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BENEFITS

Your employee benefits guide

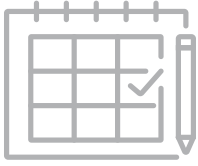
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Taylor appreciates your commitment to our success. We are committed to offering choices that provide quality benefits for you and your dependents. We are also responsible for maintaining the competitiveness of our business. A successful business is the key to creating opportunity and security for our employees.

Controlling our benefits costs also contributes to the success of our business. As a company that self-funds several of our benefit plans, we pay all of our claims directly out of the bottom line. All of us play an important role in helping to control these costs. By making informed decisions about how to use your employee benefits, we can keep our costs down as a whole.

While you may not have plans to change, we strongly encourage you to review your options and assess what medical plans or other benefits are best for you and your family. There are new resources for you to explore, including VIPS. VIPS stands for Venable Insurance Plan Selector. VIPS is a modeling tool in Excel that you can use to input your expected medical plan and Rx costs or visits, and it will return an estimate of which plan may be best suited - the HSA or the PPO plans. Access the VIPS modeling tool at www.taylorcorp.com/enrollment



WHAT TO DO AND WHAT TO EXPECT

What to do

Enroll in your benefits within 30 days of hire date. Your date of hire counts as day one. Annually, an open enrollment is also offered.

- Understand your options — read through this guide.
- Know the differences — make sure you understand how the plans work and how you can manage your healthcare expenses all year long.
- Access the VIPS tool and enter your healthcare inputs to model the best plan selection for you. You can access the VIPS tool at www.taylorcorp.com/enrollment
- Decide which plans you will elect.
- Decide who to cover — yourself, your legal spouse, your eligible children or your entire family.
- Reach out to HRConnect or Rembrandt Foods HR with any questions.

What to expect

Medical/Dental/Vision

If you enroll for the first time in medical, dental, and/or vision, you will receive ID cards as follows:

- Medical ID card from BCBS of MN
- Prescription card from CVS/Caremark
- Dental ID card from Delta Dental
- You will NOT get an ID card for vision. You will use your employee ID or the last 4 digits of your SSN as your vision ID.

Pre-tax accounts

If you enroll in one of the pre-tax accounts, you can expect to receive the following:

- If you enroll in the HSA Plan, you will receive a Welcome Kit and debit card from HSA Bank.
- If you enroll in the Healthcare and/or Dependent Care Flexible Spending Account (FSA), you will receive a payment card from Optum.
- If you participate in the commuter expense reimbursement account, you will receive a payment card from Optum.

Retirement

You will receive a packet of materials on the 401(k) plan from Merrill.

Open enrollment is from November 2
through November 16, 2020



READY TO ENROLL?

Before you begin your enrollment:

- Understand your options — read through this guide.
- Know the differences — make sure you understand how the plans work and how you can manage your healthcare expenses all year long.
- Access the VIPS modeling tool and other resources at www.taylorcorp.com/enrollment to help you choose which plans may be suited to you.
- Decide which plans you will elect.
- Decide who to cover — yourself, your legal spouse, your eligible children or your entire family.
 - The company reserves the right to audit dependents at any point in time. Refer to page 28 for eligibility.
- Make your elections
 - To prepare:
 - ▲ Collect the legal names, dates of birth and Social Security Numbers available 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.
 - To make your benefit elections from any internet connection:
 - ▲ Taylor employees: go to <https://www.myworkday.com/taylor> and click on the open enrollment task in your inbox.
 - ▲ Rembrandt/Farm Nutrient employees: go to myworkday.rembrandtinc.com and click on the open enrollment task in your inbox.
 - ▲ Instructions are provided for you at each step along the way.
 - ▲ Use the Workday app to access your task from your inbox.

Making changes/life events

You can only change your benefit elections if you have a qualified change in status, such as a birth, marriage or divorce. Changes must be made no later than the 30th day of the event. Make changes by logging into Workday Benefits Worklet.

Questions?

HRConnect is available to answer your questions. Feel free to contact us by phone: 877.252.9861 or email: HRConnect@taylorcorp.com. For Rembrandt employees, please contact your Rembrandt Food Human Resources department



2021 BENEFIT UPDATES

Passive open enrollment

The 2021 Open Enrollment will be a passive Open Enrollment. This means that if you have no changes to make to your medical, dental and vision 2020 employee benefits, then you will not need to take any action. You are strongly encouraged to review your options and assess what medical plan or other benefits are best for you and your family. If you elected a Healthcare and/or Dependent Day Care FSA in 2020 and would like to re-enroll for 2021, then you will need to re-enroll through Workday again for 2021. Additionally, discounts to premiums for wellness do not carry over from a prior year.

Focus on Wellness

In 2021, we will continue our commitment that our employees' health matters to all of us. The company will be creating more opportunities for engagement and incentives to reward employees and their families for participation and outcomes achieved by making healthy choices. Taylor has moved wellness programs from Bravo to Wellworks For You.

Dental plan changes

The company has modified its dental plan with Delta Dental of Minnesota to align the benefits with industry standards. Please refer to page 16 for a complete summary of these changes.

New eligibility rules

Effective January 1, 2021, employees must be regularly scheduled to work 20 hours or more per week in order to be eligible for benefits offered by Taylor. We are committed to extending benefits to employees as broadly as possible during these unprecedented times.

Wellworks For You

Taylor has partnered with Wellworks For You, a new program offering healthy resources, plus opportunities to earn wellness discounts. Now more than ever, we know employees are looking for ways to stay healthy and safe – from living a healthy lifestyle to focusing on your mental and financial health. Our goal is to support you on your well-being journey to be at your best. New this year, all benefit eligible employees (U.S.) will have access to the portal and resources at whatever stage or participation level. In addition to screening options, you'll find e-learning tools and videos on how to improve your health.

Vida

Vida combines a data and tech-driven approach with human-centered design, empathy and compassion to help people tackle even the most persistent health challenges. See page 13 for a complete description of this service.

Lockton Nurse Advocate

The Lockton Nurse Advocacy Program is dedicated to supporting the health of Taylor employees and spouses enrolled in our U.S. Taylor medical benefits. Taylor believes that every person matters, so we want every person to be at their healthiest! The Taylor dedicated nurses may be contacting you soon to introduce the Lockton Nurse Advocate Program and discuss how it can improve your life. Contact is confidential and may be via mail, email or phone, and calls may occur during work hours. Participation is free and voluntary.



MEDICAL BENEFITS

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. All three medical plans are administered by Blue Cross Blue Shield of MN and include prescription coverage through CVS/Caremark. The medical plan options for 2021 are:

- PPO Plus
- PPO
- HSA

To learn more about HSAs, please see pages 8-9.

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. Your plan pays a certain percentage of the total bill, and you pay the remaining percentage.

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. For example, if your plan's deductible is \$3,000, you'll pay 100% of eligible healthcare expenses until the bills total \$3,000 for the year. After that, you share the cost with your plan by paying coinsurance.

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.

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 and prescription drug plan summary

Side-by-side of covered in-network service. Details below remain unchanged from our 2020 plans.

Medical	PPO Plus	PPO	HSA
Wellness Eligible	Yes	Yes	Yes
Annual Deductible	In-Network	In-Network	In-Network
▪ Individual	\$1,500	\$2,500	\$6,600
▪ Family	\$3,000	\$5,000	\$13,200
Annual Out of Pocket Maximum	In-Network	In-Network	In-Network
▪ Individual	\$6,600	\$6,600	\$6,600
▪ Family	\$13,200	\$13,200	\$13,200
Coinsurance (what the plan pays after deductible)	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 100% after deductible
Physician Office Visits			
Primary Care Physician Visit	You pay \$25 copay	You pay \$40 copay	Plan pays 100% after deductible
Specialist Visit	You pay \$35 copay	You pay \$60 copay	Plan pays 100% after deductible
Retail Clinic Visit	You pay \$20 copay	You pay \$40 copay	Plan pays 100% after deductible
Doctor On Demand Medical	\$0 copay; 100%	\$0 copay; 100%	Plan pays 100% after deductible
Doctor On Demand Psychology/Psychiatry	\$0 copay; 100%	\$0 copay; 100%	Plan pays 100% after deductible
X-ray/Lab (what plan pays after deductible)	80% after deductible	80% after deductible	Plan pays 100% after deductible
Routine Preventive Care	100%	100%	100%
Well Child Care	100%	100%	100%
Prescription Drugs (retail)			
Generic Drugs	You pay \$10 copay	You pay \$10 copay	Plan pays 100% after deductible
Preferred Brand Name	Greater of \$40 copay or 20% to a max of \$80	Greater of \$40 copay or 20% to a max of \$80	Plan pays 100% after deductible
Non-Preferred Brand Name	Greater of \$60 copay or 50% to a max of \$120	Greater of \$60 copay or 50% to a max of \$120	Plan pays 100% after deductible
Specialty	Greater of \$75 copay or 20% to a max of \$150	Greater of \$75 copay or 20% to a max of \$150	Plan pays 100% after deductible

Medical and prescription bi-weekly contributions (before wellness discounts)

Effective Jan. 1, 2021

	PPO Plus		PPO		HSA	
	Company Cost Bi-Weekly	Your Cost Bi-Weekly*	Company Cost Bi-Weekly	Your Cost Bi-Weekly*	Company Cost Bi-Weekly	Your Cost Bi-Weekly*
Employee	\$170.97	\$101.25	\$171.85	\$81.59	\$161.70	\$53.90
Employee + 1	\$422.39	\$230.94	\$423.66	\$184.60	\$382.91	\$134.53
Family	\$566.22	\$304.89	\$559.59	\$251.41	\$510.54	\$179.38

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

*Before wellness credits



HEALTH SAVINGS ACCOUNT (HSA)

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. If you enroll in a high-deductible health plan, you can open an HSA.

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.

HSAs offer you the following advantages:

TAX SAVINGS: You 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 HSA funds you use can help you meet your plan's annual deductible.

A LONG-TERM INVESTMENT THAT STAYS WITH YOU: Unused account dollars are yours to keep even if you retire or leave the company. Also, you can invest your HSA funds, so your available healthcare dollars can grow over time.

THE OPPORTUNITY FOR LONG-TERM SAVINGS:

Save unused HSA funds from year to year — you can use this money to reduce future out-of-pocket medical expenses. You can even save HSA dollars to use after you retire.

You are eligible to open and fund an HSA if:

- You are enrolled in an HSA-eligible high-deductible health plan, such as Taylor's 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.

If you enroll in a high-deductible health plan, you can open an HSA.



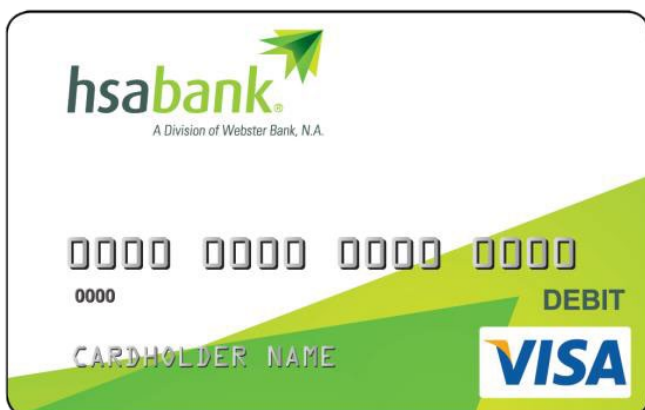
How to access/make contributions to your HSA

Once your account is open, you can access it via www.hsabank.com. You'll set up your payroll contributions during open enrollment. You can make contribution changes at any time during the year through Workday. Note that it may take between one and two payroll periods for an HSA change to be processed.

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.

You'll notice two separate pre-tax payroll deductions on your paycheck when you participate in the HSA plan — one for your employee medical premium, and one for your contribution to your HSA savings account, if you elected to join.



IMPORTANT! How much you can deposit into an HSA in 2021

Under age 55 (and not enrolled in Medicare):

- Up to \$3,600 for individual coverage.
- Up to \$7,200 for family coverage.

Age 55 or older (and not enrolled in Medicare):

- The maximum contribution increases by \$1,000 (considered a “catch-up” contribution).
- Up to \$4,600 for individual coverage.
- Up to \$8,200 for family coverage.

How to pay expenses from your HSA

Debit Card

- Up to two free cards
- To help prevent misuse of HSA funds, the debit card is only authorized at merchants that provide medical products and services
- \$2 PIN fee per transaction will apply when using as debit. To avoid swipe card as “Credit” and sign for the transaction

Online Transfers (through Member Website)

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



DOCTOR ON DEMAND

Doctor on Demand is a market leader in telemedicine which allows you to visit with a doctor remotely to treat common issues and prescribe medications, all at a lower cost than a traditional office visit. No need to schedule an appointment, travel to your doctor's office and wait for your appointment, you can do it all through the Doctor on Demand application, which is available for download on iPhone or Android devices.

For more information visit:
www.doctorondemand.com/bluecross.com





WELLNESS PROGRAM

We all know how important it is to proactively manage your and your family's health. Our company is 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 flexibility to select the plan that best fits your needs, with the option to be rewarded for healthy behaviors in the form of a health insurance premium discount. For full program detail, refer to the guide on www.taylorcorp.com/enrollment.

Program overview

- Reference the chart below using your hire/benefit eligible date for program information.
- PLEASE NOTE: The incentives listed in the chart on the next page apply if you are currently enrolled in Taylor's medical plan.

Hire/benefit eligible date	Premium discount	Requirements/deadlines
7/1/2020 – 10/31/2020	2020 Premium Discount - Employee Only - \$480 2020 Premium Discount - Spouse Only - \$480	Complete steps 1 & 2 within 30 days of hire
	2021 Premium Discount - Employee Only - Up to \$1,200 2021 Premium Discount - Spouse Only – Up to \$1,200	Complete step 3 by 1/31/21
11/1/2020 – 1/31/2021	2020 Premium Discount - Employee Only - \$480 2020 Premium Discount - Spouse Only - \$480	No requirements
	2021 Premium Discount - Employee Only - Up to \$1,200 2021 Premium Discount - Spouse Only – Up to \$1,200	Complete steps 1 & 2 within 30 days of hire

Employees and their spouses who enroll in the company's medical plans have the opportunity to earn points based on the results of their wellness screenings. Each point is worth \$120 annually. Discounts to premiums for wellness do not carry over from a prior year.

How you can save on your premiums

	Employee Only	Employee + Spouse
Registration and Completion of your Know Your Number Assessment	Required	Required
Body Mass Index - Less Than or Equal to 27.5 (3 Points) Waist measurement automatically corrects elevated body mass (BMI) due to lean muscle mass, even if you do not meet the BMI goal (female less than 34.5 inches, men less than 37 inches).	\$360	\$720
Blood Pressure - Less Than 130/85 mm Hg (1 Point)	\$120	\$240
Glucose - Less Than or Equal to 110 mg/dL (2 Points)	\$240	\$480
LDL Cholesterol - Less Than 160 mg/dl (1 Point)	\$120	\$240
Tobacco/Nicotine Use -Negative Result (3 Points)	\$360	\$720
Annual Total Possible	\$1,200	\$2,400

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?

U.S. members (and legal dependents age 18 or older) enrolled in one of the company's medical BCBS plans who have at least one chronic condition or who have been recently diagnosed with a chronic condition. You may be referred to Vida through the Lockton Nurse Advocate or can potentially self-refer. See more on the Vida Health app below.

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 help support members challenged by chronic health conditions. These members will have the chance to share health goals and preferences in order to build a personalized program from the ground up, just for you. 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:

- Support with nutrition plans including specialized diets (e.g. gluten-free, paleo, mediterranean diet, plant based, allergies and much more)
- Support around managing your diabetes, high-blood pressure, or other chronic condition
- Creating Healthy sleep habits
- Tools to manage life's curveballs, daily stressors and anxiety
- Customized coaching to meet your health and weight loss needs
- Addressing short-term or chronic low back pain and much more...

Vida Health app

Download the Vida Health app from your phone's app store or visit vida.com/taylor to learn more and see if you qualify for the Vida program (Available at no cost to you)





PHARMACY HIGHLIGHTS

Coverage for prescription drugs is included in all three health plans through CVS/Caremark. CVS/Caremark has over 63,000 pharmacies. These include retail pharmacies such as CVS, Kroger, Meijer, Walmart, and Walgreens as well as online and mail order options. To locate an in-network pharmacy, go to www.caremark.com or call CVS/Caremark at **(800) 405-6432**.

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 is a different cost. Generic medications are the lowest cost options. Preferred brand, non-preferred brand and specialty are higher priced medications, but your doctor may be able to prescribe a similar drug from another level with a lower cost.

Participants in the PPO Plus and PPO Plans will pay a copayment for generic drugs and a coinsurance payment for drugs from the other three levels with minimum and maximum amounts depending on the level of drug. Participants in the HSA plan pay the full discounted price of the drug until the deductible is met. After the deductible is met, the plan works a little differently; in the HSA plan, the plan pays all expenses once the deductible/out-of-pocket maximum are met.

ID cards for prescription drugs

If you select a new plan for the coming year, you will receive new ID cards. CVS will send a welcome packet and an ID card specific to the prescription coverage. Upon receipt of your prescription ID card, you will be able to go to www.caremark.com and register for online access.

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 the reduced 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**.

Saving on prescriptions

Individuals enrolled in one of the Taylor medical plans can take advantage of savings through the CVS Mail Service Pharmacy. If you take just one prescription annually, these savings can add up over time.

CVS Maintenance Choice Program

CVS Health's Maintenance Choice program applies for coverage of your maintenance medications. Maintenance medications are prescriptions 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)

Either 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. After that you must use mail order to have 90-day fills come directly to your home or pick up 90-day fills at a retail CVS pharmacy (including CVS pharmacies within Target retail stores).

CVS Value Formulary

A formulary is a list of medications that are included in a prescription benefit plan. CVS Health's Value Formulary is a managed formulary approach that provides significant value for both you and Taylor. Value Formulary is clinically comprehensive and covers all disease states. The value formulary is designed to include all generic products and only the most clinically-effective brands. 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>



DENTAL PLAN

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. The dental premiums remain the same as the prior plan year.

Access to regular checkups and sound preventive care are 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.

Dental coverage is covered through Delta Dental of Minnesota.

When you enroll in the dental plan, you may visit any provider in either Delta Dental of Minnesota network (Delta Dental Premier or Delta Dental PPO). 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 which would otherwise be disallowed by Delta Dental of Minnesota.

As of January 1, 2021, Taylor has made changes to its dental plan design to align with industry benchmarks.

- Periodontal maintenance limited to two visits per year
- X-rays limited to four times per year
- General and IV anesthesia limited to complex oral surgery
- Full mouth x-rays limited to once per 60 months
- Bite wing X-rays for adults (18+) limited to once per 24 months
- Restorations limited to once per 36 months
- Replacements for crowns/inlays/onlays limited once per 120 months

Find out more about your potential cost savings with the Delta Dental of Minnesota network and your dental benefits visit **www.deltadentalmn.org**.

Dental plan highlights

	Benefit
Deductible	
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 children	50%
Lifetime orthodontia plan maximum (per individual)	\$1,750

Bi-weekly dental contributions

	Employee contributions	Employer contributions
Employee	\$7.55	\$6.57
Employee + 1	\$16.23	\$14.13
Family	\$21.51	\$18.72



Dentists who participate in the Delta Dental PPO and Delta Dental Premier networks have agreed to specified contractual fees and will not charge the difference to you. These contracted fees result in lower out of pocket costs for you.

For the best savings choose a Delta Dental PPO network dentist; they have agreed to lower fees; making your dollars go farther.

Delta Dental PPO and Delta Dental Premier dentists also provide the convenience of filing your dental claims with Delta Dental



VISION PLAN

Routine eye exams can detect symptoms of serious conditions such as glaucoma, cataracts, diabetes and even tumors. Eye exams for children identify problems that can hinder learning and development. Our vision plan is administered by VSP. 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.

Visit www.vsp.com or call 800.877.7195 to find a VSP preferred provider in your area.

	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)		
■ Exams, frames and lenses every calendar year	Two covered exams \$150 frame and contact allowance	Not covered
■ Contacts (every calendar year in lieu of glasses)	Polycarbonate lenses covered in full	

Employee bi-weekly vision payroll contributions

	Bi-weekly contribution
Employee	\$3.80
Employee + 1	\$5.45
Family	\$9.69

- You will not receive a vision ID card. Your ID number is your employee number or the last 4 digits of your SSN. You can find your employee number on Workday>Personal Information>About Me.

The vision plan provides comprehensive vision coverage for enrolled employees and their covered dependents. Benefits under the vision plan are designed to help reduce the cost of certain necessary vision care expenses.



FLEXIBLE SPENDING ACCOUNT (FSA)

Flexible Spending Accounts (FSAs) let you set aside pre-tax money to help pay for eligible expenses. Both a Health Care FSA and a Dependent Care FSA are available as part of your benefits. The differences are shown below.

	Health Care FSA	Dependent Care FSA
Eligible Expenses	Copayments, co-insurance, deductibles, dental expenses, vision expenses, prescription drugs. See IRS Publication 502 for a complete list.	Eligible child (under 13) and adult care expenses such as day care, before and after-school care, preschool, nursery school, summer day camps. See IRS Publication 503 for a complete list.
Annual Maximum Contribution*	\$2,750 (min. of \$100)	\$5,000 (\$2,500 per year if you are married and file a separate tax return.)
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 monies that have been withheld as of the date of your request.
Portability	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 Care FSA if you do not submit expenses by March 31 of the following plan 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

*Subject to change based on IRS guidelines.

Important Notes

- If you elect to participate in the HSA Medical Plan, you will not be eligible to participate in the Healthcare Flexible Spending Account. You may however still participate in the Dependent Care Flexible Spending Account.
- Flexible Spending Account elections must be made every year, if you choose to participate. Current year enrollments do not carry-over.



PAYMENT CARD

The Optum Health Care FSA payment card allows you to get faster access to your pre-tax FSA dollars. Pay for eligible health and pharmacy expenses with your card, instead of paying cash. You can even use your card to pay for eligible over-the counter health care expenses — bandages, contact lens solution and more.**

Note: Claims you submit through 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.

**For a complete list, see IRS Publication 502

HSA vs. FSA - Making sense of the different accounts

All of the letters can be confusing. Here is a closer look at the two types of reimbursement plans that are available. After you know more, you can make better decisions about which plan is right for you.

	Health Savings Account (HSA)	Health Care FSA
Who is eligible?	Employees enrolled in the HSA medical plan	Employees who are waiving coverage or are enrolled in either the PPO Plus or PPO medical plans
Will I be automatically enrolling in a savings plan?	No – You must elect the plan if you are in the HSA medical plan.	No - You must elect the plan, if you are waiving coverage or if you are electing either the PPO Plus or PPO Plans
Who opens the account?	Employee	Employee
Who can contribute?	Employee	Employee
Do I keep the account if I leave?	Yes	No. Unless you elect COBRA for the remainder of the calendar year
What can be reimbursed by the account?	Qualified Health Care Expenses	Qualified Health Care Expenses
Tax status of the contributions	Pre-tax	Pre-tax
Tax status of the payments	Pre-tax	Pre-tax
Who controls the payments?	You do	You do
Use with other account-based plans	No. Health Care FSA is prohibited	No. HSA is prohibited



COMMUTER EXPENSE REIMBURSEMENT ACCOUNTS (CERA)

The Commuter Expense Reimbursement Accounts (CERA) allow you to pay for qualified transit and parking expenses using money you have set aside pre-tax. You can elect to contribute what you expect to spend on your commute per month, that elected amount will be taken out pre-tax and put into your account at Optum. Funds are available for disbursement once they have been deposited into your account. Unused amounts can be carried over.

The IRS sets maximum monthly pre-tax deduction and spending limits. The maximum allowed pre-tax contribution and reimbursement amounts per calendar month are:

- Transit Passes or Commuter Highway Vehicle - \$265/month*
- Parking - \$265/month*

*Subject to change based on IRS guidelines

Optum Payment Card

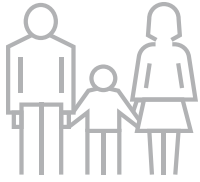
If you enroll in the Commuter Benefits, you will receive an Optum payment card. If you are already a participant in the company FSA through Optum, you can use the same card. You can use the card for parking and transit expenses.

Using the Card for Parking

When the participant uses the card for parking expenses, there's no paying cash up front, no claim forms to fill out and no waiting for reimbursements. The card helps with qualified CERA expenses such as parking expenses for any type of vehicle at or near the participant's work location or at or near a location from which the participant commutes using mass transit.

Using the Card for Transit

The card can be used for mass transit passes, tokens, or fare cards purchased at a valid transit fare terminal.



LIFE INSURANCE

Life insurance can help provide financial protection in the event of your death. All eligible employees are automatically covered by Basic Life and AD&D (Accidental Death & Dismemberment) insurance at no cost. In addition to your basic life insurance, you have the option to enroll in different levels of supplemental coverage for yourself, as well as coverage for your eligible family members.

How much can I elect?

Newly eligible employees have a one time opportunity to elect the following limits, without providing Evidence of Insurability (EOI). Supplemental Life:

- Employee — 5x salary up to \$350,000
- Spouse — up to \$25,000
- Child(ren) — up to \$10,000

Basic Life Insurance

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

Supplemental Life Insurance

Optional coverages include:

- Employee life and AD&D insurance
- Spouse life insurance
- Child life insurance

Supplemental Life Insurance coverage is paid by the employee with post-tax dollars. Employees can add (if previously waived), or increase their current coverage amount by two increments (total of \$20,000) every open enrollment period with no Evidence of Insurability (EOI) up to \$350,000. Once the coverage level reaches \$350,000, any requested increase would require EOI. Employees can also add spousal coverage (if previously waived) or increase their current coverage amount by one coverage level (\$0-\$5,000 or \$5,000-\$10,000 or \$10,000-\$25,000). You can add dependent coverage (if previously waived) or increase your child(ren) current coverage by one coverage level (\$0 - \$5,000 or \$5,000 to \$10,000).

Supplemental Life Insurance Rates Bi-weekly 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	\$0.512	70+	\$7.44
45-49	\$0.73		

How to calculate your supplemental life insurance cost

$$\begin{array}{ccccccc} \text{Example: } \$100,000 & /10,000 = & 10 \text{ units of coverage} & \times & \text{Rate for a 30 year old } (\$0.38) & = & \$3.80 \text{ bi-weekly} \\ \text{Amount elected} & & & & \text{Life and AD\&D rate above (based on} & & \text{Your bi-weekly cost} \\ & & & & \text{your age on Jan. 1)} & & \end{array}$$

Dependent Life Insurance

Dependent Life Insurance provides a benefit to you in the case of the death of your spouse or your dependent child(ren) (less than age 26).

Coverage choices and rates

Spouse Life insurance bi-weekly rates		
\$5,000	\$10,000	\$25,000
\$0.64	\$1.27	\$3.18

Child(ren) life insurance bi-weekly rates	
\$5,000	\$10,000
\$0.81	\$1.62





DISABILITY PLANS

Disability benefits provide income if you cannot work due to an illness or injury. Eligibility is the first of the month coinciding with or next following 180 days of continuous service in an eligible status.

Short-term disability (company paid)

Short-term disability insurance provides income protection if you cannot work due to your own non-work-related illness or injury, including maternity. Short-term disability begins to pay benefits after you cannot work for 7 consecutive calendar days. After 7 days, short-term disability will pay 67 percent of your pre-disability earnings, once approved.

Benefits will continue for up to 25 weeks following the 7 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 (company paid)

Long-term disability replaces 60% of your monthly earnings if you are disabled and cannot work, up to a maximum benefit of \$12,000 per month. Once approved, these benefits begin after short-term disability benefits end.

During the first 24 months of disability, you are deemed 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 (voluntary)

The long-term disability extended plan is paid by the employee with pre-tax dollars and extends the long-term disability payments past the Core plan's five-years up to Reducing Benefit Duration **(the long-term disability extended plan offers no additional benefit for employees over age 60 beyond the Core plan)**. Employees are automatically enrolled in the long-term disability extended plan and must actively waive via Workday if they do not want the benefit.

Long-term disability extended plan is paid by the employee with pre-tax dollars. Long-term disability rate: \$0.068 per \$100 of covered payroll.

$$\begin{array}{rcl} \text{Example: } \$3,333 & /100 \times .0314 & = \$1.05 \text{ bi-weekly} \\ \text{Monthly earnings*} & & \text{Your bi-weekly cost} \end{array}$$

Maximum Duration of Benefits Table	
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



ADDITIONAL BENEFITS

Employee Assistance Program (EAP)

The Employee Assistance Program (EAP) provides 24/7 confidential, professional counseling and referral services to help you and your family with personal, job or family issues. The program is no-cost, completely confidential and available to all benefit eligible employees insured under the Basic Life Insurance and their families. The EAP provides unlimited phone support and up to five confidential counseling sessions per person, per issue, per year. Some common concerns the EAP can help with include:

Stress, anxiety, and depression	Grief and loss	Conflict resolution	Work/life counseling	Life transitions	Divorce or separation	Substance abuse
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The EAP also provides financial counseling, legal consultations and more. Additional charges may apply. Call (866) 682-6047 or visit guidanceresources.com for more information (web ID: EAP4TCC).

Travel Assistance

When traveling more than 100 miles from home, Voya Travel Assistance offers you and your dependents four types of services: Pre-trip information, emergency personal services, medical assistance services and emergency transportation services.

Contact Voya Travel Assistance 24 hours a day, 365 days a year at 800.859.2821 (U.S. Toll Free) or 202.296.8355 (Worldwide) or email ops@suroassistance_usa.com.

Pre-trip Information

These valuable services help you start your trip the right way. Voya Travel Assistance can provide you with important, up-to-date travel information including:

- Immunization requirements
- Visa & passport requirements
- Foreign exchange rates
- Travel/tourist advisories
- Temperature & weather conditions
- Culture information

Tomorrow's Scholar® Group 529 Plan

Help make college possible for your students by investing in the Tomorrow's Scholar 529 Plan, a value added service offered by Voya Employee Benefits. Tomorrow's Scholar 529 Plan is a flexible and tax-advantaged way for you to plan and pay for college.

For additional information on Tomorrow's Scholar and to access this benefit, please visit www.TomorrowsScholar.com/employeebenefits or contact a Voya Financial Advisor at 844-VOYA-529 (844-869-2529).

Emergency Personal Services

In the event of an unexpected situation of a non-medical nature, Voya Travel Assistance offers access to several valuable services, including:

- Urgent message relay
- Interpretation/translation services
- Emergency travel arrangements
- Recovery of lost or stolen luggage or personal possessions
- Legal assistance and/or bail bond

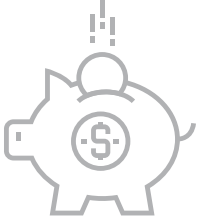
Employee Discounts

Our employee discount site is available to all employees offering substantial savings from a variety of online merchants ranging from apparel to electronics to financial services and health and wellness, every day shopping needs, movie and theme park tickets and more! Access our affiliate company product discounts as well via Compass - Offers and Discounts. We offer 15-50% discount opportunities from our company for virtually any occasion; party supplies, decorations, holiday gifts and cards, invitations, personalized items and office products and more. This perk can be shared with family and friends too!

Visit perksatwork.com for more information. You can register with your work email address or your employee ID as found in Workday > Personal Information > About Me.

Online Will Preparation

Drafting a will ensures that your assets pass on to your loved ones and your children are protected by a guardian of your choosing. EstateGuidance® makes it easy with online tools that walk you through the process in minutes. In addition, you can draft a living will to ensure you get the end-of-life care you desire and a final arrangements document expressing your wishes for your funeral services. To get started call 866.682.6047 or visit guidanceresources.com (Web ID: EAP4TCC).



401(K) RETIREMENT PLAN

Your retirement plan is an important part of your benefits package. It's an excellent way to prepare for your future while enjoying potential tax benefits along the way. And the company will match a percentage of your contributions after you complete six months of service. When you participate, you can take advantage of:

Automatic enrollment

As a new employee, you're eligible for the plan if you will be at least 21 by the end of the year. If you take no action, you will be automatically enrolled in the plan with a contribution of 2% of your pay within 30 days. You will receive additional information about the plan and automatic enrollment form from Merrill. There's no need to wait for automatic enrollment, you can enroll on your own. Contact Merrill by visiting www.benefits.ml.com or by calling 800.228.4015. Remember to check your beneficiaries of your 401(k). Are your beneficiaries current and correct?

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 4% 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 with the ability to make changes as you see fit.

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. Automatic enrollment starts you out at 2% contribution rate. If you want to get the full company match, you'll need to contribute at least 4%. 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 than another to you.

Contribution limits

The IRS limits how much you can contribute to a 401(k) plan in any year. For 2020, that limit is set at \$19,500. 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.

For more information

Visit www.benefits.ml.com or call 800.228.4015





ELIGIBILITY

Benefit Eligibility

Eligibility for these benefits varies. This section is intended to provide a summary of benefits offered to employees. Generally, the following individuals may be eligible dependents for our benefit plans. The company reserves the right to audit dependent elections at any point in time.

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. Children or spouses of the dependent are not eligible.

Note:

No person can be insured as a dependent of more than one employee under the Policy. If both parents work for the company, then only one parent can cover their child(ren) under the insurance. In determining actual benefit coverage and eligibility, the official text of company Plans Documents and Summary Plan Descriptions are the governing source.

Eligibility Requirements and Benefit Begins

These benefits are governed by the applicable insurance policy, contract or plan document (“Governing Documents”). The eligible criteria and benefit summaries contained in this Benefits Guide are only partial explanations; complete details are set forth in the Governing Documents. In the event of a conflict between the content of this Benefits Guide and Governing Documents, the Governing Documents will prevail over the terms of this Benefits Guide as relates to these benefits.

Benefits	Eligibility requirement
Health	Available on date of hire. Note: Required to work an average of 20 hours per week in the prior 12-month Look Back Measurement period.
Dental	Available on date of hire, if regularly scheduled to work 20 or more hours per week.
Vision	Available on date of hire, if regularly scheduled to work 20 or more hours per week.
Flexible Benefits	Available on date of hire, if regularly scheduled to work 20 or more hours per week.
Short-Term Disability	If regularly scheduled to work 20 or more hours per week, effective first of a month following 180 days of service.
Long-Term Disability	If regularly scheduled to work 20 or more hours per week, effective first of a month following 180 days of service.
Basic Life Insurance	Available on date of hire, if regularly scheduled to work 20 or more hours per week.
Supplemental Life Insurance	Available on date of hire, if regularly scheduled to work 20 or more hours per week.
Employee Assistance Plan	Available on date of hire, if regularly scheduled to work 20 or more hours per week.



SPECIAL ENROLLMENT PROVISIONS

Life Events

Loss of Other Coverage

If you decline enrollment for yourself or for an eligible dependent because you had other group health plan coverage or other health insurance, you may be able to enroll yourself and your dependents in the Plan if you or your dependents lose eligibility for that coverage, or if the other employer stops contributing toward your or your dependents' other coverage. You must request enrollment within 30 days after you or your dependents' other coverage ends, or after the employer stops contributing toward the other coverage.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption

If you gain a new dependent as a result of a marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your new dependents in the Plan. You must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption. In the event you acquire a new dependent by birth, adoption or placement for adoption, you may also be able to enroll your spouse in the Plan, if your spouse was not previously covered.

Enrollment Due to Medicaid/CHIP Events

If you or your eligible dependents are not already enrolled in the Plan, you may be able to enroll yourself and your eligible dependents in the Plan if: (1) you or your dependents lose coverage under a state Medicaid or children's health insurance program (CHIP); or (2) 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.

Contact Information

If you have any questions about this Notice or about how to enroll in the Plan, please contact HRConnect at (877) 252-9861, HRConnect@taylorcorp.com, or by writing to:

HRConnect
1725 Roe Crest Drive
P.O. Box 3728
North Mankato, MN 56002-3728

Notice Availability

Additional information regarding your rights to enroll in the Plan are found in the applicable Summary Plan Description(s) for the Plan, or you may contact HRConnect as provided above.



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@taylorcorp.com
www.taylorcorp.com/enrollment

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.

Program	Provider	Phone	Web
Medical	BCBS of MN	(866) 289-5154	www.bluecrossmn.com/taylor
Pharmacy	CVS	(800) 405-6432	www.caremark.com
Dental	Delta Dental of Minnesota	(800) 448-3815	www.deltadentalmn.org
Doctor on Demand	BCBS of MN		www.doctorondemand.com/bluecrossmn
Vision	VSP	(800) 877-7195	www.vsp.com
Wellness	Wellworks For You	(800) 425-4657	www.wellworksforyoulogin.com
Lockton Nurse Advocate	Lockton	(833) 782-7403	Email: taylorlna@lockton.com
Life Insurance	Voya	(877) 882-9567	www.voya.com
Disability Insurance	Voya	(877) 882-9567	www.voya.com
Flexible Spending Accounts	Optum	(800) 243-5543	www.optumhealthfinancial.com
Health Savings Account	HSA Bank	(800) 357-6246	www.hsabank.com
Retirement	Merrill	(800) 228-4015	www.benefits.ml.com
Employee Assistance Program	ComPsych	(866) 682-6047	www.guidanceresources.com
COBRA	Optum	(866) 301-6681	www.optumhealthfinancial.com



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.