanente app to fill prescriptions for delivery or same-day pickup.

24/7 advice

Get on-demand support with 24/7 care advice by phone.

E-visit

Use our online symptom checker for certain conditions and get personalized care advice within a few hours.

Care away from home

You're covered for emergency care anywhere in the world. When you're not in a Kaiser Permanente area, get urgent care from any provider, including MinuteClinic locations (in select CVS and Target stores) or Concentra urgent care centers.

Online wellness tools

Visit www.kp.org/healthyliving for wellness information, health calculators, fitness videos, podcasts and recipes from world-class chefs.

Healthy lifestyle programs

Connect to better health with online programs to help you lose weight, quit smoking, reduce stress and more — all at no cost. Learn more at www.kp.org/healthylifestyles.

Personal wellness coaching

Get help reaching your health goals. Work one on one with a wellness coach by phone at no cost. Find out more at www.kp.org/wellnesscoach.

Special rates for members

Enjoy reduced rates on services that can help you stay healthy — like gym memberships, massage therapy and more. Explore your options at www.kp.org/choosehealthy.



PHARMACY

CVS/Caremark | www.caremark.com | (800) 405-6432

Prescription drug coverage for the PPO Plus, PPO, HSA Plus and HSA plans is provided through CVS/Caremark.

What you pay for your prescriptions will depend on which medical plan you choose and what type of prescriptions you need. The plan classifies drugs by four levels; generic, preferred brand, non-preferred brand and specialty. Each level of drug has a different cost. Generic medications are the lowest cost options. See medical and prescription drug plan summary pages for details on coverage.

CVS Maintenance Choice Program

CVS Health's Maintenance Choice program applies to coverage of your maintenance medications. Maintenance medications are commonly used to treat conditions that are considered chronic or long-term and usually require regular, daily use of medicines. Examples of maintenance medications are those used to treat high blood pressure, heart disease, asthma and diabetes. These medications must be received in 90-day fills in one of two ways:

- Through the CVS Health mail-order pharmacy or
- At a retail CVS pharmacy (including CVS pharmacies within Target retail stores)

Whether you fill your prescription through CVS mail order or a CVS retail pharmacy, your cost share will be the same. To give you time to get started, you can receive two 30-day fills of each maintenance medication at any retail pharmacy that is part of the CVS Health network.

Short-term prescriptions

From time to time you may have a need for short term prescription (antibiotic, pain medication, etc). In these cases, the prescription is not deemed "maintenance medication" and may be filled at any pharmacy within the CVS/Caremark network.

Mail service pharmacy

CVS Caremark Mail Service Pharmacy is an easy way to make sure you have the medication you need, when you need it. With one 90-day supply, you pay only 2.5 times the monthly copayment, so you can be sure you're paying a lower price. Mail delivery also means no more monthly trips to the pharmacy, and with automatic refills, you won't need to keep track of refill schedules either. CVS will alert you ten days before a refill in case you need to change the delivery date or location. To get started, visit www.caremark.com/mailservice or call customer care at **(800) 405-6432**.

PrudentRx (applies only to PPO Plus and PPO plans)

What is PrudentRx?

The PrudentRx Copay Program allows you to get select specialty medications at no cost to you. That means \$0 out-of-pocket (OOP) for any medications on your plan's exclusive specialty drug list when you fill by CVS Specialty Pharmacy.

PrudentRx will work with manufacturers to get copay card assistance and will manage enrollment and renewals on your behalf. Even if there is no copay card program for your medication, your cost will be \$0 for as long as you are enrolled in the program.

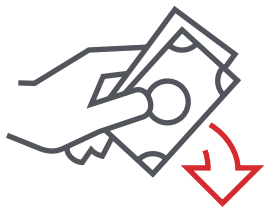
Copay assistance is a process in which drug manufacturers provide financial support to you by covering all or most of your cost share for select medications, in particular specialty medications. The PrudentRx Copay Program will help you get copay assistance from drug manufacturers to reduce your cost share for eligible medications, thereby out-of-pocket expenses. Participation in the program requires certain data to be shared with the administrators of these copay assistance programs, but please be assured that this is done in compliance with The Health Insurance Portability and Accountability Act of 1996 (HIPAA).

All eligible members will be automatically enrolled in The PrudentRx Copay Program, but you can choose to opt out of the program by calling **800-578-4403**.

CVS Value Formulary

To avoid paying more for your medication, ask your doctor to write you a prescription for a generic or listed brand prescription drug. More information can be found on the Value Formulary, including the formulary itself, at the following location: <http://info.caremark.com/highvalueplan>





HEALTH SAVINGS ACCOUNT (HSA)

HSA Bank | www.hsabank.com | (800) 357-6246

An HSA is a personal healthcare bank account you can use to pay current and future out-of-pocket medical expenses with pre-tax dollars.

You own and administer your HSA. You determine how much you contribute to your account, when to use your money to pay for qualified medical expenses, and when to reimburse yourself. Remember, this is a bank account; you must have money in the account before you can spend it.

HSA's offer you the following advantages

TAX SAVINGS: You may contribute pre-tax dollars to the HSA. Interest accumulates tax-free, and funds are withdrawn tax-free to pay for medical expenses.

REDUCED OUT-OF-POCKET COSTS: You can use the money in your HSA to pay for eligible medical expenses and prescriptions.

THE OPPORTUNITY FOR LONG-TERM SAVINGS: Save unused HSA funds from year to year. You may also invest your HSA funds so your account balance grows over time. You retain your HSA account balance for future use when you retire or leave employment.

NEW! EMPLOYER CONTRIBUTIONS

We are pleased to announce Taylor will contribute **\$5.77 bi-weekly, up to \$150 per year**, to the Health Savings Accounts of all employees who are enrolled in either the HSA Plus or HSA plans.

You are eligible to contribute to an HSA in 2023 if:

- You are enrolled in a high-deductible health plan (HDHP) such as the HSA Plus or HSA plan.
- You are not covered by your spouse's medical plan (unless it is a qualified HDHP), flexible spending account (FSA) or health reimbursement account (HRA).
- You are not eligible to be claimed as a dependent on someone else's tax return.
- You are not enrolled in Medicare, TRICARE or TRICARE for Life.
- You have not received Veterans Administration (VA) benefits in the past three months, with the exception that if you are a veteran with a disability rating from the VA, any hospital care and/or medical services received from the VA may be disregarded for purposes of HSA eligibility.
- You are not opening a healthcare flexible spending account (FSA) in 2023.

IMPORTANT! How much you can contribute into an HSA in 2023

Age bracket	Employee maximum contribution	Taylor contribution	IRS combined limit
Under age 55 in 2023	\$3,700 individual or \$7,600 family	\$150.00	\$3,850 individual or \$7,750 family
55 or older in 2023 catch-up eligible	\$4,700 individual or \$8,600 family	\$150.00	\$4,850 individual or \$8,750 family



How to access/make contributions to your HSA

Once your account is open, you can access it via www.hsabank.com. You'll set up your payroll contributions in Workday and may change your contribution anytime during the year.

More details about health savings accounts

The HSA is administered by HSA Bank. The company pays the monthly administrative fee for your HSA. If your coverage status or employment status changes, you will be responsible for all HSA account holder fees.

If you decide to contribute to your Health Savings Account, you will see two separate pre-tax deductions on your payroll: one for your medical plan premium and one for your contribution to your HSA.

How to pay expenses from your HSA

Debit card

- To help prevent misuse of HSA funds, the debit card is only authorized at merchants that provide medical products and services

Online transfers (through member website)

- Establish and verify external bank account
- One-time or recurring transfers (both incoming and outgoing transfer options)





WELLNESS

Wellworks For You | www.wellworksforyoulogin.com | (800) 425-4657

We all know how important it is to proactively manage your and your family’s health. We are committed to helping you achieve optimal health — encouraging you to be active, live a healthy lifestyle and make good health decisions. Our plan options offer you the opportunity to be rewarded for healthy behaviors in the form of a discount on your medical insurance premium.

If you are hired or become eligible for benefits between October 15 and December 31, 2022:

Requirements/deadlines	Premium discount
No requirements	Earn 4 credits for 2022
Complete the 3 steps below by January 1, 2023	Earn 7 credits for 2023
Complete 2023 program requirements	Earn 2024 credit based on points achieved

Required steps

1. REQUIRED: Complete the Know Your Numbers Assessment on the Wellworks for You portal.
2. REQUIRED: During your first 60 days complete “The Meaning Behind Your Biometrics” eLS program with Wellworks for You.
3. Achieve healthy ranges or complete an alternative standard by January 1.

For full details, see the [Wellness Guide](#) on the Wellness and Benefit Hub.

When you (and your spouse) enroll in a medical plan, you have the opportunity to earn points based on your individual wellness screening. Each point is worth \$120 annually. Discounts to premiums for wellness do not carry over from a prior year.

Additional details on the Wellness Program for next year will be shared soon.

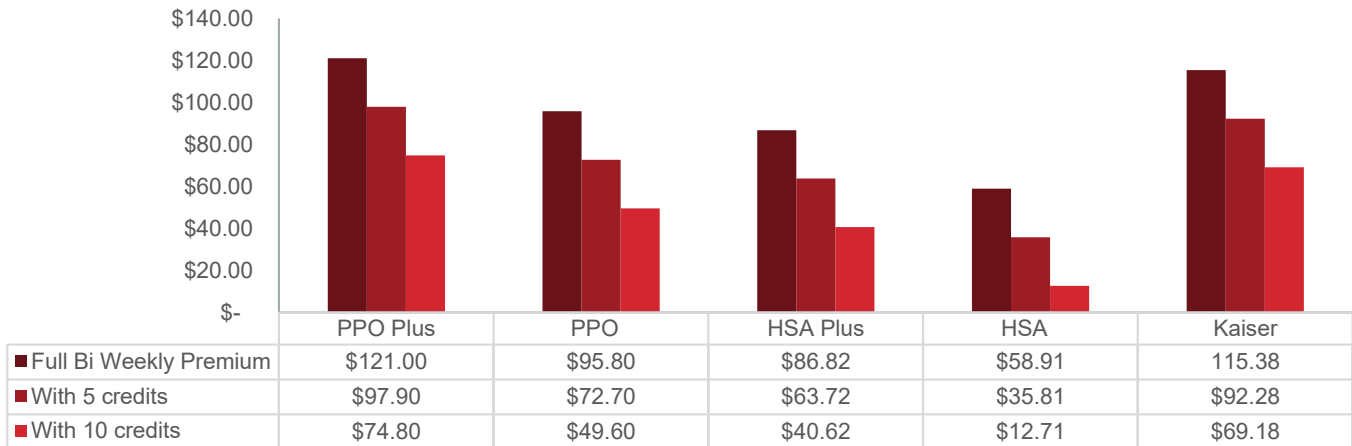


How you can save on your premiums (you pay bi-weekly)

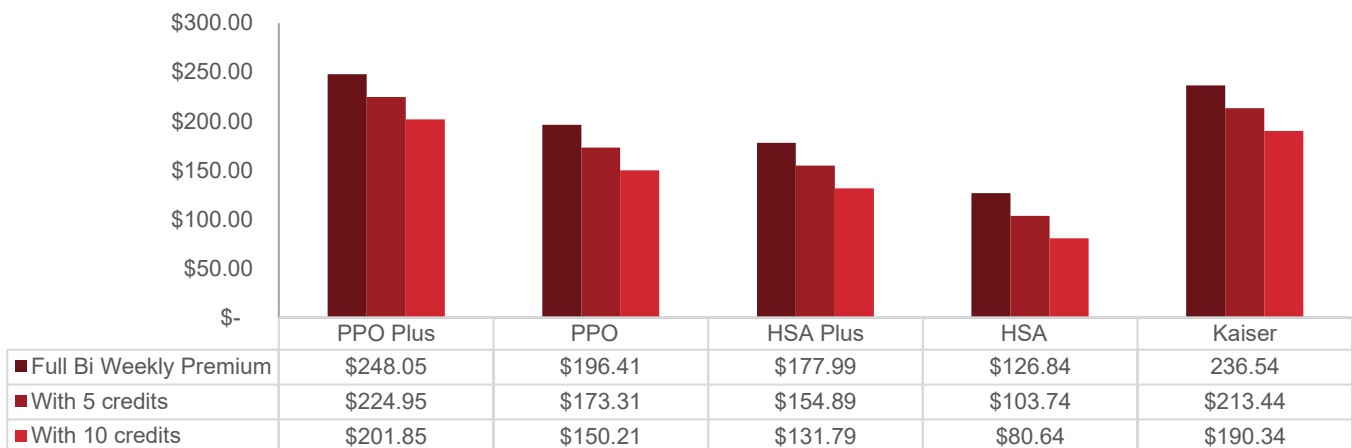
Below are a few examples of the impact of achieving your wellness credits and receiving discounts on your 2023 premiums. For the full chart of savings, visit the Wellness and Benefits hub:

<https://employees.taylor.com>

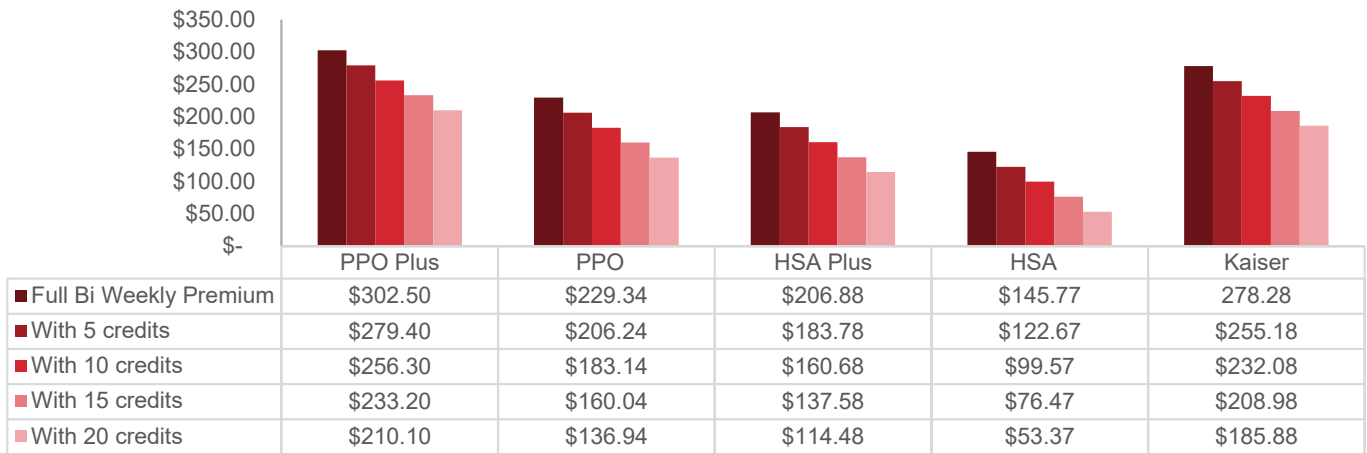
Employee only



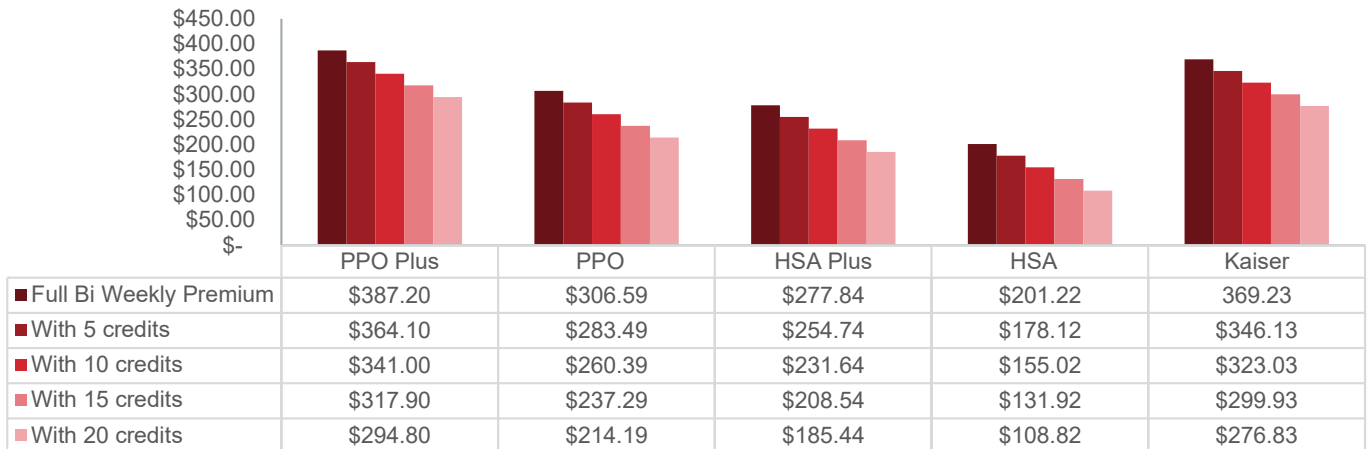
Employee + Child(ren) coverage



Employee + spouse coverage



Family coverage



If you think you might be unable to meet certain wellness program standards required to receive the incentives, you might qualify for an opportunity to receive the incentive by meeting an alternative requirement such as completing other activities that may be available to you under the wellness program. Please contact Wellworks For You 800-425-4657 or www.wellworksforyoulogin.com if you have any questions about the wellness program and/or determine whether you may be eligible to receive an incentive by meeting an alternative requirement.



A health coach customized to fit you and your needs.

Who is eligible?

If you (or your dependent age 18 or older) have a chronic condition and are enrolled in one of the health plans, you are eligible. You may be referred to Vida through Lockton Nurse Advocate or download the app to learn more.

What is Vida Health?

Vida Health offers personalized health programs and one-on-one coaching through an easy-to-use mobile app. Vida Health is available to support you or your dependents who are challenged by chronic health conditions. You will have the chance to share health goals and preferences in order to build a personalized program from the ground up. The program includes your own expert health coach, easy progress tracking, and helpful resources like videos, recipes and more — all aimed at helping you achieve better health, in a way that works for you.

What kind of health coaching can I receive through Vida?

Vida handpicks the best coaches and health experts from across the country. Here are a few examples of things they can assist with:

- Managing chronic conditions such as diabetes, high blood pressure, cholesterol levels, low back pain and more
- Mental health support to manage life's curveballs, including depression, anxiety and other mental health concerns
- Weight loss programs and nutrition plans
- Customized coaching to assist with all of the above

VIDA HEALTH APP

Download the Vida Health app from your phone's app store or visit www.vida.com/taylor to learn more and see if you qualify for the Vida program.



LOCKTON NURSE ADVOCATE

Lockton Nurse Advocate | taylorlna@lockton.com | (833) 782-7403

Taylor is committed to helping you stay healthy and has partnered with Lockton Nurse Advocate to provide a supportive benefit to help you understand your current health and support you to improve or maintain your overall health.

Through the voluntary Lockton Nurse Advocate Program, you are provided with a dedicated registered nurse that will:

- Learn about your health and lifestyle.
- Listen to your specific needs and obstacles, and work with you to set goals while supporting you in achieving them.
- Discuss risk factors and best practice medical care.
- Help you effectively use your health insurance plan benefits.
- Inform you about company wellness activities.
- Connect you with appropriate health resources.
- Provide physician referrals and answer health questions.

Your participation is important! Our nurse advocates are an important resource for helping you live your healthiest life. A nurse may reach out to you, and we encourage you to participate — it could be the most important decision you make.

Information shared between you and your nurse is confidential.





EXPERT MEDICAL SERVICES

Teladoc | www.teladoc.com | (800) 835-2362

Teladoc joined the Taylor benefit program in the fall of 2022 and provides Expert Medical Services/ Opinions when needed. Teladoc is transforming how the services below are provided. When you utilize Teladoc, you gain advice from world-renowned specialists:

- Expert medical advice with diagnosis and treatment review
- Surgery support and second opinion
- Mental health navigation
- Finding a specialist
- Critical case support

Utilizing this program relieves you of the time and effort it takes to locate another provider, schedule another appointment and drive to another facility.

Participation in this program is voluntary and available at no cost to everyone covered by a Taylor medical plan.

If you are experiencing one of the items above and want other resources to support and guide your decision-making process, this benefit may be for you.

How it works

- You contact Teladoc by phone, app or website to start the process.
- During your first interaction with Teladoc, their clinical team will obtain your basic information, understand your concerns, and locate the specialty physician who matches your needs.
- You will be asked to authorize medical records be shared with Teladoc during this process.
- The specialty physician reviews the medical records, diagnosis, treatment plan and pathology. From the review and records, the physician compiles their complete report and delivers it to you.
- The physician then reviews the report with you and answers your questions.
- In some cases, Teladoc may suggest an alternate treatment plan or approach to your condition.
- Teladoc will assist you in having critical conversations with your treating physician and can share their assessment with your physician.
- The decision as to whether to proceed with the original treatment plan is up to you. In many cases, Teladoc confirms your original treatment plan and you gain peace of mind that you are on the right path.





PUBLIC BENEFIT ADVOCACY

www.fedlogicgroup.com | services@fedlogicgroup.com | (877) 837-4196

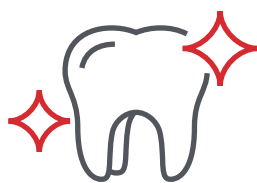
Taylor has partnered with FEDlogic to provide state and federal benefits information and advocacy to you and your household members. The service is confidential, unlimited and provided at no cost to you.

Reasons to call FEDlogic

- You've reached or are approaching Medicare age and need to learn more
- You're approaching retirement age and want to learn more about your Social Security benefits
- You or a household family member has been diagnosed with a major illness
- You have a child with a disability or who was born prematurely
- You have lost a spouse
- You need assistance navigating Medicaid, Marketplace or COBRA
- You need help exploring alternative healthcare avenues based on your income
- You are currently on dialysis (ESRD)
- You need help exploring unemployment benefits

How FEDlogic works

- **MAKE A PHONE CONSULTATION APPOINTMENT.** Be sure to make the appointment at a time when family members are available to listen and ask questions as well. Calls typically last an hour.
- **TELL FEDLOGIC YOUR STORY, ASK QUESTIONS AND LEARN.** You don't have to go through complex and confusing information to try to figure out what applies to you. They take the time to listen to your story and understand your needs, concerns and goals. Then they empower you with the information you need so you can maximize your benefits and make the best decision for your situation.
- **ENROLL FOR BENEFITS.** Once you feel confident you have the information you need to make the best decision for you and your family, FEDlogic will walk you through the application and approval process.
- **RELAX AND CELEBRATE.** Without education and advocacy, many people don't tap into all the Social Security and Medicare benefits they've paid into during a lifetime of employment. You'll have the peace of mind knowing that you're getting all the benefits you deserve.



DENTAL PLAN

Delta Dental of Minnesota | www.deltadentalmn.org | (800) 448-3815

Your dental plan is designed to encourage you to visit the dentist and help ensure your basic dental needs are met in a timely, cost-effective manner.

Access to regular checkups and good preventive care is key to long-term oral health. In addition to visiting your dentist for regular preventive care, talk to your dentist about your specific oral health needs.

When you enroll in the dental plan, you may visit any provider in either the Delta Dental Premier or Delta Dental PPO network. The same benefit levels apply in each of these two networks. If you choose to use an out-of-network dentist, your out-of-pocket cost will be higher because those providers can charge amounts that would otherwise not be accepted by Delta Dental of Minnesota.

Once enrolled, Delta will mail your ID card(s) to your home.

2023 Plan Enhancements!

- Periodontal maintenance cleanings have increased to **4 per year**.
- Full mouth X-rays have increased to **once per 36 months**.
- Bitewing X-rays have increased to **once per 12 months**.



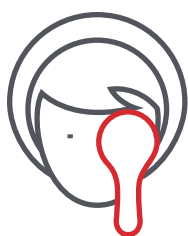
Dental plan highlights

Deductible	Benefit
Individual	\$50
Family	\$150
Annual maximum	\$1,250/person
Preventive	
Oral exams, X-rays	100%
Basic	
Fillings, endodontic treatment, periodontic treatment	80%
Major	
Crowns, prosthetics	50%
Orthodontia	
Adults and dependent child(ren)	50%
Lifetime orthodontia plan maximum (per individual)	\$1,750

Bi-weekly dental contributions

	Taylor cost	Your cost
Employee	\$5.53	\$8.30
Employee + Child(ren)	\$14.88	\$22.32
Employee + Spouse	\$11.07	\$16.60
Family	\$22.24	\$33.36





VISION PLAN

VSP | www.vsp.com | (800) 877-7195

Routine eye exams can detect serious conditions such as glaucoma and cataracts. Eye exams for children identify problems that can hinder learning and development. You can receive benefits from any optometrist, ophthalmologist or optician of your choice. However, if you visit a VSP preferred provider, your out-of-pocket costs will generally be lower than if you visit an out-of-network provider. Now, your benefit includes www.eyeconic.com, an eyewear store for VSP members.

VSP DIABETIC EYECAREPLUS PROGRAM

If you have diabetic eye disease, glaucoma or age-related macular degeneration, you can receive:

- A covered-in-full retinal screening (digital imaging of the inside of the eye)
- Additional services that track and monitor diabetic eye disease progression
- Follow-up medical eye exams deemed necessary by your VSP doctor
- An additional eye exam with refraction for changes in vision due to diabetes medication(s)

	In-network	Out-of-network
Annual exam	\$15 copay	Up to \$50
Frames (every 24 months)	\$150 allowance + 20% off amounts over allowance	Up to \$70
Standard lenses (every 12 months)		
Single vision	\$20 copay	Up to \$50
Lined bifocal	\$20 copay	Up to \$75
Lined trifocal	\$20 copay	Up to \$100
Lined lenticular	\$20 copay	Up to \$125
Standard progressive lenses	Covered in full	Up to \$75
Contact lenses		
Contact lenses	\$60 copay for lens exam \$150 allowance	Up to \$105
KidsCare plan (up to age 26)		
<ul style="list-style-type: none"> • Exams, frames and lenses every calendar year • Contacts (every calendar year in lieu of glasses) 	Two covered exams \$150 frame and contact allowance Polycarbonate lenses covered in full	Not covered

Employee bi-weekly vision payroll contributions

	Employee contribution
Employee	\$3.80
Employee + Child(ren)	\$6.50
Employee + Spouse	\$5.45
Family	\$10.38

You will not receive a vision ID card. Your ID number is your employee number or the last four digits of your Social Security Number. You can find your employee number on Workday>Personal Information>About Me.



SPENDING ACCOUNTS

Optum | www.optumhealthfinancial.com | (800) 243-5543

Flexible Spending Accounts let you set aside pre-tax money to help pay for eligible expenses relating to healthcare, dependent day care, parking and/or transit expenses.

	Health Care FSA	Dependent Day Care FSA	Commuter Expense Reimbursement Accounts (Parking/Transit)
Eligible expenses	<p>Copayments, coinsurance, deductibles, dental expenses, vision expenses, prescription drugs.</p> <p>See IRS Publication 502 for a complete list.</p>	<p>Eligible child (under 13) and adult care expenses such as day care, before and after-school care, preschool, nursery school, summer day camps.</p> <p>See IRS Publication 503 for a complete list.</p>	<p>The Commuter Expense Reimbursement Accounts (CERA) allow you to pay for qualified transit and parking expenses using money you have set aside pre-tax.</p> <p>See IRS Publication 15-B for details.</p>
Maximum Contribution	\$2,850 (min. of \$100) annually	\$5,000 annually (\$2,500 per year if you are married and file a separate tax return.)	<p>Transit Passes or Commuter Highway Vehicle — \$280/month</p> <p>Parking — \$280/month</p>
Funds availability	Your entire election is available to you at the beginning of the plan year.	Works on a “dollar in — dollar out” process. You are only eligible to be reimbursed for the current balance that has been withheld as of the date of your request.	Works on a “dollar in — dollar out” process. You are only eligible to be reimbursed for the current balance that has been withheld as of the date of your request.
Portability	No	No	No
Forfeiture	IRS rules require you to forfeit any unused money in your Health Care FSA if you do not submit expenses by March 31 of the following plan year.	IRS rules require you to forfeit any unused money in your Dependent Day Care FSA if you do not submit expenses by March 31 of the following plan year.	Unused amounts are carried over from year to year.
Grace period	Medical claims incurred in the first 75 days following the plan year can be covered by outstanding funds from the previous year.	N/A	N/A

IMPORTANT NOTES

- If you elect to participate in the HSA Plus or HSA medical plan, you will not be eligible to participate in the Health Care Flexible Spending Account. You can still participate in the Dependent Day Care and/or the Commuter program.
- Flexible Spending Account elections must be made every year if you choose to participate. Current year enrollments do not carry over into the following year.

Payment card

The Optum Health Care FSA payment card allows you to get faster access to your FSA dollars. Pay for eligible expenses with your card instead of paying cash.

Note: Purchases you make with your FSA payment card may require supporting documentation, so always keep your receipts! Optum will make every effort to electronically verify your card transactions, as required by the IRS. If Optum is not able to verify a transaction, you will receive a letter requesting an itemized receipt or Explanation of Benefits (EOB). If the required documentation is not received within the stated time period, your card will be suspended. If you are not able to provide appropriate documentation, any unverified card purchases will be reported as taxable income.





LIFE INSURANCE

Lincoln Financial Group | www.lincolnfinancial.com | (888) 480-0156

All eligible employees are automatically covered by basic life and AD&D (accidental death and dismemberment) insurance at no cost. In addition to your basic life insurance, you have the option to enroll in supplemental coverage for yourself and your eligible family members.

Basic life insurance

The Basic Life plan automatically provides Life and AD&D insurance of one times your salary, up to \$400,000, at no cost.

Employee supplemental life insurance

Supplemental life and AD&D coverage is paid by you with post-tax dollars.

- Employee supplemental life provides you the ability to increase your coverage by \$10,000 or \$20,000 without proving Evidence of Insurability (EOI).
 - If your increased level of supplemental insurance exceeds \$400,000, then EOI will be required.

Supplemental life insurance rates Biweekly rate/\$10,000			
Age	Rate	Age	Rate
Under 25	\$0.27	50-54	\$1.12
25-29	\$0.30	55-59	\$1.93
30-34	\$0.38	60-64	\$2.55
35-39	\$0.42	65-69	\$4.62
40-44	\$0.51	70+	\$7.44
45-49	\$0.73		

HOW TO CALCULATE YOUR SUPPLEMENTAL LIFE INSURANCE COST

Example: \$100,000	/10,000 =	10 units of coverage	x	Rate for a 30 year old (\$0.38)	=	\$3.80 bi-weekly
<hr/> Amount elected		<hr/>		<hr/> Life and AD&D rate above (based on your age on Jan. 1)		<hr/> Your bi-weekly cost

Spouse and child(ren) life insurance

Dependent life insurance provides a benefit to you in the case of the death of your spouse or your dependent child(ren).

You can enroll in spouse life insurance or increase your current coverage amount by one level (\$0-\$5,000 or \$5,000-\$10,000 or \$10,000-\$25,000).

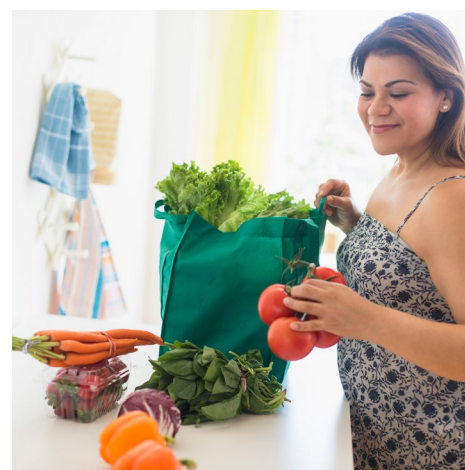
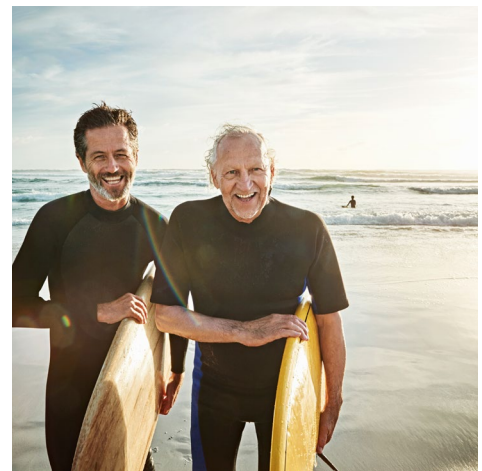
You can add life insurance for your child(ren) or increase current coverage by one level (\$0-\$5,000 or \$5,000 to \$10,000).

As a reminder, every benefit eligible employee has basic life insurance provided by Taylor, so supplemental spouse coverage is not an option when your spouse is also employed by Taylor in a benefit-eligible position. If you have a child working in a benefit-eligible position, you cannot elect supplemental child life insurance since your child has basic life insurance.

Coverage choices and rates

Spouse life insurance biweekly rates		
\$5,000	\$10,000	\$25,000
\$0.59	\$1.18	\$2.95

Child(ren) life insurance biweekly rates	
\$5,000	\$10,000
\$0.76	\$1.52





DISABILITY PLANS

Lincoln Financial Group | www.lincolffinancial.com | (888) 480-0156

You become eligible for these benefits on the first of the month coinciding with or next following 180 days of continuous service in an eligible status.

Short-term disability

Short-term disability is provided at no cost to you and provides income protection if you cannot work due to non-work-related illness or injury and includes maternity. Short-term disability begins to pay benefits after you cannot work for seven consecutive calendar days. After seven days, short-term disability will pay 67% of your pre-disability earnings, once approved.

Benefits will continue for up to 25 weeks following the seven day waiting period, as long as you remain disabled. When short-term disability benefits end, you may be eligible to receive long-term disability benefits.

Core long-term disability

Core long-term disability is provided at no cost to you and replaces 60% of your monthly earnings if you are disabled and cannot work, up to a maximum benefit of \$15,000 per month. Once approved, these benefits begin after short-term disability benefits end.

During the first 24 months of disability, you are considered disabled if unable to perform the material duties of your own occupation. After 24 months, to be considered disabled, you must not be able to perform the duties of any occupation for which you are suited by prior training, education and experience.

As long as you remain disabled, the Core long-term disability plan will continue to pay benefits for up to five years.

Extended long-term disability

The extended long-term disability plan is paid by you with pre-tax dollars and extends the long-term disability payments past the Core plan's five years up to the maximum period of payment outlined in the table below. **The long-term disability extended plan offers no additional benefit for employees over age 60.** You will be automatically enrolled in the extended long-term disability plan and must actively waive in Workday if you do not want the benefit.

The premium for extended long term disability is withheld from your payroll on a pre-tax basis. The rate is \$0.068 per \$100 of covered payroll.

$$\frac{\text{Example: } \$3,333}{\text{Monthly earnings}} / 100 \times .031 = \frac{\$1.03}{\text{Your bi-weekly cost}} \text{ bi-weekly}$$

Maximum duration of benefits	
Age when disability begins	Maximum period of payment
Under 60	To age 65, but not less than 5 years
Age 60	60 months
Age 61	48 months
Age 62	42 months
Age 63	36 months
Age 64	30 months
Age 65	24 months
Age 66	21 months
Age 67	18 months
Age 68	15 months
Age 69 and over	12 months



EMPLOYEE ASSISTANCE PROGRAM (EAP)

EmployeeConnectSM | www.guidanceresources.com | (888) 628-4824 |
Username: LFGSupport | Password: LFGSupport1

EmployeeConnectSM with Lincoln Financial Group offers professional, confidential services to help you and your loved ones improve your quality of life.

In-person guidance

Some matters are best resolved by meeting with a professional in person. With EmployeeConnectSM, you and your family get:

- In-person help for short-term issues (up to five sessions with a counselor per person, per issue, per year)
- In-person consultations with network lawyers, including one free 30-minute in-person consultation per legal issue, and 25% off subsequent meetings

Unlimited 24/7 online resources

EmployeeConnectSM offers a wide range of information and resources you can research and access on your own. Expert advice and support tools are just a click away when you visit www.guidanceresources.com or download the GuidanceNowSM mobile app. You'll find:

- Information and referrals on family matters, such as child and elder care, pet care, vacation planning, moving, car buying, college planning and more
- Legal information and referrals for family law, estate planning, consumer and civil law
- Financial guidance on household budgeting and short- and long-term planning

EmployeeConnectSM counselors are experienced and credentialed.

When you call the toll-free line, you'll talk to an experienced professional who will provide counseling, work-life advice and referrals. All counselors hold master's degrees, with broad-based clinical skills and at least three years of experience in counseling on a variety of issues. For face-to-face sessions, you'll meet with a credentialed, state-licensed counselor. You'll receive customized information for each work-life service you use.

LifeKeys[®]

- EstateGuidance[®] will preparation
- GuidanceResources[®] Online
- Identity theft
- Assistance at a difficult time
- Financial services
- Legal support
- Support with day-to-day concerns

TravelConnect[®] services

- Medical assistance
- Safety services



MORE PERKS

Looking for great discounts? Check out the “Offers and Discounts” page on Compass where you will find details on the following:

Perks at Works providing discounts on:

- Pet insurance and pet product discounts
- Entertainment discounts
- Discounts on travel, household needs, electronics, tax preparation and more.

Taylor Discounts

- Available on invitations, announcements, cards and other Taylor-produced items
- Direct discounts with companies including Delta, Verizon, T-Mobile, AT&T and more





401(K) RETIREMENT PLAN

Fidelity | www.netbenefits.com | (800) 835-5095

Your retirement plan is an important part of your benefits package. It's an excellent way to prepare for your future while enjoying tax benefits along the way. Taylor will match a percentage of your contributions after you complete six months of service.

Automatic enrollment

As a new employee, you are eligible for the plan if you have been hired into a regular (not temporary) position and have attained age 21. If you take no action, you will be automatically enrolled in the plan with a contribution of 5% of your pay (for 2022 new hires, enrollment is at 4%). You will receive additional information from Fidelity regarding this enrollment and how you may change this contribution level, either up or down; how to select investments; and name your beneficiary.

There is no need to wait for the 35 days to enroll. After your first week of employment, Fidelity will have your employment details and you will be able to update your enrollment.

Automatic increase

Your contribution rate will auto-increase by 1% annually, up to 10%, unless you opt out.

Company match

The company will match 50% of your contributions up to the first 5% of your eligible pay. You become eligible for the match after six months of service from your hire date.

WHAT'S RIGHT FOR YOU?

It's your plan, and you're in control of your account.

You can set your contribution rate, pick the investments that you think are best for you, and choose between pre-tax and/or Roth (after-tax) contributions.

CONTRIBUTION LEVELS

You can contribute up to 80% of your eligible pay subject to IRS dollar limits. If you want to get the full company match, you'll need to contribute at least 5%. Contributing less is like leaving money on the table.

CONTRIBUTION TYPES

You can choose pre-tax and/or Roth (after tax) contributions in any combination. Pre-tax and Roth contributions have different tax benefits, so one may be more advantageous to you than the other.

CONTRIBUTION LIMITS

The IRS limits how much you can contribute to a 401(k) plan in any year. For 2022, that limit is set at \$20,500. If you are age 50 or older at the end of the calendar year, you can also make a catch-up contribution of up to \$6,500. The 2023 limit is expected to be announced soon.



HELP AND SUPPORT

You have lots of help and support when it comes to benefits. Use this page to find the support you need. Remember, HRConnect should be your first stop regarding general enrollment and eligibility questions.

For Taylor Employees, HRCONNECT (877) 252-9861 HRConnect@taylor.com
For Rembrandt Employees, please contact your Rembrandt Foods Human Resources department with any questions.

Contact the specific plan administrators listed for questions regarding claims or information specific to coverage, providers, etc.

COBRA

Optum

(866) 301-6681

www.optumhealthfinancial.com

Expert Medical Services

Teladoc

(800) 835-2362

www.teladoc.com

Dental

Delta Dental of Minnesota

(800) 448-3815

www.deltadentalmn.org

Flexible Spending Accounts

Optum

(800) 243-5543

www.optumhealthfinancial.com

Disability Insurance

Lincoln Financial Group

(888) 480-0156

www.lincolnfinancial.com

Health Savings Account

HSA Bank

(800) 357-6246

www.hsabank.com

Doctor on Demand

BCBS of MN

www.doctorondemand.com/bcbsmn

Life Insurance

Lincoln Financial Group

(888) 480-0156

www.lincolnfinancial.com

Employee Assistance Program

EmployeeConnect

(888) 628-4824

www.guidanceresources.com

Medical

BCBS of MN

(866) 289-5154

www.bluecrossmn.com/taylor

Kaiser Permanente

(800) 464-4000

www.kp.org

Pharmacy

CVS

(800) 405-6432

www.caremark.com

Public Benefit Advocacy

FEDlogic

(877) 837-4196

www.fedlogicgroup.com

Retirement

Fidelity

(800) 835-5095

www.netbenefits.com

Vision

VSP

(800) 877-7195

www.vsp.com

Wellness

Lockton Nurse Advocate

(833) 782-7403

Email: taylorlna@lockton.com

Vida

www.vida.com/taylor

Wellworks For You

(800) 425-4657

www.wellworksforyoulogin.com





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