

# 2024 Salaried Benefits Enrollment Guide



*Inspired by Innovation :: Driven by Excellence*

# GENERAL INFORMATION

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## Who's Eligible

If you work 20 or more hours per week, you are eligible for benefits after you've worked 30 days. Your spouse and children (up to age 26) also are eligible for coverage. A dependent spouse who is employed by an employer that sponsors a group health plan providing health benefits to employees in the dependent spouse's job category, but not covered by their employer group health plan is ineligible for coverage under this plan.

## BGF Pays

BGF pays all of the cost of your free life insurance, your salary continuation plan, your basic vision and most of the cost for your medical and dental plans.

## Pre-Tax Advantage

Under the pre-tax premium plan, you pay medical, dental and vision contributions with pre-tax dollars. This means that your share of the cost is taken off the top of your gross pay before taxes are withheld. With this advantage, you save state, federal and FICA taxes, which amounts to about 25% to 30% of the contributions, depending on your tax bracket. Disability, long term care and optional life premiums are deducted post tax.



# BENEFITS ENROLLMENT & SUPPORT CALL CENTER

To enroll in benefits, you may self-enroll online by visiting [www.foresterbenefits.com/enroll](http://www.foresterbenefits.com/enroll) or you can call and enroll with a **Benefits Counselor**. Experienced Benefits Counselors are available to help you navigate the enrollment process, explain benefits being offered, and answer your questions to help you enroll. There are 2 ways to connect with a counselor, pick which one works best for you.

**1. Call the Benefits Enrollment and Support Call Center at:**

1-833-611-4961 Monday – Friday 8am – 5pm (ET)

**2. Follow the link or scan the QR code to schedule an appointment with a benefits counselor:**

[www.foresterbenefits.com/bgf-appt](http://www.foresterbenefits.com/bgf-appt)



**Important:** Please have your dependents' full legal name, Social Security numbers, and Date of Birth on hand when you enroll. These are required data.

***New hires must complete enrollment in the benefit plans within 30 days of your date of hire. Your elected benefits will be effective on the 31<sup>st</sup> day following your date of hire. As long as you remain eligible, your benefit elections will be in place through December 31<sup>st</sup>.***

**Contact the Benefits Enrollment and Support Call Center all year long whether you have a question about your benefits or experience a qualifying life event and wish to make mid-year changes.**

Examples of qualifying events that allow you to change your benefits elections during the year are:

- Marriage or divorce
- Birth, adoption or change in the custody of a child
- Death of your spouse or dependent child
- A change in the employment status of a spouse, impacting your benefit eligibility
- A change in your dependent's status (due to age or eligibility for medical coverage through his/her own employer)

If you have a qualifying event, you must change your benefit elections within 30 days of the event. If you do not make a change within 30 days, you must wait until the next open enrollment period. Please contact your Human Resources Representative for more information.

*You need to provide documentation of your qualifying event to your Human Resources Representative for the qualifying event to be approved. Examples of documentation include: Marriage/birth/death certificate, divorce/guardianship court decrees, proof of loss of other insurance.*

## HOW TO SELF-ENROLL

To make your benefit choices online, visit [www.foresterbenefits.com/enroll](http://www.foresterbenefits.com/enroll) and follow the below steps to login and complete enrollment.

### STEP 1: LOGIN

First time users must register on the Employee Login screen by clicking "Register as a New User"

- Enter your first and last name
- Enter the company identifier: **BGFInd**
- Enter the last four digits of your SSN
- Enter your date of birth
- You will be prompted to create:
  - Username - Company email is recommended, but not required. You can make the username whatever you choose, but it must be a minimum length of 8 characters and a maximum length of 50.
  - Password - The password must include both a number and a symbol and be a minimum length of 6 characters and a maximum length of 20.

Returning users will do the following:

- Enter your username and password
- If you have forgotten your password, click on the "Reset a forgotten password" link

### STEP 2: MAKE YOUR ELECTIONS (*Pop-up blocker must be turned off*)

Once you arrive on your Welcome screen, you will:

- Navigate through the site with ease by clicking the green "Start Enrollment" button.
- As you progress through the online enrollment process, you are prompted to input your personal and dependent information and make your benefit elections.
- Helpful Resources are readily available throughout the process to help you learn more about your benefit options.
- You can also review your Benefits Enrollment Guide, which includes each coverage plan summary, by viewing the Helpful Resources tab.

### STEP 3: REVIEW AND SUBMIT

After providing your information and indicating your elections, you will need to do these final steps to complete the enrollment:

- Review your information and click the green "Click to Sign" button to complete your enrollment.
- Your enrollment is NOT COMPLETE until you click the "Click to Sign" button to electronically sign your enrollment request and submit it for processing.
- You can print a copy of your Enrollment Summary by clicking the "print" icon in the top right corner of the screen.
- If needed, you may log back in and make changes at any time during the designated enrollment period.

# MEDICAL HEALTH ACCOUNT PLAN

Your medical plan is administered through Blue Cross Blue Shield of North Carolina.

Health Account Plan	In-Network	Out-of-Network
<b>Health Account</b> (Employer Paid 100%)	\$500 Individual / \$1,000 Family Maximum Rollover of \$500 Individual / \$1,000 Family	
<b>Bridge</b> (Employee Responsibility)	\$1,250 Individual / \$2,500 Family	
<b>Deductible</b> (Health Account + Bridge)	\$1,750 Individual / \$3,500 Family*	
<b>Annual Out-of-Pocket Maximum</b>	\$5,500 Individual / \$11,000 Family	\$11,000 Individual / \$22,000 Family
<b>In the Hospital</b>		
<b>Room &amp; Miscellaneous Charges</b>	80% after deductible	70% after deductible
<b>Inpatient Mental Health / Chemical Dependency &amp; Substance Abuse</b>	80% after deductible	70% after deductible
<b>Physician Visits</b>	80% after deductible	70% after deductible
<b>Surgeon / Anesthesiologist</b>	80% after deductible	70% after deductible
<b>Emergency Room</b>	80% after deductible	80% after deductible
<b>Outpatient Hospital Services</b>	80% after deductible	70% after deductible
<b>In the Doctor's Office</b>		
<b>Primary Care Physician</b> Office Visits / Consultations	80% after deductible	70% after deductible
<b>Specialist Office Visit</b>	80% after deductible	70% after deductible
<b>Surgery</b>	80% after deductible	70% after deductible
<b>Lab Tests and X-rays</b>	80% after deductible	70% after deductible
<b>Allergy Injections and Serum</b>	100% no deductible	70% after deductible
<b>Preventive Care</b> Including immunizations, annual physicals, mammograms, pap smears, colorectal cancer screenings, prostate screenings; services listed in summary plan description	100% no deductible	70% after deductible
<b>Well Baby Care</b>	100% no deductible	70% after deductible
<b>Medical Services</b>		
<b>Maternity</b> Maternity coverage limited to employees and spouses only.	80% after deductible	70% after deductible
<b>Outpatient Mental Health / Chemical Dependency &amp; Substance Abuse</b>	80% after deductible	70% after deductible

**Note: Members enrolled in this plan will receive the FREE \$5,000 Employer Paid Critical Illness Plan.**

\*Non-Embedded Deductible: You and your covered dependents must satisfy the entire family deductible (\$3,500) on a combined basis before your healthcare benefits for certain medical expenses begin.

# MEDICAL TRADITIONAL PPO

Your medical plan is administered through Blue Cross Blue Shield of North Carolina.

Traditional PPO Plan	In-Network	Out-of-Network
<b>Deductible</b> (Per Calendar Year)	\$1,000 Individual / \$2,000 Family	\$2,000 Individual / \$4,000 Family
<b>Annual Out-of-Pocket Maximum</b>	\$4,000 Individual / \$8,000 Family	\$9,000 Individual / \$18,000 Family
<b>In the Hospital</b>		
<b>Room &amp; Miscellaneous Charges</b>	80% after deductible	70% after deductible
<b>Inpatient Mental Health / Chemical Dependency &amp; Substance Abuse</b>	80% after deductible	70% after deductible
<b>Physician Visits</b>	80% after deductible	70% after deductible
<b>Surgeon / Anesthesiologist</b>	80% after deductible	70% after deductible
<b>Emergency Room</b>	\$100 co-pay in addition to the deductible then 80% for true and non-emergencies	\$100 co-pay in addition to the deductible then 80% for true and non-emergencies
<b>Outpatient Hospital Services</b>	80% after deductible	70% after deductible
<b>In the Doctor's Office</b>		
<b>Primary Care Physician</b> Office Visits / Consultations	\$30 co-pay then 100% no deductible	70% after deductible
<b>Specialist Office Visit</b>	\$50 co-pay then 100% no deductible	70% after deductible
<b>Surgery</b>	80% after deductible	70% after deductible
<b>Lab Tests and X-rays</b>	80% after deductible	70% after deductible
<b>Allergy Injections and Serum</b>	100% no deductible	70% after deductible
<b>Preventive Care</b> Including immunizations, annual physicals, mammograms, pap smears, colorectal cancer screenings, prostate screenings; services listed in summary plan description	100% no deductible	70% after deductible
<b>Well Baby Care</b>	100% no deductible	70% after deductible
<b>Medical Services</b>		
<b>Initial Maternity Visit</b> Maternity coverage limited to employees and spouses only.	\$30 co-pay then 100% no deductible	70% after deductible
<b>Mental Health / Chemical Dependency &amp; Substance Abuse Office Visit</b>	\$30 co-pay then 100% no deductible	70% after deductible

## PHARMACY PLANS

Your pharmacy benefits are administered through RxBenefits/Express Scripts.

Maintenance Medications – You have the option of using CVS pharmacies or mail order for a 90-day supply of maintenance medications.

Prescription Drugs Generic Incentive – If you chose a brand when a generic is available, you will pay the difference between the cost of the brand & generic plus the applicable co-payment. This does not apply if the doctor specifies dispense as written.

Health Account Plan In-Network Benefits Only	Retail 30 Day Supply	Mail Order 90 Day Supply (Except 30 Day Supply for Specialty)
<b>Out-of-Pocket Maximum</b>	\$2,000 Individual / \$4,000 Family	
<b>Deductible</b>	\$50 per person per calendar year (no family maximum)	NA
<b>Generic</b>	\$15	\$30
<b>Preferred Brand</b>	20% co-insurance up to \$100	20% coinsurance up to \$200
<b>Non-Preferred Brand</b>	30% co-insurance up to \$175	30% coinsurance up to \$350
<b>Specialty</b>	NA	\$225 through Accredo Pharmacy

Traditional PPO Plan In-Network Benefits Only	Retail 30 Day Supply	Mail Order 90 Day Supply (Except 30 Day Supply for Specialty)
<b>Out-of-Pocket Maximum</b>	\$1,500 Individual / \$3,000 Family	
<b>Deductible</b>	\$25 per person per calendar year (no family maximum)	NA
<b>Generic</b>	\$15	\$30
<b>Preferred Brand</b>	20% co-insurance up to \$90	20% coinsurance up to \$180
<b>Non-Preferred Brand</b>	30% co-insurance up to \$160	30% coinsurance up to \$320
<b>Specialty</b>	NA	\$200 through Accredo Pharmacy

## MEDICAL & PHARMACY DEDUCTIONS

Medical – Monthly Deductions	Health Account Plan	Traditional PPO Plan
<b>Employee</b>	\$100.00	\$162.00
<b>Employee + Spouse</b>	\$377.00	\$597.00
<b>Employee + Child(ren)</b>	\$308.00	\$484.00
<b>Family</b>	\$488.00	\$767.00



## HEARING AID BENEFITS

Hearing aids and evaluation testing are covered at 80% after deductible in-network and 70% after deductible out-of-network. Hearing aids are limited to one per ear every 3 years for network or out of network claims.

## TELEMEDICINE

Telemedicine is a 24/7 service that provides access to board-certified doctors by mobile app, online video, or telephone. Whether you are at home, at work, traveling or you simply want a more convenient way to see a doctor, it is easy to use and available anytime, anywhere.

BCBSNC partners with Teladoc to provide telemedicine services to you. Download the Teladoc app, visit [www.teladoc.com](http://www.teladoc.com), or call 1-800-835-2362 to set up your account. **Visits are NO COST if you are enrolled in the BGF medical plan.**

Teladoc can help you with everyday, non-emergency healthcare issues, including sinus problems, allergies, flu symptoms, and much more. Skip the waiting room and the trip to the ER. By scheduling a visit, you can be diagnosed, treated, and prescribed medication if necessary.

## PRE-DIABETES & DIABETES PROGRAM

BCBSNC partners with Livongo to offer a more effective way to manage pre-diabetes and diabetes.

The Livongo program offers personalized, actionable and timely support including:

- Lifestyle behavior change tools
- Expert health coaching
- Provider coordination
- Cellular-connected devices
- Personalized plans for reaching health goals

If you are interested in participating in this program, please contact BCBSNC.



Accident and Critical Illness Insurance provide cash to help pay for both medical expenses not covered by your medical plan as well as day-to-day expenses that may start to add up — like rent, mortgage, car payments, etc. — while you are ill. You will receive the cash benefits even if you receive other insurance benefits.

## ACCIDENT

Accident insurance provides coverage for 24 hour accidents. A benefit is paid directly to you based on a schedule for injuries resulting from an accident. You may enroll yourself and your dependents in coverage. Your Accident plan is through Reliance Standard.

**Coverage for Accidents include:** Emergency Care, Hospital Admission and Confinement, Fractures, Dislocations, Burns, Lacerations, Coma, Concussion, Tendon/Ligament/Rotator Cuff Surgery, Loss of Life, etc.

Monthly Deductions	Accident
Employee	\$14.47
Employee + Spouse	\$21.93
Employee + Child(ren)	\$29.38
Family	\$37.44

## CRITICAL ILLNESS

With Critical Illness Insurance, if you are diagnosed with a covered illness, you get a lump-sum cash benefit. Your Critical Illness plan is through Reliance Standard.

**Covered Critical Illnesses include:** Cancer, Heart Attack, Stroke, Paralysis, Major Organ Failure, etc.

**Employees:** Elect between \$5,000 and \$25,000 of coverage in \$5,000 increments.

**Spouses:** Elect between \$5,000 and \$25,000 of coverage in \$5,000 increments. Not to exceed the employees coverage amount. Spouse rate is based on employee age. Spouse must be under age 70 to be eligible.

**Children:** Covered at 50% of the employee amount at no additional cost.

**Annual Wellness Benefit:** Pays \$50 for one wellness screening performed during a 12 month period for each insured, up to a maximum of 4 per family. Once you receive the wellness screening, all you will need to do to receive the benefit is visit the Reliance online portal and complete the wellness claim form. Examples of eligible wellness screenings include: colonoscopy, mammogram, various blood tests, chest x-rays, stress tests, ultrasounds, etc.

Monthly Deductions Employee / Spouse Issue Age Rates	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000
Under Age 30	\$2.10	\$4.20	\$6.31	\$8.41	\$10.51
Age 30 – 39	\$3.55	\$7.11	\$10.66	\$14.19	\$17.75
Age 40 – 49	\$6.89	\$13.80	\$20.69	\$27.60	\$34.49
Age 50 – 59	\$13.80	\$27.60	\$41.41	\$55.21	\$69.01
Age 60 – 69	\$25.61	\$51.20	\$76.81	\$102.40	\$128.01
Age 70+	\$63.55	\$127.10	\$190.65	\$254.19	\$317.74

## HOSPITAL INDEMNITY

No one likes to think about the possibility of hospitalization, but the likelihood, as well as the stress it can cause for families, is very real. Whether caused by injury or illness, a hospitalization can bring about not only lifestyle challenges, but tangible economic ones as well.

Major medical insurance plans can offset some of the treatment expenses, but there are other costs as well: time lost from work, satisfying deductibles and co-insurance. And don't forget prescribed medications, transportation costs, and continuing to provide for a family. This benefit provides a range of fixed, tax-free, lump-sum daily cash benefits. These benefits are paid directly to you following a hospitalization that meets the criteria for benefit payment. Your Hospital Indemnity plan is through Reliance Standard.

### Coverage includes:

- \$1,000 benefit for hospital admission (1 per year)
- \$2,000 benefit for ICU admission (1 per year)
- \$200 benefit for each day confined to the hospital (180 per year)

Monthly Deductions	Hospital Indemnity
Employee	\$28.29
Employee + Spouse	\$54.87
Employee + Child(ren)	\$41.18
Family	\$66.91

## WHOLE LIFE

Atlantic American Employee Benefits offers Group Whole Life Insurance with living benefits. Living benefits can assist employees when they need to take care of large expenditures that can arise during critical medical events. These benefits are easily accessible when needed to cover immediate circumstances.

Coverage not only expands an individual's financial protection but also offers guaranteed benefits to aid surviving family members adjusting to the loss of income that can result after the death of a loved one. To see what your monthly deduction would be for coverage, please reach out to the BGF Benefits Call Center.

### Guaranteed Issue Amounts:

**Employees** can select coverage up to **\$100,000** in \$10,000 increments

**Spouses** can select coverage up to **\$30,000** in \$10,000 increments - up to 100% of employee election

**Children** flat \$10,000 – up to 100% of employee election

### Four Guarantees

- Death Benefit
- Premium
- Cash Value
- Living Benefits

### Product Highlights

- A level premium that is guaranteed to never increase
- Guaranteed death benefit, generally free from federal income tax\*
- Guaranteed access to Living Benefits
- Guaranteed Cash Values
- Portable at the same rate and benefit amount
- These statements are not intended as tax advice.

## DENTAL PLAN

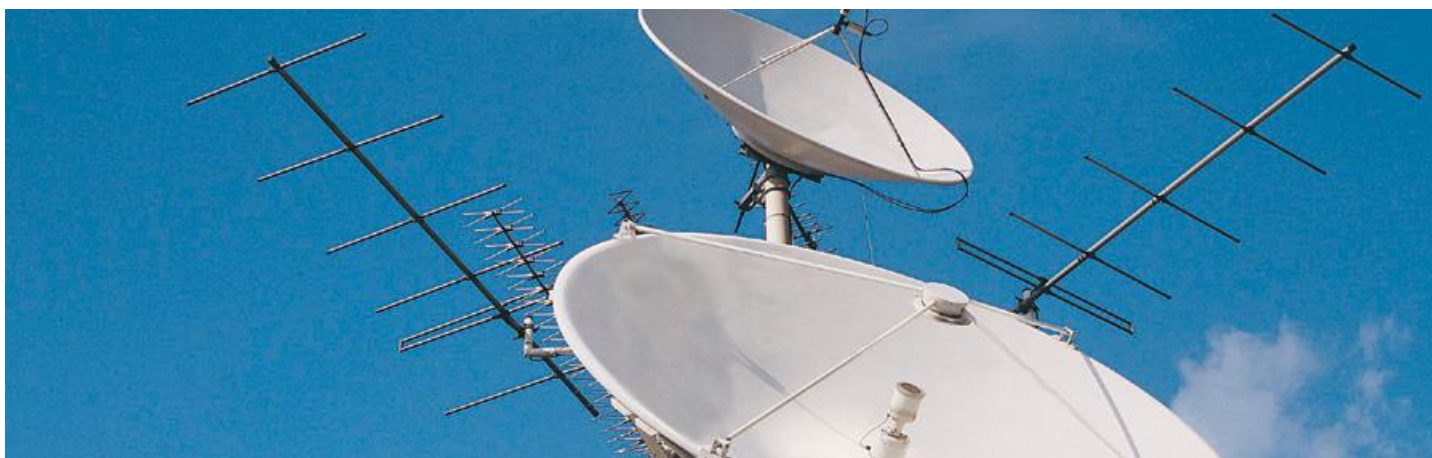
Your dental plan is through Delta Dental of North Carolina.

Dental	Option 1	Option 2
<b>Benefit</b>	Maximum of \$750 after \$25 individual/\$75 family deductible	Maximum of \$1,500 after \$25 individual/\$75 family deductible
<b>Preventive Services</b>	100% with deductible waived (limit 2 per year on selected services) not included in annual maximum	100% with deductible waived (limit 2 per year on selected services) not included in annual maximum
<b>Basic and Major Services</b>	50% after deductible up to annual maximum	50% after deductible up to annual maximum
<b>Orthodontia Services</b>	Not covered	50% up to lifetime maximum of \$1,500 (coverage for children up to age 19 only)

Monthly Deductions	Option 1	Option 2
<b>Employee</b>	\$12.00	\$24.00
<b>Employee + Spouse</b>	\$24.00	\$47.00
<b>Employee + Child(ren)</b>	\$16.00	\$37.00
<b>Family</b>	\$31.00	\$68.00

***Download Delta Dental's free app on your Apple or Android device. Just search for Delta Dental!***

The Delta Dental Mobile App helps you get the most out of your dental benefits anytime, anywhere. Use the **dentist search** or **toothbrush timer** without logging in, or enter your username and password to securely access your **personal coverage and claims information**, **estimate your dental care costs**, or access your **mobile ID card!**



# VISION PLAN

Your vision plan is through EyeMed.

Vision	Basic / Core	Optional / Buy-Up	
	In-Network	In-Network	Out-of-Network
<b>Frequencies</b>	Exam: Once every calendar year Lenses/Contacts: Unlimited Frames: Unlimited	Exam: Once every calendar year Lenses/Contacts: Once every calendar year Frames: Once every 2 calendar years	
<b>Coverages &amp; Copays</b>			
<b>Exam</b>	\$10 copay	100% Covered	Up to \$32
<b>Materials Copay</b>	NA	\$20	NA
<b>Standard Contact Lens Fitting</b>	NA	Up to \$40	NA
<b>Frames</b>	35% Discount	Allowance up to \$140, plus 20% off overage	Up to \$70
<b>Lenses</b>			
Single	\$50	Covered in full after copay	Up to \$25
Bifocal Lined	\$70	Covered in full after copay	Up to \$40
Trifocal Lined	\$105	Covered in full after copay	Up to \$60
Lenticular	\$105	Covered in full after copay	Up to \$60
Standard Progressive	\$135	Covered in full after copay	Up to \$70
Polycarbonate	\$40	Adults: Up to \$40 Children under 19: Covered in full	Up to \$28 (for dependent children)
<b>Contacts</b>	Conventional: 15% Discount Disposable: NA	Medically Necessary: Covered in full Elective: Allowance up to \$140, plus 15% off overage	Medically Necessary: Up to \$210 Elective: Up to \$112
<b>Additional Services</b>			
Lasik Discounts	15% off regular price or 5% off promotional price	15% off regular price or 5% off promotional price	NA

Monthly Deductions	Basic / Core	Optional / Buy-Up
<b>Employee Only</b>	Free!	\$9.75
<b>Employee + Spouse</b>	Free!	\$18.53
<b>Employee + Child(ren)</b>	Free!	\$19.52
<b>Family</b>	Free!	\$28.69

## EMPLOYEE ASSISTANCE PROGRAM (EAP)

Your Employee Assistance Program is through Reliance Standard/ACI Specialty Benefits.

Personal issues, planning for life events or simply managing daily life can affect your work, health and family. Your Employee Assistance Program provides support, resources, and information for personal and work-life issues. This program is provided at no charge to you and your dependents.

- **Counseling** – 3 face to face sessions per issue per year
- **Legal** – Face to face or telephonic sessions, 25% discount off additional services.
- **Financial** – Information on credit, debt and taxes. Scheduled financial counseling phone sessions.
- **Work-Life** – Qualified referrals and customized resources for child care, moving, college planning, etc.

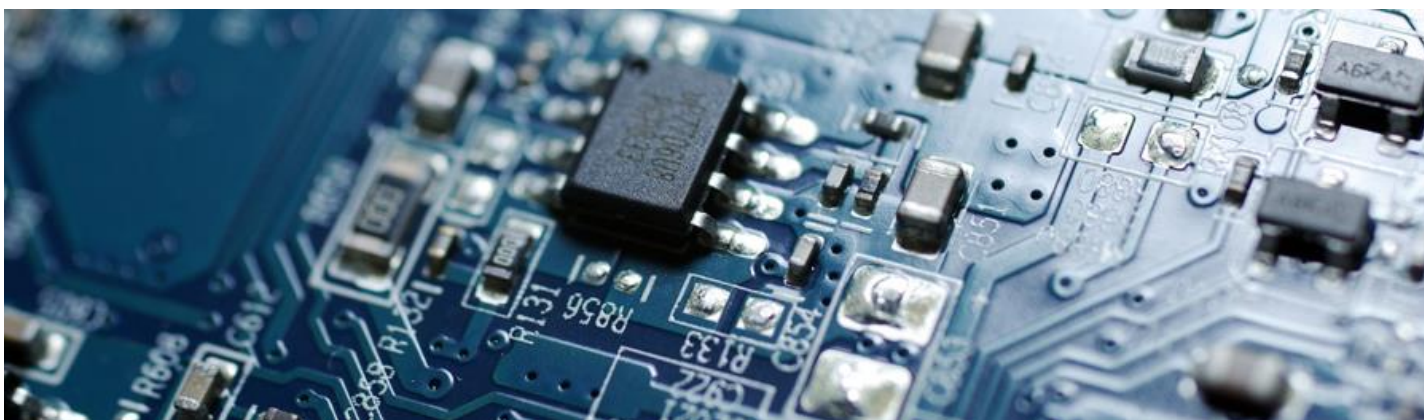
## HEALTH ADVOCATE

Health Advocate services are available to you and your covered dependents at no additional cost.

Health Advocates are typically registered nurses, supported by medical directors and benefits and claims specialists. They'll help cut through complex conditions, find specialists, address elder care issues, clarify insurance coverage, work on claim denials, and help negotiate fees for non-covered services.

### Services Include:

- **Finding the right doctors**, dentists, specialists and other providers
- **Scheduling appointments**; arrange for special treatments and tests
- **Answering questions** about test results, treatments and medications
- **Clarify benefits**; uncover billing errors
- **Assist** with claim denials
- **Get appropriate approvals** for covered services
- **Find options** for non-covered services
- **Negotiate payment arrangements** with providers
- **Provide information** about generic drug options
- **Find in-home care**, adult daycare, assisted living and long-term care
- **Clarify Medicare**, Medicare Supplemental plans and Medicaid
- **Research transportation** to appointments



## LIFE INSURANCE

Your life insurance is through Reliance Standard.

### Free Life Insurance

- Your beneficiary receives a benefit of one year's base salary up to \$150,000, rounded up to the nearest \$1,000.
- If you work beyond age 65, your coverage is reduced to 65% at age 65 and to 50% at age 70.
- At retirement or termination, you may convert to an individual plan.

### Optional Term Life Insurance

- You may buy term life insurance with low payroll premiums. You may elect an amount equal to an increment of \$10,000. This amount may not exceed \$500,000. The minimum benefit is \$10,000. The guarantee issue amount is \$150,000.
- There are no medical questions asked on the guarantee issue amount for yourself or your dependents if you enroll when first eligible.
- If you become totally disabled, your premiums may be waived.
- If your employment terminates, you may take this plan with you, if eligible.
- You may elect to cover just yourself or you may elect to also cover your spouse and/or children.

### Dependent Life Insurance

Spouse	
An amount equal to an increment of \$5,000. This amount may not exceed \$100,000. The minimum benefit is \$10,000. May not exceed 50% of employee coverage amount. The guarantee issue amount is \$25,000.	
Children	
Live birth - under 6 months	\$1,000
At least 6 months, up to age 26	Option 1: \$5,000 Option 2: \$10,000

## DISABILITY INSURANCE

Your disability insurance is through Reliance Standard/Matrix.

### Salary Continuation

BGF continues a percentage of your salary based on your years of service in the event of your disability:

Length of Service	Salary Continuation
After 2 months / less than 6 months	80% of salary for 90 calendar days
After 6 months	100% of salary for 90 calendar days

### Long Term Disability

- You may purchase long term disability coverage.
- Benefits begin on the 91<sup>st</sup> day of disability, if approved.
- Plan provides a benefit of 60% of your base monthly salary up to a maximum monthly benefit of \$7,500.
- Benefits are payable as long as you are disabled up to social security full retirement age.
- You pay the cost of long term disability insurance by payroll deduction: .71% of your monthly earnings.
- Pre-existing condition limitations may apply.

## 401(K)

**Traditional 401(k) Tax Deferred Savings Plan:** You may contribute up to 100% before tax, subject to legal dollar limits. You are eligible to participate in the plan after one hour of service.

**Roth 401(k) Savings Plan:** With a Roth 401(k) deferral, you must pay income tax on the deferral contribution. You can contribute up to 100%, subject to legal dollar limits; and you are eligible to participate in the plan after one hour of service.

**Matching Contribution:** BGF will contribute 100% on the first 4% you contribute and 50% on the next 2% you contribute to the 401(k) savings plan.

**Profit Sharing Plan:** BGF contributes as determined by company profitability and the Board of Directors. You are eligible to participate in the plan on the first day of the calendar quarter in which you complete one year of service.

## TRAVEL PROGRAMS

**Business Travel Insurance** – If you have an accident and die while traveling on BGF business, our plan will provide a benefit of five times your annual earnings. Coverage begins when you leave home or work on any trip for the purpose of furthering company business.

**Travel Assistance** – For any travel, toll free medical and personal emergency assistance is available to you, your spouse, and your dependents 24 hours a day, 7 days a week when traveling 100 miles or more away from home.

## HOLIDAYS AND VACATION

Holidays	
New Years Day, Easter, Memorial Day, July 4 <sup>th</sup> , Labor Day, Thanksgiving, Christmas Eve, Christmas Day	
Paid Vacation	
Length of Service	Vacation Available
1 <sup>st</sup> year	In the month hired, 1 day of vacation is awarded if the date of hire is before the 15 <sup>th</sup> of the month. For following months, 1 day is awarded for each full calendar month worked, up to 12.
After 1 year service	12 working days
After 5 years service	15 working days
After 10 years service	18 working days
After 15 years service	20 working days
After 20 years service	23 working days
After 30 years service	25 working days

# CONTACTS

**Need additional information? Have a question about one of your benefits? Keep this brochure handy for a quick reference for all your benefit needs.**

Plan Benefit	Provider	Phone Number	Website
BGF Benefits Enrollment & Support Call Center	<b>Forester Benefits</b>	1-833-611-4961	<a href="http://www.foresterbenefits.com/bgf">www.foresterbenefits.com/bgf</a> Online Enrollment: <a href="http://www.foresterbenefits.com/enroll">www.foresterbenefits.com/enroll</a>
Help with Health Care & Claims Issues	<b>Health Advocate</b>	1-866-695-8622	<a href="http://www.healthadvocate.com">www.healthadvocate.com</a>
Medical	<b>Blue Cross Blue Shield North Carolina</b>	1-877-275-9787	<a href="http://www.bluecrossnc.com">www.bluecrossnc.com</a>
Health Reimbursement Account (HRA)	<b>HealthEquity</b>	1-866-346-5800	<a href="http://www.healthequity.com">www.healthequity.com</a>
Prescription Drugs	<b>RxBenefits/ Express Scripts</b>	1-800-734-4196	<a href="http://www.express-scripts.com">www.express-scripts.com</a>
Telemedicine	<b>BCBSNC/Teladoc</b>	800-835-2362	<a href="http://www.teladoc.com">www.teladoc.com</a>
Accident, Critical Illness & Hospital Indemnity	<b>Reliance Standard</b>	1-800-351-7500	<a href="http://www.reliancestandard.com/home/">www.reliancestandard.com/home/</a>
Whole Life	<b>Atlantic American</b>	1-866-458-7502	<a href="https://aaemployeebenefits.com">https://aaemployeebenefits.com</a>
Dental	<b>Delta Dental of NC</b>	1-800-662-8856	<a href="http://www.deltadentalnc.com">www.deltadentalnc.com</a>
Vision	<b>EyeMed</b>	1-866-939-3633	<a href="http://www.eyemed.com">www.eyemed.com</a>
Life Insurance	<b>Reliance Standard</b>	1-800-351-7500	<a href="http://www.reliancestandard.com/home/">www.reliancestandard.com/home/</a>
Disability & FMLA	<b>Reliance Standard/Matrix</b> Report non-work related claims	To file disability or FMLA: 1-877-202-0055	To file disability or FMLA: <a href="http://www.matrixabsence.com">www.matrixabsence.com</a>
Employee Assistance Program	<b>Reliance Standard/ACI Specialty Benefits</b>	855-775-4357	<a href="http://rsli.acieap.com">http://rsli.acieap.com</a>
Emergency Travel Assistance	<b>The Hartford</b>	1-800-243-6108	
401(k)	<b>Empower</b>	1-800-338-4015	<a href="http://www.empowermyretirement.com">www.empowermyretirement.com</a>
Whole Life (old policy)	<b>UNUM</b>	1-800-635-5597	<a href="http://www.unum.com">www.unum.com</a>

*This guide describes the benefit plans available to you as an Employee of BGF. The details of these plans are contained in the official Plan Documents, including some insurance contracts. This guide is meant only to cover the major points of each plan. It does not contain all of the details that are included in your Summary Plan Descriptions (SPD) (as described by the Employee Retirement Income Security Act).*

*If there is ever a question about one of these plans, or if there is a conflict between the information in this guide and the formal language of the Plan Documents, the formal wording in the Plan Documents will govern.*

*Please note that the benefits described in this guide may be changed at any time and do not represent a contractual obligation on the part of BGF.*