



# benefits *guide*

# 2024-2025

PART-TIME TEAM MEMBER



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Monogram Foods appreciates your commitment to our success. We’re equally committed to providing you with competitive, affordable health and wellness benefits to help you take care of yourself and your family.

Please read this guide carefully. It has a summary of your plan options and helpful tips for getting the most value from your benefit plans. We understand that you may have questions about annual enrollment, and we are dedicated to helping you understand your options.

This guide is not your only resource, of course. Anytime you have questions about benefits or the enrollment process, you can contact your human resources representative or Monogram’s Benefits Specialist. Call the toll-free phone number, 800.607.1404, or email [monogrambenefits@lockton.com](mailto:monogrambenefits@lockton.com). Although this guide contains an overview of benefits, for complete information about the plans available to you, please see the summary plan description (SPD) provided by Human Resources or accessible on Paycom.



Scan the QR code with your smartphone camera to access your benefits on [monogramtotalrewards.com](https://monogramtotalrewards.com).

# A Few Notes About Enrolling in Benefits

Each year during annual enrollment, you have the opportunity to review your benefit needs and to adjust your coverage for the upcoming plan year. Annual enrollment provides you with the opportunity to make changes to your benefit elections without having a qualifying life event or family status change. You are allowed to add or drop your coverage or dependent coverage at this time. At any other time during the plan year, you must experience a qualifying life event in order to make changes to your benefits. **When you experience a family status change or a qualifying life event, you have 30 days from the date of the qualifying event to make necessary changes consistent with this event to your benefits.**

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.

For your convenience, if you are not making any changes to your benefit plan elections, you do not need to contact an enrollment specialist and current elections will remain the same for 2024-2025. If you are making changes to your current coverage (e.g., changing the level of coverage or changing medical plans), you must contact an enrollment specialist.

**For more information**  
Qualifying life events: It is your responsibility to notify a Benefit Communication Specialist at 800.607.1404 and submit your elections within 30 days of the qualifying life event. You will need to provide proof of the event, such as a marriage certificate, divorce decree, birth certificate or loss-of-coverage letter. Failure to do so may result in an inability to change your benefit election(s).

Questions on how to enroll? Contact Cecilia Chavez or another benefit communication specialist at 800.607.1404 or [monogrambenefits@lockton.com](mailto:monogrambenefits@lockton.com).



## ELIGIBILITY

Annual enrollment is your opportunity to elect coverage in Monogram Foods’ benefits plans. All elections made during this period will be effective August 1, 2024, through July 31, 2025. Outside this annual enrollment period, you will not have the chance to add, change or remove benefits unless you experience a qualifying life event. You can find a list of qualifying life events on Page 3 of this benefits guide.

### Eligible team members

You may enroll in the benefits program if you are a regular part-time team member who is actively working a minimum of 16 hours per week. As a benefits-eligible team member, you have the opportunity to enroll in benefit plans as a new hire or during the annual enrollment period. If you’re enrolling as a new team member, you become eligible for benefits the first of the month following 30 days of employment

### Eligible dependent(s)

As you become eligible for benefits, so do your eligible dependents, under certain circumstances as described below. Eligible dependents include:

- Your legal spouse, who is **not** eligible for coverage under his or her employer’s health plan. If your spouse is eligible for his or her employer’s benefit coverage, then he or she is **not** eligible to enroll under Monogram Foods’ medical benefit plans.
- Your children up to the age of 26. This includes your natural children and those of your spouse, adopted children, stepchildren, foster children or children obtained through court-appointed legal guardianship. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided to and approved by HR.

**NOTE:** Only eligible dependents as defined above are eligible for Monogram Foods’ BlueCross BlueShield of Tennessee medical plan. You are required to provide documentation during any dependent audit process. If you are unable to provide the necessary documentation, your dependent(s) will be terminated from the plan.

#### Helpful tips

Have your dependent/ beneficiary information ready, such as Social Security numbers, before beginning the enrollment process. Please remember to add the Social Security numbers of your dependents during enrollment to avoid delays in the enrollment process.



# Basic Insurance Terms

2024-2025

Monogram Foods Benefits Guide

**AGE REDUCTION:** The group term basic life and AD&D insurance coverage are subject to a reduction in benefit amount as you age.

**COINSURANCE:** Coinsurance is your share of the costs of a covered healthcare service, calculated as a percent (for example, 20%) of the allowed amount for the service. Your coinsurance will begin after you have met your deductible. For example, if the health plan's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. The health plan pays the rest of the allowed amount.

**COPAY:** A copay is a fixed dollar amount you pay for a healthcare service. The amount can vary by the type of service. Your copays will not count toward your deductible but will count toward your out-of-pocket maximum.

**DEDUCTIBLE:** The deductible is the amount you owe for covered healthcare services before your plan begins to pay benefits. For example, if your deductible is \$3,000, your plan won't pay anything until you've met your \$3,000 deductible for covered healthcare services subject to the deductible. Preventive care is not subject to the deductible as it is covered 100% by any medical plan option.

**EMBEDDED DEDUCTIBLE:** If you are on a family medical plan with an embedded deductible, your plan contains two components: an individual deductible and a family deductible. Having two components to the deductible allows each member of your family to have your insurance policy cover their medical bills prior to the entire dollar amount of the family deductible being met. The individual deductible is embedded in the family deductible.

**EXPLANATION OF BENEFITS (EOB):** An EOB is a statement from the insurance company showing how claims were processed. The EOB tells you what portion of the claim was paid to the healthcare provider and what portion of the payment, if any, you are responsible for.

**IMPUTED INCOME:** Federal regulations require payment of income and Social Security taxes on the value of the life insurance premiums in excess of \$50,000 when paid for by your employer. The value of dependent life coverage paid for by your employer is also taxable. These values are known as imputed income. Contact your tax professional for information regarding these tax consequences if you have questions or concerns.

**INDIVIDUAL MANDATE:** Federal health reform mandates most U.S. citizens have health insurance for themselves and their dependents. Monogram Foods helps you stay insured by offering affordable healthcare for all team members who work at least 30 hours each week.

**IN-NETWORK VS. OUT-OF-NETWORK:** A network is composed of all contracted providers. Networks request providers to participate in their network, and in return, providers agree to offer discounted services to their patients. If you pick an out-of-network provider, your claims will be higher because you will not receive the discounts the in-network providers offer.

**OUT-OF-POCKET MAXIMUM:** The out-of-pocket maximum is designed to protect you in the event of a catastrophic illness or injury. Your out-of-pocket maximum includes your deductible, coinsurance and copays that come out of your pocket. After you have paid the specified out-of-pocket amount during a policy year, the plan pays the remaining covered services at 100%.

**PORTABILITY AND CONVERSION:** Portability and conversion are available for your term life policies if your employment with Monogram Foods ends. Portability allows you to continue your term life coverage, while the conversion option allows you to convert your term life policy into an individual whole life policy.

**PREVENTIVE CARE:** Routine healthcare services can minimize the risk of certain illnesses or chronic conditions. Examples of preventive care services include but are not limited to physical exams, mammograms, flu vaccines, prostate tests and smoking cessation. A full list can be found at [uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b-recommendations](https://uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b-recommendations).

**REASONABLE AND CUSTOMARY:** The amount of money a health 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 health plan considers normal or acceptable, you may have to pay the difference.

# Medical

BlueCross BlueShield of Tennessee | [bcbst.com](https://www.bcbst.com) | 800.565.9140

Monogram Foods is committed to helping you and your dependent(s) maintain health and wellness by providing you with access to the highest levels of care. We offer you one medical plan option for the 2024-2025 plan year:

- **Bronze plan (PPO plan)** — Low-cost medical plan with minimal coverage. This plan was created as an option to satisfy the Patient Protection and Affordable Care Act (PPACA).

## In-network providers tip

This plan allow you to use out-of-network physicians. However, keep in mind that it is significantly more expensive (for both you and Monogram Foods) if you use an out-of-network doctor, facility or pharmacy. To find in-network providers, visit [bcbst.com](https://www.bcbst.com) and select “Find a Doctor.”



MEDICAL AND PRESCRIPTION DRUG PLAN SUMMARY



Medical	Bronze plan	
	In-network	Out-of-network
<b>Deductible</b>		
Team member only	\$3,500	\$7,000
Family	\$7,000	\$14,000
Coinsurance (what the plan pays after the deductible is reached)	80%	60%
<b>Out-of-pocket maximum (includes deductible)</b>		
Team member only	\$7,000	\$21,000
Family	\$14,000	\$42,000
Preventive care (routine adult and child exams and immunizations, routine mammograms, GYN exams, digital rectal exams, PSA test and colorectal cancer screening)	Covered at 100%	60% after deductible
Primary care visit	80% after deductible	60% after deductible
Specialist visit	80% after deductible	60% after deductible
Urgent care	80% after deductible	60% after deductible
Chiropractor	80% after deductible	60% after deductible
Emergency room	80% after deductible	
Ambulance	80% after deductible	
Inpatient care	80% after deductible	60% after deductible
Outpatient care	80% after deductible	60% after deductible
<b>Prescription drugs</b>		
Retail (30-day supply)		
Tier 1 — generics	\$10 copay	60% after deductible
Tier 2 — preferred	50%	60% after deductible
Tier 3 — nonpreferred	50%	60% after deductible
Tier 4 — self-administered specialty	\$100 copay	Not covered
Mail order (90-day supply)		
Tier 1 — generics	\$30 copay	60% after deductible
Tier 2 — preferred	50%	60% after deductible
Tier 3 — nonpreferred	50%	60% after deductible

Prescription drugs — 100% coverage for preventive generics before the deductible applies.



# BlueCross BlueShield of Tennessee (BCBST) Resources and Programs

## BCBST RESOURCES

### BCBST website ([bcbst.com](http://bcbst.com))

- Coverage details (copays, deductibles, out-of-pocket maximums, etc.).
- Review your claims activity and history.
- Print a temporary ID card, or order a new ID card.
- See frequently asked questions (FAQs).
- Registered nurses are available to provide immediate assistance and advice on medical treatment.

### How to find a preferred BCBST provider

The preferred designation identifies doctors in the BCBST network who have achieved top results on BCBST’s quality and cost-efficiency measures. To find one of these doctors, please visit [bcbst.com](http://bcbst.com) and select “Find a Doctor.”

### Contacting BCBST

- General inquires — Call 423.535.5600.
- Customer service — Call 423.535.5707.
- Mental health/substance abuse services — Call 800.888.3773.
- Care management programs — Call 877.960.1850.

If you are deaf or hard of hearing or have a speech disability, dial 711 for TTY relay services. For other language assistance or translation services, please call the customer service number.

## BCBST PROGRAMS

### Healthy Maternity

With a little one on the way, you have a lot on your mind. Once you sign up for Health Maternity through BlueCross BlueShield of Tennessee, you will receive:

- One-on-one support from a maternity nurse.
- Weekly emails for each stage of pregnancy and online pregnancy resources.
- Immunization help.
- Emotional support during and after your pregnancy.
- Help from our high-risk maternity nurses or a certified lactation counselor if needed.

Log in or register now at [bcbst.com/myhealthymaternity](http://bcbst.com/myhealthymaternity) or call 800.818.8581.

### Livongo diabetes management program

Livongo is a diabetes management program available to team members and dependents enrolled in Monogram’s medical plans.

Livongo provides resources and coaches to support you those diagnosed with diabetes and pre-diabetes. Through Livongo, you will have access to an advanced glucose meter and blood pressure monitor, all at no cost to you.

Contact Livongo at 800.945.4355 or register for an account at [healthy.livongo.com](http://healthy.livongo.com) (registration code BCBST-DPP) for more information.

### Hinge Health\*

Hinge’s Digital Musculoskeletal (MSK) Clinic is a no-cost program offered to team members and dependents enrolled in Monogram’s medical plan. Hinge Health includes app-based physical therapy and guidance from doctors, physical therapists and health coaches plus a wearable pain relief device. Depending on what’s right for you, you may also get one-on-one video consultations and a personalized exercise therapy plan.

The first step toward relief is taking an online assessment so Hinge can match you to the therapy that’s best for you. Log in to your [bcbst.com](http://bcbst.com) account, go to Managing Your Health and choose Back and Joint Care.



\*New program



# Prescription Drug Coverage

We are pleased to offer robust prescription drug coverage through CVS Caremark. Our plans include a four-tier (generic, preferred brand, non-preferred brand and specialty) prescription drug plan. To find out which tier your prescription falls into, you can visit [bcbst.com](http://bcbst.com). If you enroll in Monogram’s Bronze Plan, you will be responsible for the full cost of the medication until your deductible is met. Once the deductible is met, you will be responsible for applicable cost sharing.

To locate an in-network pharmacy, find the cost of a drug, or get questions answered, log in to your BlueCross BlueShield of Tennessee account at [bcbst.com](http://bcbst.com) or call CVS Caremark at 800.565.9150.

You save money when you use generic drugs, and preventive generic medications are covered at 100% prior to meeting your deductible. Generics offer the same ingredients as brand-name drugs at the same level of quality and safety. Always ask your doctor if a generic is available for your condition.

### GENERIC DRUGS



These drugs are lowest in cost because many companies can make them

### PREFERRED BRAND-NAME DRUGS



These drugs cost more because only one company makes them.

### NON-PREFERRED BRAND-NAME DRUGS



These cost even more. Typically, you can get a comparable drug which is a preferred brand-name or a generic.

### SPECIALTY DRUGS



These are high-cost drugs to treat rare and/or complex conditions.

## MAKING THE MOST OF YOUR PHARMACY BENEFITS

Monogram Foods wants to ensure that you have access to affordable and convenient options for filling your medications. More information is outlined below to assist you in the process.

- **GETTING YOUR MEDICATION:** You have the option of picking up your medication at a retail pharmacy near you or having a 90-day supply conveniently delivered to your home through CVS Caremark’s mail order program. Call 844.740.0604 or go to [bcbst.com/rx](http://bcbst.com/rx) plan to get started.
- **FORMULARY DRUG LIST:** Your health plan may not cover the exact drug you take, but it may cover a very similar drug. The formulary can help you and your provider understand how medications will be covered under your plan. The formulary has different levels (or tiers) for different drugs.

\*New program

# Telehealth

BlueCross BlueShield of Tennessee | [bcbst.com/teladoc](https://bcbst.com/teladoc) | 1.800.Teladoc

See a doctor immediately, 24/7, with Teladoc. BlueCross BlueShield of Tennessee partners with Teladoc to bring you quality care from the comfort and convenience of home.

## WHAT IS TELEHEALTH?

Live video calls (on a phone, tablet or computer) with a doctor who is available at any time, day or night. No appointment is required.

Doctors can diagnose and treat common medical issues (cold, flu, fever, sinusitis, etc.). You'll typically pay less than you would for a visit to the office or urgent care clinic.

It's easy to get started. Register by logging in to our BCBSTN app or at [bcbst.com/teladoc](https://bcbst.com/teladoc) and choosing Talk With a Doctor Now.

## WHEN DO I USE TELEHEALTH?

Use Teladoc for things like:

- Allergies, cold, fever and flu
- Sinus or respiratory issues
- Skin conditions (rashes or insect bites)
- Certain pediatric conditions
- Urinary tract infections
- Constipation or diarrhea
- Earaches
- Nausea and vomiting
- Pink eye



### Be Informed

Sign up for telehealth when you are feeling well so you don't have to when you are ill. Register by logging in to our BCBSTN app or at [bcbst.com/teladoc](https://bcbst.com/teladoc) and choosing Talk With a Doctor Now.

# Dental Plan

Delta Dental of Tennessee | [deltadentaltn.com](http://deltadentaltn.com) | 800.223.3104

Monogram partners with Delta Dental of Tennessee to offer dental coverage. Although you can choose any dental provider, when you use an in-network dentist, you will generally pay less for treatments because your share of the cost will be based on negotiated discount fees. With out-of-network dentists, the plan will pay at the 90th percentile of usual and customary. Members may be balance billed for the remaining charge(s).

Dental exams can tell your doctor a lot about your overall health. It's important to schedule regular exams to help detect significant medical conditions before they become serious.

To see a current provider directory, please visit [deltadentaltn.com](http://deltadentaltn.com).

**Delta Dental of Tennessee**

View covered services, claim status or your account balance; find a dentist; update your information; and much more at [deltadentaltn.com](http://deltadentaltn.com).

	In-network
<b>Deductible</b>	
Individual	\$0
Family	\$0
Annual plan maximum (per individual)	\$1,500
<b>Diagnostic and preventive</b>	
Oral exams, X-rays, cleanings, fluoride, space maintainers, sealants	100%
<b>Basic</b>	
Oral surgery, fillings, endodontic treatment, periodontic treatment, repairs of dentures and crowns	90%
<b>Major</b>	
Crowns, jackets, dentures, bridge implants	60%
<b>Orthodontia</b>	
Adults and dependent children	60%
Lifetime orthodontia plan maximum (per individual)	\$1,500

Reminder: You may receive preventive dental exams twice annually during the calendar year at no out-of-pocket cost.\* You may receive your dental exam at any time between January 1 through December 31, without the need to wait 6 months between appointments.

\*Subject to an annual maximum of \$1,500.

# Vision Plan

EyeMed | [eyemedvisioncare.com](http://eyemedvisioncare.com) | 866.939.3633

EyeMed’s vision care benefits include coverage for eye exams, standard lenses and frames, and contact lenses and discounts for laser surgery. The vision plan is built around a network of eye care providers, with better benefits at a lower cost to you when you use providers who belong to EyeMed’s network. When you use an out-of-network provider, you will have to pay more for vision services.

Eye exams can tell your doctor a lot about your overall health. It’s important to schedule regular exams to help detect significant medical conditions before they become serious.

	In-network	Out-of-network
Routine eye exam (once per plan year)	\$10 copay	\$40 allowance
Frames	\$0 copay up to \$150 allowance	\$105 allowance
Standard lenses (once per plan year)*		
Single vision	\$10 copay	\$30 allowance
Bifocal	\$10 copay	\$50 allowance
Trifocal	\$10 copay	\$70 allowance
Contact lenses*		
Medically necessary	Covered in full	\$300 allowance
Elective	\$0 copay up to \$150 allowance	\$105 allowance
Contact lens fit and follow-up	Up to \$40 copay	Not covered

Reminder: Vision benefits are based on a benefit plan year. For example, if you receive an exam on June 1, you must wait 12 months to receive your next exam.

\*With EyeMed as our vision partner, you may receive both contact lenses and frames in the same benefit year.



# Voluntary Life and AD&D

Lincoln Financial | [mylincolnportal.com](http://mylincolnportal.com) | 800.487.1485

You have the opportunity to purchase voluntary life and AD&D insurance for yourself, your spouse and/or your dependent children. Your cost for this coverage is based on the amount you elect and the team member’s age. You must purchase voluntary life and AD&D insurance for yourself in order to purchase spouse and/or dependent child(ren) coverage. If you do not enroll in this coverage when first eligible, you can elect during annual enrollment or family status change.

Voluntary life and AD&D — Lincoln Financial	Benefit	Guaranteed issue amount*	Who pays?
Team member	Increments of \$25,000 up to a max of \$250,000.	\$250,000	100% paid by the team member
Spouse	Increments of \$5,000 up to a max of \$125,000.	\$50,000	100% paid by the team member
Child(ren) (from birth to age 26)	\$10,000.	\$10,000	100% paid by the team member

Team member age	Team member	Spouse	Age	Team member	Spouse
Under 25	\$0.07	\$0.07	50-54	\$0.36	\$0.36
25-29	\$0.07	\$0.07	55-59	\$0.61	\$0.61
30-34	\$0.08	\$0.08	60-64	\$0.91	\$0.91
35-39	\$0.10	\$0.10	65-69	\$1.47	\$1.47
40-44	\$0.15	\$0.15	70-74	\$2.35	\$2.35
45-49	\$0.24	\$0.24	75+	\$2.35	\$2.35
Voluntary AD&D team member rate per \$1,000 of coverage			Voluntary life child rate per \$1,000 of coverage		
\$0.040			\$0.17		

**Example**

If the rate is \$0.080 per \$1,000 and a team member elects \$20,000 in coverage, the monthly premium will be \$1.60.

\$0.080	x	20	=	\$1.60
Plan rate (determined by age)		Coverage per \$1,000		Monthly premium

\*Guaranteed issue amount is the amount of coverage you can receive regardless of your health status, age. If you would like to elect an amount above the guarantee issue, you will be subject to medical underwriting. Team member election increases more than one level (\$25,000) and any increase to spouse coverage will also require evidence of insurability to be completed. To submit your EOI online, visit [mylincolnportal.com](http://mylincolnportal.com). You will be asked to register by creating a username and password.

# Voluntary Benefits

Lincoln Financial | [mylincolnportal.com](https://mylincolnportal.com) | 800.487.1485

To enhance your benefits package, Monogram Foods offers voluntary insurance products through Lincoln Financial.

## CRITICAL ILLNESS INSURANCE

By purchasing critical illness insurance, you can protect your finances from the burden of extra medical and out-of-pocket expenses that can accompany certain covered medical conditions.

Most medical plans provide coverage for hospital and medical expenses associated with critical illnesses such as stroke, heart attack, kidney failure, major organ transplant, coma and paralysis. Even so, there are many expenses that aren't covered that can be financially devastating. With critical illness coverage, you can be prepared financially for costs like:

- Copays, deductibles and coinsurance.
- Transportation and lodging needs.
- Child care and other domestic help expenses.
- Possible loss of income.

You can use critical illness coverage more than once. Depending on the illness, a set amount of money is paid directly to you to be used however you choose.

## ACCIDENT INSURANCE

Accidents can happen when you least expect it. Even day-to-day activities, such as cooking, riding a bike or driving, can lead to accidental injuries. Your medical plan's copays, coinsurance and deductibles add up quickly after a sudden or unexpected injury. While you can't predict when an accident will happen, you can be prepared financially.

Accident insurance provides a lump-sum payment based on the accident/injuries sustained; it's paid directly to you, and you decide the best way to spend it. It's that simple. Whether it's to pay medical expenses, the mortgage, car payments or even utility bills, you decide.

Other advantages of accident insurance are:

- Cash benefits for expenses that may not be covered under your medical insurance.
- There are no health questions to answer.
- There is no limit to the amount of accidents you can claim under the policy (with exception to policy rules).
- Covered individuals can receive a cash benefit for a covered health screening per year with no waiting period required.

## HOSPITAL INDEMNITY INSURANCE

When you're faced with a hospitalization, there will be medical expenses and out-of-pocket costs that aren't covered by your primary health insurance plan. Hospital indemnity insurance can help ease the financial burden of a hospital admission; you can focus on your recovery and less on your finances. This insurance pays a benefit when you are admitted to a hospital for a covered accident or sickness.

You may receive a benefit for the following:

- \$1,000 each covered hospital admission.
- \$100 each day of your covered hospital stay, up to 30 days.
- \$200 each day of your covered intensive care stay, up to 15 days.

Covered individuals can also receive a cash benefit for a covered health screening per year.

Benefits of voluntary coverage

- Coverage is affordable and offered to you at group rates.
- You own the policy. You take it with you if you leave Monogram Foods or retire.
- Coverage is effective on the first day of the month in which payroll deductions begin.
- Premiums are conveniently deducted from your paycheck.
- You can insure your spouse and children.

## PET INSURANCE

Pet Benefit Solutions | [wishboneinsurance.com/monogramfoods](https://wishboneinsurance.com/monogramfoods) | 800.891.2565

While it's hard to anticipate accidents or illnesses, pet insurance makes it a little easier to be prepared for them. From preventive care visits to significant medical incidents, Wishbone through Pet Benefit Solutions can help you find the right protection. Visit [wishboneinsurance.com/monogramfoods](https://wishboneinsurance.com/monogramfoods) to receive a quote today.



# Biweekly and Weekly Rates

Monogram Foods covers a majority of the cost for your medical and dental insurance. If you enroll in the vision plan, you pay the full cost for that coverage. Your premiums for medical, dental and vision coverage will be deducted from your biweekly or weekly paycheck on a pretax basis. All rates below will be effective August 1, 2024, through July 31, 2025.

## MEDICAL AND PRESCRIPTION PAYROLL CONTRIBUTIONS

Bronze plan		
	Biweekly	Weekly
Team member	\$36.29	\$18.15
Team member + spouse	\$111.86	\$55.93
Team member + child(ren)	\$102.49	\$51.25
Family	\$185.81	\$92.90

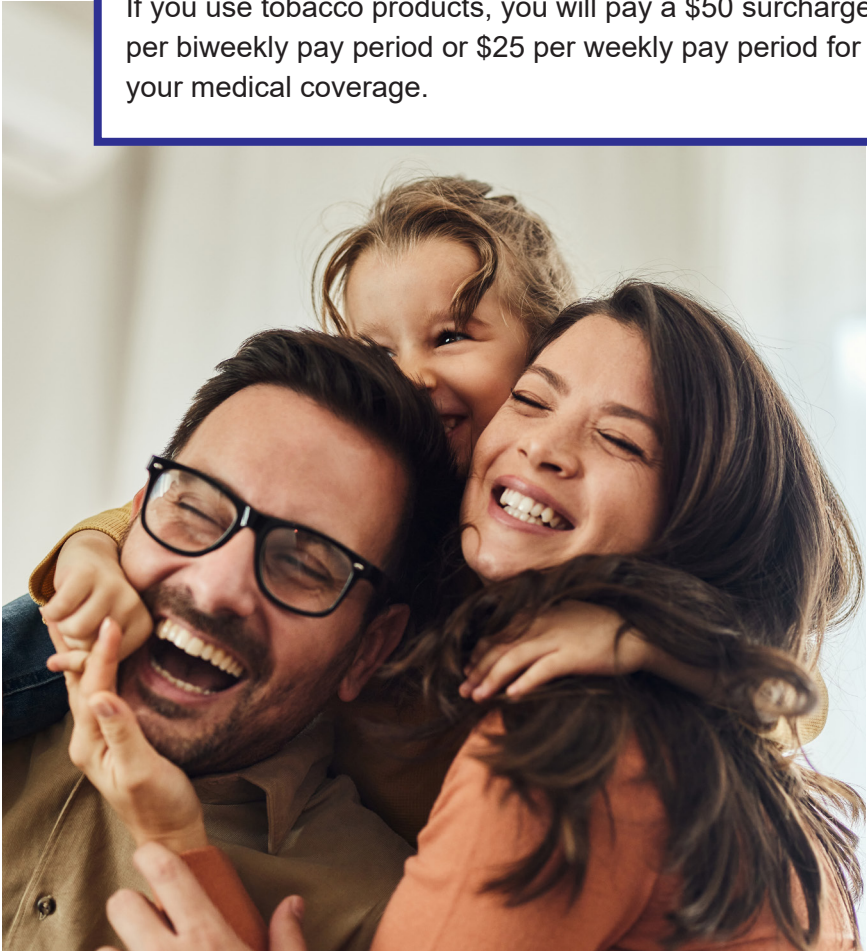
## DENTAL PAYROLL CONTRIBUTIONS

	Biweekly contribution	Weekly contribution
Team member	\$3.97	\$1.99
Team member + spouse	\$8.76	\$4.38
Team member + child(ren)	\$9.01	\$4.50
Family	\$14.52	\$7.26

## VISION PAYROLL CONTRIBUTIONS

	Biweekly contribution	Weekly contribution
Team member	\$2.92	\$1.46
Team member + spouse	\$5.83	\$2.92
Team member + child(ren)	\$6.13	\$3.07
Family	\$9.63	\$4.82

Please note:  
 If you use tobacco products, you will pay a \$50 surcharge per biweekly pay period or \$25 per weekly pay period for your medical coverage.





# Contacts

## MEDICAL PLAN

### BCBST

Member services: 800.565.9140  
Nurseline: 800.262.2873  
Technical support: 800.924.7141  
Livongo: 800.945.4355  
Hinge Health: 855.902.2777  
Teladoc: 800.TELADOC  
Tobacco cessation program via Teladoc: 888.283.6691  
Website: [bcbst.com](http://bcbst.com)

## PRESCRIPTION DRUG

### CVS Caremark

Member services: 800.565.9140  
Website: [bcbst.com/rxplan](http://bcbst.com/rxplan)

## DENTAL

### Delta Dental TN

Customer service: 800.223.3104  
Website: [deltadentaltn.com](http://deltadentaltn.com)

## VISION

### EyeMed

Customer service: 866.939.3633  
Website: [eyemedvisioncare.com](http://eyemedvisioncare.com)

## VOLUNTARY LIFE AND AD&D

### Lincoln Financial

Customer service: 800.487.1485  
Website: [mylincolnportal.com](http://mylincolnportal.com)  
Code: MONOGRAM-EE  
EOI questions: 888.287.8494 — Option 2

## VOLUNTARY BENEFITS

### Lincoln Financial

Customer service: 800.423.2765  
Website: [mylincolnportal.com](http://mylincolnportal.com)  
Code: MONOGRAM-EE  
New claims: 888.408.7300  
Existing claims: 800.291.0112

## PET INSURANCE

### Pet Benefit Solutions

Customer service: 800.891.2565  
Email: [customercare@petbenefits.com](mailto:customercare@petbenefits.com)  
Website: [wishboneinsurance.com/monogramfoods](http://wishboneinsurance.com/monogramfoods)

## RETIREMENT/401 (K)

### Lincoln Financial

Customer service: 800.234.3500  
Website: [lincolnfinancial.com](http://lincolnfinancial.com)

## MEDICARE ADVOCACY

### Transitions Benefit Group

Customer service: 800.936.1405  
Website: [transitionsbg.com](http://transitionsbg.com)

## BENEFIT COMMUNICATION SPECIALIST

### Lockton

Customer service: 800.607.1404  
Email: [monogrambenefits@lockton.com](mailto:monogrambenefits@lockton.com)

# Notes

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### Final notes

This summary of benefits is not intended to be a complete description of Monogram Food's insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document rather than by this or any other summary of the insurance benefits provided by the plan.

In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although Monogram Foods maintains its benefit plans on an ongoing basis, Monogram Foods reserves the right to terminate or amend each plan in its entirety or in any part at any time.

Please contact your Monogram Foods human resources representative with questions regarding the information provided in this overview.



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.

