



# THE TAYLOR MADE ADVANTAGE

2018 | 2019  
EMPLOYEE BENEFITS OVERVIEW

MEDICAL | DENTAL | VISION | GROUP LIFE & AD&D | VOLUNTARY LIFE | LONG TERM DISABILITY | SHORT TERM DISABILITY



**July 1, 2018 – June 30, 2019**

Lee Thomas Photography

Benefits overview intended for summary purposes only.

# I WELCOME I

Taylor Made Sales Agency, Inc. (Taylor Made) recognizes the importance of being able to provide our team members and their families with quality benefits as part of their overall compensation package. Therefore, Taylor Made has developed a comprehensive benefits package that provides quality protection for you and your family, while satisfying the diverse needs of our workforce.

Open enrollment for benefits occurs annually during the second quarter of the year. This is the one time during the year you can make changes to your benefit elections (adding or dropping a dependent, enrolling for the first time in medical or dental insurance). If you do not make changes during Open Enrollment, you will not be allowed to make changes during the year unless you experience a Qualifying Event such as marriage, divorce, birth, or adoption. Enrollment in all benefits is effective July 1st of each year. This summary highlights your benefit options offered by Taylor Made for the plan year beginning July 1, 2018 through June 30, 2019.



## 2018 EMPLOYEE BENEFIT LIST & OVERVIEW SUMMARY

INSURANCE TYPE & PLAN	PAID BY
<b>HEALTH</b> (see page 3)	
PLAN: Anthem BC&BS Health Insurance	Paid by both Taylor Made & Team Member
<b>DENTAL</b> (see page 5)	
PLAN: Delta Dental	100% Team Member
<b>LIFE</b> (see page 8-9)	
PLAN: Anthem Group Life Insurance (pg. 8)	100% Taylor Made
PLAN: Anthem Voluntary (Term) Life & AD&D Insurance (pg. 9)	100% Team Member

INSURANCE TYPE & PLAN	PAID BY
<b>LONG TERM DISABILITY</b> (see page 8)	
PLAN: Anthem Long Term Disability	100% Taylor Made
<b>OTHER SUPPLEMENTAL PLANS</b> (see pages 8 & 5)	
PLAN: Anthem Voluntary Short Term Disability (pg. 8)	100% Team Member
PLAN: Anthem Voluntary Vision (pg. 5)	100% Team Member

**All life insurance plans include a conversion provision. Meaning if you change jobs or retire, you can take your coverage with you.**

**More information regarding all other voluntary benefits not covered in the complete overview will be available during open enrollment.**

## Section 125 – Pre-Tax Deductions:

### PREMIUM ONLY INFORMATION:

Taylor Made has adopted and maintains a Section 125 Plan. This plan allows payroll deductions for some benefits to be made on a pre-tax basis. As a result of payroll tax savings, your net cost to participate is lowered. Eligible team members are automatically included in the plan unless they sign a waiver form not to participate. You cannot deduct medical premiums on your income taxes if you participate in the Section 125 Plan. For assistance in this area, please contact your personal accountant.





## Eligibility

If you are a team member working 30 hours a week or more, you are eligible for all benefits outlined in this summary. Eligible team members may elect to cover their spouse and/or a dependent child(ren) up to the age limitations specified by each insurance carrier. Benefits for health, dental, vision, life and short-term disability are effective on the first of the month following 60 days of service from your date of hire. Human Resources will confirm your effective date for all other benefits.

## Medical Benefits

Taylor Made's medical plans offer great flexibility for you and your family to manage your healthcare needs. These plans are administered through Anthem, a provider of exceptional healthcare services. Taylor Made will continue to share the premium cost of each individual (and dependents) within each age and gender increment for all plans. The amount of Taylor Made's contribution to each of the plans (Silver, Gold and Platinum) will be equal to 60% of the premium cost of the Silver Plan. Rates vary based on the team member's age and gender. The team member's portion of the premium is deducted from his or her paycheck on a pre-tax basis. Prescriptions are also covered under the plan, and a mail-order prescription plan allows team members to save money on prescriptions they regularly order. Once enrolled, you may visit Anthem's website at [www.anthem.com](http://www.anthem.com) to access claims payment, provider directories, request ID cards, and review prescription drug alternatives. See chart for medical summary.

*Taylor Made believes this Anthem plan is a "non-grandfathered health plan" under the Patient Protection and Affordable Care Act.*



## Medical Benefits Summary

Anthem 

In Network Benefits	Option A: Silver Plan	Option B: Gold Plan	Option C: Platinum Plan
<b>Calendar Year Annual Medical Deductible</b>	\$1,500 individual \$3,000 family	\$1,000 individual \$3,000 family	\$500 individual \$1,500 family
<b>Coinsurance</b> (Plan / Member)	80/20%	80/20%	80/20%
<b>Medical Maximum Out-of-pocket</b> (includes deductible, Medical co-pays, coinsurance and Rx co-pays)	\$6,600 individual \$13,200 family	\$6,600 individual \$13,200 family	\$5,300 individual \$10,600 family
<b>Aggregated or Embedded Accumulators</b>	Embedded	Embedded	Embedded
Covered Services	Member Cost Share		
<b>Primary Care Office Visit</b>	\$30 co-pay	\$20 co-pay	\$20 co-pay
<b>Specialist Office Visit</b>	\$50 co-pay	\$50 co-pay	\$50 co-pay
<b>Preventive Care</b> (Subject to Age Restrictions, Plan Limits, and Carrier's Contract)	Covered in Full	Covered in Full	Covered in Full
<b>Emergency Room</b>	\$250 co-pay + Ded + 20%	\$250 co-pay + Ded + 20%	\$250 co-pay + Ded + 20%
<b>Urgent Care Center</b>	\$75 co-pay	\$75 co-pay	\$75 co-pay
<b>Inpatient Facility Services</b>	Deductible + 20%	Deductible + 20%	Deductible + 20%
<b>Outpatient Services</b>	Deductible + 20%	Deductible + 20%	Deductible + 20%
<b>Rx Deductible</b>	N/A	N/A	N/A
<b>Rx Drug Co-pay</b>	\$10/\$30/\$60/25% (Tier 4 only: \$250 Rx Max)	\$10/\$30/\$60/25% (Tier 4 only: \$250 Rx Max)	\$10/\$30/\$60/25% (Tier 4 only: \$250 Rx Max)

The above references in-network benefits only; for out of network benefits, please see full benefit summary provided by carrier.

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\*As legally permitted in certain states.

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# Weekly Medical Payroll Deductions

## Option A: Silver Plan

### Age and Gender Rates

#### WEEKLY COSTS FOR MALES - In Age Bands

	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-over
EE Only	\$17.28	\$18.22	\$21.11	\$26.51	\$33.15	\$43.42	\$57.68	\$58.74
EE + Child(ren)	\$48.68	\$49.62	\$52.51	\$57.91	\$66.06	\$76.33	\$90.58	\$91.64
EE + Spouse	\$58.92	\$66.02	\$67.86	\$72.38	\$81.18	\$98.02	\$115.36	\$117.47
Family	\$96.98	\$104.08	\$105.92	\$110.45	\$121.07	\$137.92	\$155.24	\$157.36

#### WEEKLY COSTS FOR FEMALES - In Age Bands

	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-over
EE Only	\$41.65	\$47.80	\$46.75	\$45.88	\$48.03	\$54.60	\$57.68	\$58.74
EE + Child(ren)	\$73.05	\$79.20	\$78.15	\$77.28	\$80.94	\$87.51	\$90.58	\$91.64
EE + Spouse	\$58.92	\$66.02	\$67.86	\$72.38	\$81.18	\$98.02	\$115.36	\$117.47
Family	\$96.98	\$104.08	\$105.92	\$110.45	\$121.07	\$137.91	\$155.24	\$157.36

## Option B: Gold Plan

### Age and Gender Rates

#### WEEKLY COSTS FOR MALES - In Age Bands

	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-over
EE Only	\$19.13	\$20.17	\$23.37	\$29.35	\$36.70	\$48.07	\$63.86	\$65.02
EE + Child(ren)	\$53.89	\$54.93	\$58.13	\$64.11	\$73.13	\$84.49	\$100.28	\$101.44
EE + Spouse	\$65.23	\$73.09	\$75.12	\$80.13	\$89.87	\$108.51	\$127.70	\$130.05
Family	\$107.36	\$115.22	\$117.25	\$122.27	\$134.03	\$152.67	\$171.86	\$174.20

#### WEEKLY COSTS FOR FEMALES - In Age Bands

	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-over
EE Only	\$46.11	\$52.91	\$51.75	\$50.80	\$53.16	\$60.45	\$63.86	\$65.02
EE + Child(ren)	\$80.87	\$87.68	\$86.51	\$85.55	\$89.59	\$96.87	\$100.28	\$101.44
EE + Spouse	\$65.23	\$73.09	\$75.12	\$80.13	\$89.87	\$108.51	\$127.70	\$130.05
Family	\$107.36	\$115.22	\$117.25	\$122.27	\$134.02	\$152.67	\$171.86	\$174.20

## Option C: Platinum Plan

### Age and Gender Rates

#### WEEKLY COSTS FOR MALES - In Age Bands

	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-over
EE Only	\$21.16	\$22.31	\$25.85	\$32.46	\$40.60	\$53.17	\$70.64	\$71.93
EE + Child(ren)	\$59.61	\$60.76	\$64.30	\$70.91	\$80.90	\$93.47	\$110.93	\$112.22
EE + Spouse	\$72.15	\$80.86	\$83.09	\$88.64	\$99.41	\$120.03	\$141.26	\$143.86
Family	\$118.76	\$127.46	\$129.70	\$135.25	\$148.26	\$168.88	\$190.10	\$192.70

#### WEEKLY COSTS FOR FEMALES - In Age Bands

	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-over
EE Only	\$51.01	\$58.54	\$57.24	\$56.19	\$58.81	\$66.86	\$70.64	\$71.93
EE + Child(ren)	\$89.46	\$96.99	\$95.69	\$94.63	\$99.11	\$107.16	\$110.93	\$112.22
EE + Spouse	\$72.15	\$80.86	\$83.09	\$88.64	\$99.41	\$120.03	\$141.26	\$143.86
Family	\$118.76	\$127.46	\$129.70	\$135.25	\$148.26	\$168.88	\$190.10	\$192.70

## Dental Benefits



Staying healthy includes obtaining quality dental care for you and your family. Taylor Made's dental plan is provided through Delta Dental, which includes an extensive network of providers and offers flexibility based upon where you choose to access care. Dental insurance is a voluntary benefit and is solely paid by the team member and deducted from the team member's paycheck on a pre-tax basis. Once enrolled, you may visit Delta Dental's website at [www.deltadentalky.com](http://www.deltadentalky.com), or call **800-955-2030** to locate a provider. See chart below for dental summary.

### Dental Benefits Summary

				Delta-Care Plan 20153A In Network Benefits Only
Dental Benefits	PPO Dentist	Premier Dentist	Out-of- Network Dentist	
Calendar Year Annual Dental Deductible	\$50 indiv. \$150 family	\$50 indiv. \$150 family	\$50 indiv. \$150 family	Please refer to the Schedule of Benefits located on Pages 6-8 of this booklet.
Dental Annual Maximum (Excludes Ortho Services)	\$1,500			
Covered Services	Member Cost Share			
Preventive & Diagnostic - Exams, cleanings, fluoride, space maintainers - Emergency Palliative Treatment - Sealants - Brush Biopsy - X-Rays	No member cost	No member cost	No member cost	
Basic Services (deductible applies) - Minor Restorative SVCs - Oral Surgery Services - Denture Repair	20%	20%	20%	
Major Services (deductible applies) - Major Restorative - Relines and Rebase - Fixed Prosthodontic Repair - Implant Repair - Adjustments to Dentures - Implants - Endodontic Services - Periodontic Services - Prosthodontic Services	50%	50%	50%	
Dependent Age	To age 26			To age 26
Weekly Dental Payroll Deductions				
Employee	\$6.51			\$3.06
Employee + Spouse	\$14.66			\$5.87
Employee + Child(ren)	\$12.57			\$6.05
Family	\$20.97			\$9.25

**PPO Plus Premier Out-of-Network:** When the member receives services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what the dentist charges and the member is responsible for the difference.

## Voluntary Vision

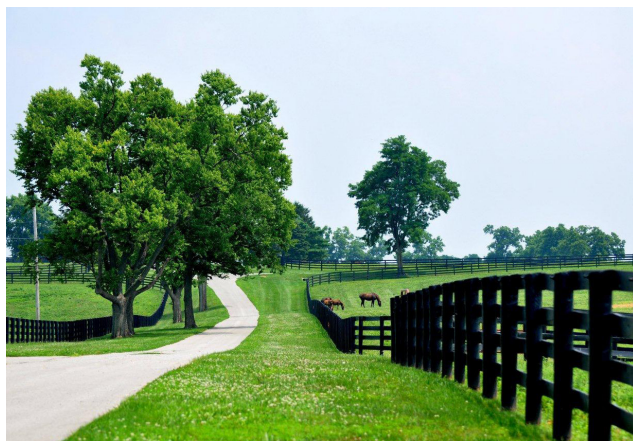


Taylor Made's vision plan is provided through Anthem. Vision insurance is a voluntary benefit and is solely paid by the team member and deducted from the team member's paycheck. The amount you pay for services depends on whether you utilize a participating Anthem network provider or an out-of-network provider. An Anthem provider can be located by visiting [Anthem.com](http://Anthem.com).

### Vision Benefits Summary

In Network Benefits	Member Cost Share
<b>Co-pays</b> Exams Materials	\$20 co-pay \$20 co-pay
<b>Service Frequency</b> Exams Lenses Frames	Once every 12 months Once every 12 months Once every 24 months
<b>Lens Coverage</b> Single Vision lenses Lined Bifocal lenses Lined Trifocal lenses	Paid in full after co-pay Paid in full after co-pay Paid in full after co-pay
<b>Frames</b>	\$130 allowance and 20% off the amount over allowance
<b>Contact Lenses</b> Elective (conventional)  Elective (disposable)  Medically Necessary	\$130 allowance, then 15% off balance  \$130 allowance (no additional discounts)  Paid in full after co-pay
<b>Weekly Vision Payroll Deductions</b>	
<b>Employee</b>	\$1.95
<b>Employee + Spouse</b>	\$3.42
<b>Employee + Child(ren)</b>	\$3.71
<b>Family</b>	\$5.66

The above references in-network benefits only; for out of network benefits, please see full benefit summary provided by carrier. The benefits outlined here are for illustrative purposes only. The carrier's master policy will be relied upon exclusively in determining benefit reimbursement.



## PLAN 20173A

### MEMBER COPAYMENT SCHEDULE

Benefits are provided for the following services ("covered services"). Covered services must be performed by a network provider or by a network specialist. This is not a contract. Covered services are subject to the limitations, exclusions, and other terms and conditions of your member certificate. No benefits are provided for services received from a provider other than a network provider or for procedures not listed below.

ADA Codes		Member Pays
<b>VISITS &amp; DIAGNOSTIC</b>		
0120	Periodic oral evaluation	\$ 0
0140	Limited oral evaluation (emergency) – problem focused	28
0145	Oral evaluation for patients under 3 years of age	0
0150	Comprehensive oral evaluation	0
0160	Detailed and extensive oral evaluation – problem focused	0
0170	Re-evaluation – limited, problem-focused	28
0180	Comprehensive periodontal evaluation	0
0460	Pulp vitality tests	0
0470	Diagnostic casts	0
<b>X-RAYS</b>		
0210	Full mouth X-rays – complete series (including bitewings (1 per 60 month period))	0
0220	Periapical X-ray	0
0230	Periapical X-ray – each additional film	0
0240	Intraoral, occlusal film	0
0270/0272	Bitewing X-rays (one and two films)	0
0273	Bitewing X-rays (three films)	0
0274	Bitewing X-rays (four films) (1 set per 12 month period)	0
0277	Vertical bitewings (seven to eight films)	0
0330	Panoramic X-ray (1 per 60 month period)	0
<b>PROPHYLAXIS &amp; FLUORIDE TREATMENTS</b>		
1110/1120	Prophylaxis (teeth cleaning) adult/child (2 per 12 month period)	0
1206	Topical fluoride varnish (1 per 6 month period for covered persons to age 19)	0
1208	Topical application of fluoride (1 per 6 month period for covered persons to age 19)	0
1351	Sealant per tooth through age 15 – occlusal surface permanent molars (Benefits for replacement are disallowed if performed within 3 years of initial placement)	24
<b>SPACE MAINTAINERS*</b>		
1510	Space maintainer, fixed (unilateral)*	130
1515	Space maintainer, fixed (bilateral)*	211
1520	Space maintainer, removable (unilateral)*	174
1525	Space maintainer, removable (bilateral)*	233
1550	Recementation of space maintainer	33
1555	Removal of fixed space maintainer	33
*Space maintainers are limited to children under 12 years of age.		
<b>RESTORATIVE DENTISTRY</b>		
<b>Amalgam Restorations – Primary or Permanent Teeth:</b>		
2140	Amalgam – 1 surface	49
2150	Amalgam – 2 surfaces	59
2160	Amalgam – 3 surfaces	71
2161	Amalgam – 4 or more surfaces	77
<b>Resin Restorations:</b>		
2330	Resin-based composite – 1 surface, anterior	55
2331	Resin-based composite – 2 surfaces, anterior	67
2332	Resin-based composite – 3 surfaces, anterior	79
2335	Resin-based composite – 4 or more surfaces, anterior or involving incisal angle	102
2390	Resin-based composite crown – anterior	122

Offered by Dental Choice, Inc., a subsidiary of Delta Dental of Kentucky, Inc.

ADA Codes		Member Pays
<b>Resin Restorations (continued):</b>		
2391	Resin-based composite – 1 surface, posterior	\$ 77
2392	Resin-based composite – 2 surfaces, posterior	98
2393	Resin-based composite – 3 surfaces, posterior	118
2394	Resin-based composite – 4 or more surfaces	122
<b>Inlay/Onlay Restorations:</b>		
2510*	Inlay, metallic – 1 surface	324
2520*	Inlay, metallic – 2 surfaces	324
2530*	Inlay, metallic – 3 or more surfaces	336
2542*	Onlay, metallic – 2 surfaces	324
2543*	Onlay, metallic – 3 surfaces	336
2544*	Onlay, metallic – 4 or more surfaces	336
<b>Crowns:</b>		
2710	Crown, resin based composite	219
2720*	Crown, resin with high noble metal	335
2721	Crown, resin with predominantly base metal	293
2722	Crown, resin with noble metal	293
2740	Crown, porcelain/ceramic	448
2750*	Crown, porcelain fused to high noble	448
2751	Crown, porcelain fused to predominantly base metal	448
2752	Crown, porcelain fused to noble	448
2780*	Crown – 3/4 cast high noble metal	448
2781	Crown – 3/4 cast predominantly base metal	402
2782	Crown – 3/4 cast noble metal	448
2783	Crown – 3/4 porcelain/ceramic	448
2790*	Crown, full cast high noble metal	448
2791	Crown, full cast predominantly base metal	402
2792	Crown, full cast noble metal	448
2794*	Crown – titanium	448
2910	Recement inlay, onlay or partial coverage restoration	43
2915	Recement cast or prefabricated post and core	45
2920	Recement crown	40
2930	Prefabricated stainless steel primary	119
2931	Prefabricated stainless steel permanent	122
2932	Prefabricated resin crown (anterior teeth only)	134
2940	Sedative filling	39
2950	Core build-up, including any pins	118
2951	Pin retention – per tooth, in addition to restoration	19
2952*	Post and core, in addition to crown – indirectly fabricated	153
2954	Prefabricated post and core, in addition to crown	147
2971	Additional procedures to construct new crown under existing partial denture framework	73
2980	Crown repair	92 + lab

\*Base or noble metal is the benefit. High noble metal (precious), if used, will be charged to the Member at the additional laboratory cost of the high noble metal. This applies to crowns, bridges, indirectly fabricated post and cores, inlays and onlays. Crowns limited to 1 per 5 year period. An additional laboratory charge also applies to a titanium crown.

<b>ENDODONTICS</b>		
3110/3120	Pulp capping – direct/indirect (excludes final restoration)	35
3220	Therapeutic pulpotomy (excludes final restoration)	65
3221	Pulpal debridement (primary/perm.)	47
3230/3240	Pulpal therapy (resorbable filling), primary tooth (excludes final restoration)	92
3310	Root canal, anterior (excludes final restoration)	255
3320	Root canal, bicuspid (excludes final restoration)	315
3330	Root canal, molar (excludes final restoration)	415
3346	Retreatment of previous root canal therapy–anterior	319
3347	Retreatment of previous root canal therapy–bicuspid	365
3348	Retreatment of previous root canal therapy–molar	442

(Continued)



## DELTACARE PLAN 20173A

ADA Codes		Member Pays	ADA Codes		Member Pays
<b>ENDODONTICS (CONTINUED)</b>			<b>PROSTHETICS – FIXED (EACH RETAINER AND EACH PONTIC CONSTITUTES A UNIT IN A FIXED PARTIAL DENTURE)</b>		
3410	Apicoectomy/periradicular surgery, anterior	\$245	6210*	Pontic, cast high noble metal	\$435
3421	Apicoectomy/periradicular surgery, bicuspid (1st root)	236	6211	Pontic, cast predominantly base metal	422
3425	Apicoectomy/periradicular surgery, molar (first root)	348	6212	Pontic, cast noble metal	448
3426	Apicoectomy/periradicular surgery, each additional root	216	6240*	Pontic, porcelain fused to high noble metal	448
3430	Retrograde filling, per root	82	6241	Pontic, porcelain fused to predominantly base metal	448
3450	Root amputation, per root	158	6242	Pontic, porcelain fused to noble metal	448
<b>PERIODONTICS</b>			6245	Pontic, porcelain/ceramic	448
4210	Gingivectomy or gingivoplasty, 4 or more contiguous teeth per quadrant	216	6250*	Pontic, resin with high noble metal	448
4211	Gingivectomy or gingivoplasty, 1 to 3 contiguous teeth or bounded teeth spaces per quadrant	102	6251	Pontic, resin with predominantly base metal	448
4240	Gingival flap procedures, including root planing, 4 or more contiguous teeth	253	6252	Pontic, resin with noble metal	448
4241	Gingival flap procedures, including root planing, 1 to 3 contiguous teeth or bounded teeth spaces per quadrant	217	6602*	Inlay cast high noble metal, 2 surfaces	317
4245	Apically positioned flap	247	6603*	Inlay cast high noble metal, 3 or more surfaces	317
4249	Clinical crown lengthening – hard tissue	252	6604	Inlay cast predominantly base metal, 2 surfaces	295
4260	Osseous surgery, 4 or more contiguous teeth	453	6605	Inlay cast predominantly base metal, 3 or more surfaces	295
4261	Osseous surgery, 1 to 3 contiguous teeth or bounded teeth spaces per quadrant	304	6606	Inlay cast noble metal, 2 surfaces	305
4341	Periodontal scaling and root planing, 4 or more teeth per quadrant	102	6607	Inlay cast noble metal, 3 or more surfaces	316
4342	Periodontal scaling and root planing, 1 to 3 teeth per quadrant	71	6610*	Onlay cast high noble metal, 2 surfaces	301
4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	74	6611*	Onlay cast high noble metal, 3 or more surfaces	301
4910	Periodontal maintenance (following active therapy)	69	6612	Onlay cast predominantly base metal, 2 surfaces	281
<b>PROSTHETICS – REMOVABLE</b>			6613	Onlay cast predominantly base metal, 3 or more surfaces	281
<i>Includes any adjustments for 6 months</i>			6614	Onlay cast noble metal, 2 surfaces	292
5110/5120	Complete denture, upper or lower	422	6615	Onlay cast noble metal, 3 or more surfaces	292
5130/5140	Immediate denture, upper or lower	487	6720*	Crown, resin with high noble metal	335
5211/5212	Partial denture, resin base, upper or lower (including any conventional clasps, rests and teeth)	416	6721	Crown, resin with predominantly base metal	293
5213/5214	Partial denture, upper or lower, cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	499	6722	Crown, resin with noble metal	293
5225	Maxillary partial denture – flexible base (including any clasps, rests and teeth)	496	6740	Crown, porcelain/ceramic	448
5226	Mandibular partial denture – flexible base (including any clasps, rests and teeth)	496	6750*	Crown, porcelain fused to high noble metal	448
5281	Removable unilateral partial denture, one piece cast metal (including clasps and teeth)	328	6751	Crown, porcelain fused to predominantly base metal	448
5410/5411	Denture and partial adjustments – upper or lower	41	6752	Crown, porcelain fused to noble metal	448
5421/5422	Adjust partial denture - upper and lower	46	6780*	Crown, <sup>3</sup> / <sub>4</sub> cast high noble metal	376
5510/5610	Denture and partial repairs (per repair)	65 + lab	6781	Crown, <sup>3</sup> / <sub>4</sub> cast predominantly base metal	367
5620			6782	Crown, <sup>3</sup> / <sub>4</sub> cast noble metal	448
5520/5640	Adding or replacing teeth to existing partial/denture (per tooth)	65 + lab	6790*	Crown, full cast high noble metal	448
5630	Repair or replace broken clasp	65 + lab	6791	Crown, full cast predominantly base metal	409
5650/5660	Add tooth or clasp to existing partial denture	65 + lab	6792	Crown, full cast noble metal	448
5670/5671	Replace all teeth and acrylic on cast metal framework, upper or lower	285	6930	Recement bridge (fixed partial denture)	57
5710/5711	Rebase complete upper or lower denture	180	6940	Stress breaker	156
5720/5721	Rebase upper or lower partial denture	145	<b>ORAL &amp; MAXILLOFACIAL SURGERY</b>		
5730/5731	Office reline, complete or partial denture	120	7111	Extraction, coronal remnants – deciduous tooth	38
5740/5741			7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal); includes routine removal of tooth structure, minor smoothing of socket bone and closure, as necessary	57
5750/5751	Laboratory reline, complete or partial denture	165	7210	Surgical removal of erupted tooth, requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth, minor smoothing of socket bone and closure	104
5760/5761			7220	Removal of impacted tooth (soft tissue)	132
5850/5851	Tissue conditioning, upper or lower	58	7230	Removal of impacted tooth (partially bony)	173
			7240	Removal of impacted tooth (completely bony)	183
			7241	Removal of impacted tooth (completely bony, with unusual surgical complications)	206

\*Base or noble metal is the benefit. High noble metal (precious), if used, will be charged to the Member at the additional laboratory cost of the high noble metal. This applies to crowns, bridges, indirectly fabricated post and cores, inlays and onlays. Crowns limited to 1 per 5 year period. An additional laboratory charge also applies to a titanium crown.

(Continued)

## DELTACARE PLAN 20173A

### ORAL & MAXILLOFACIAL SURGERY (CONTINUED)

7250	Surgical removal of residual tooth roots (cutting procedure)	\$135
7286	Biopsy of oral tissue (soft)	111
7310	Alveoloplasty, with extractions, four or more teeth or tooth spaces, per quadrant	98
7311	Alveoloplasty, with extractions, 1 to 3 teeth or tooth spaces, per quadrant	93
7320	Alveoloplasty, without extractions, four or more teeth or tooth spaces, per quadrant	131
7321	Alveoloplasty, without extractions, 1 to 3 teeth or tooth spaces, per quadrant	131
7960	Frenulectomy – separate procedure	185

### MISCELLANEOUS

9110	Palliative emergency treatment of dental pain (minor procedure)	42
9310	Specialist consultation	60
9440	Office visit, after regularly scheduled hours	44

### ORTHODONTIC COVERAGE

### MEMBER PAYS

24-month treatment plan including treatment records \$4,100

You may go directly to participating orthodontists for treatment. Coverage is available only in areas where there are network orthodontists.

*Services include initial examination, diagnosis, consultation, initial banding, 24 months of active treatment, debanding, and the retention phase of treatment. The retention phase includes the initial construction, placement and adjustments to retainers and office visits for a maximum of 24 months. Fees for treatment records include X-rays, diagnostic casts and photographs.*

### SPECIALIST COVERAGE

This plan includes coverage for oral surgery, periodontic, and endodontic specialists. Network specialists are available in most areas we serve. **In order to receive benefits, services must be rendered by a network specialist.**

### PREAUTHORIZATION

The following services are subject to review for benefit coverage as stated in your member certificate: crowns, periodontics, partial dentures and bridges. Your dentist must submit a treatment plan for review, prior to services being rendered.

### MISSED APPOINTMENTS

DeltaCare plans do not cover missed appointment charges. You should follow your dentist's policy regarding missed appointments.

### SECOND OPINIONS

For cases where you feel a second opinion is necessary, contact a Customer Service representative at (800) 955-2030.

### OUT-OF-AREA EMERGENCY CARE

If you are 50 miles or more from home, benefits are provided for out-of-area emergency care once per 12-month calendar year. You may seek treatment from any licensed dentist **only for the relief of pain**. Benefits are payable, in accordance with the Member Copayment Schedule, up to a maximum of \$50 per benefit period, less any applicable copayments. To claim these benefits, mail the original receipt and original bill to our office within 60 days of receipt of services.

## 401(k)



By participating in Taylor Made's 401(k) Plan, you can save money for retirement tax-free.

### Elective Contributions

You will be eligible to participate for purposes of elective deferrals when you have completed three (3) months of service and have attained age 18. The entry date of elective deferrals will be effective at the beginning of the next payroll week.

### Matching Contributions & Non-Elective Contributions

You will be eligible to participate for purposes of matching contributions and non-elective contributions when you have completed 12 months of service (beginning at hire date), worked at least 1000 hours and have attained age 18. After meeting eligibility requirements, you will enter the plan effective at the beginning of the next payroll week.

Matching Contributions and Non-Elective Contributions are subject to the vesting schedule.

## Disability



### LONG TERM DISABILITY:

The financial consequences of not being able to work due to a disabling accident or sickness can be devastating. Taylor Made certainly recognizes the risk and is pleased to provide eligible team members with comprehensive Long Term Disability benefits. For eligibility, please see Human Resources.

Long Term Disability coverage (for eligible team members) provides 60% of pre-disability earnings to a monthly maximum of \$7,500.

Long Term Disability coverage begins after 90 days (known as the elimination period). The plan duration is to age 65. Please see HR for benefit information.

### SHORT TERM DISABILITY:



Short Term Disability coverage replaces a portion of your income if you become unable to work because of a covered illness or injury. The benefits begin on the 8th day of disability to a maximum of 12 weeks. Short Term Disability is available for an additional cost to team members. The cost of coverage depends on your age. Short Term Disability provides 60% of pre-disability earnings to a weekly maximum of \$1,500. Please see Human Resources for more information.

## Group Life | AD&D



Life insurance is an important part of your financial well being, especially if others depend on you for support. Taylor Made provides basic life and AD&D coverage at no cost to team members. You simply complete the enrollment application to take advantage of this benefit. The basic life and AD&D benefit provided is \$15,000 for most team members, \$25,000 for managers/directors and \$50,000 for executive level team members.



## Optional Life\*

### Optional Employee Life

You may also purchase additional life insurance in \$10,000 increments up to five times your salary to a maximum of \$500,000.

- **Guaranteed Issue: \$100,000\*\***

### Optional Dependent Life

#### Benefits for Spouse

Coverage Amount: Increments of \$5,000 to a maximum of \$250,000

- **Guaranteed Issue: \$25,000\*\***

*Optional Dependent Life (continued)*

#### Benefits for Children

From age 15 days to age 26.

Coverage Amount: Increments of \$5,000 to a maximum of \$10,000.

\* Benefit and age reductions will apply

\*\* Guarantee Issue is only available to newly eligible employees and/or their dependents

**NOTE: Accidental Death & Dismemberment (AD&D) is automatically purchased if Voluntary Life or Dependent Life is elected.**

## VOLUNTARY GROUP TERM LIFE

### Anthem Employee Voluntary Life Weekly Payroll Deductions

Age	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
<b>Cost per \$1,000</b>	<b>\$0.107</b>	<b>\$0.107</b>	<b>\$0.107</b>	<b>\$0.135</b>	<b>\$0.231</b>	<b>\$0.423</b>	<b>\$0.627</b>	<b>\$1.052</b>	<b>\$1.777</b>	<b>\$3.119</b>	<b>\$4.803</b>	<b>\$4.803</b>
<b>\$20,000</b>	\$0.49	\$0.49	\$0.49	\$0.62	\$1.07	\$1.95	\$2.89	\$4.86	\$8.20	\$14.40	\$22.17	\$22.17
<b>\$30,000</b>	\$0.74	\$0.74	\$0.74	\$0.93	\$1.60	\$2.93	\$4.34	\$7.28	\$12.30	\$21.59	\$33.25	\$33.25
<b>\$40,000</b>	\$0.99	\$0.99	\$0.99	\$1.25	\$2.13	\$3.90	\$5.79	\$9.71	\$16.40	\$28.79	\$44.34	\$44.34
<b>\$50,000</b>	\$1.23	\$1.23	\$1.23	\$1.56	\$2.67	\$4.88	\$7.23	\$12.14	\$20.50	\$35.99	\$55.42	\$55.42
<b>\$60,000</b>	\$1.48	\$1.48	\$1.48	\$1.87	\$3.20	\$5.86	\$8.68	\$14.57	\$24.60	\$43.19	\$66.50	\$66.50
<b>\$70,000</b>	\$1.73	\$1.73	\$1.73	\$2.18	\$3.73	\$6.83	\$10.13	\$16.99	\$28.71	\$50.38	\$77.59	\$77.59
<b>\$80,000</b>	\$1.98	\$1.98	\$1.98	\$2.49	\$4.26	\$7.81	\$11.58	\$19.42	\$32.81	\$57.58	\$88.67	\$88.67
<b>\$90,000</b>	\$2.22	\$2.22	\$2.22	\$2.80	\$4.80	\$8.79	\$13.02	\$21.85	\$36.91	\$64.78	\$99.75	\$99.75
<b>\$100,000</b>	\$2.47	\$2.47	\$2.47	\$3.12	\$5.33	\$9.76	\$14.47	\$24.28	\$41.01	\$71.98	\$110.84	\$110.84

### Anthem Spouse Voluntary Life Weekly Payroll Deductions (Spouse Rate Based on Age of Employee)

Age	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
<b>Cost per \$1,000</b>	<b>\$0.107</b>	<b>\$0.107</b>	<b>\$0.107</b>	<b>\$0.135</b>	<b>\$0.231</b>	<b>\$0.423</b>	<b>\$0.627</b>	<b>\$1.052</b>	<b>\$1.777</b>	<b>\$3.119</b>	<b>\$4.803</b>	<b>\$4.803</b>
<b>\$5,000</b>	\$0.12	\$0.12	\$0.12	\$0.16	\$0.27	\$0.49	\$0.72	\$1.21	\$2.05	\$3.60	\$5.54	\$5.54
<b>\$10,000</b>	\$0.25	\$0.25	\$0.25	\$0.31	\$0.53	\$0.98	\$1.45	\$2.43	\$4.10	\$7.20	\$11.08	\$11.08
<b>\$15,000</b>	\$0.37	\$0.37	\$0.37	\$0.47	\$0.80	\$1.46	\$2.17	\$3.64	\$6.15	\$10.80	\$16.63	\$16.63
<b>\$20,000</b>	\$0.49	\$0.49	\$0.49	\$0.62	\$1.07	\$1.95	\$2.89	\$4.86	\$8.20	\$14.40	\$22.17	\$22.17
<b>\$25,000</b>	\$0.62	\$0.62	\$0.62	\$0.78	\$1.33	\$2.44	\$3.62	\$6.07	\$10.25	\$17.99	\$27.71	\$27.71

### Anthem Child Voluntary Life Weekly Payroll Deductions (Rate listed is for all children)

Age	Age 15 days to 26 Years
<b>Cost per \$1,000</b>	<b>\$0.232</b>
<b>\$5,000</b>	\$0.27
<b>\$10,000</b>	\$0.54

- Spousal and child election cannot be more than 50% of employee elected amount.
- Employee Guarantee Issue Amount is \$100,000; amounts over \$100,000 require completion and approval of Evidence of Insurability (maximum amount of coverage is the lesser of \$500,000 or 5X Annual Pay).
- Spouse Guarantee Issue Amount is \$25,000; amounts over \$25,000 require completion and approval of Evidence of Insurability (maximum amount of coverage is \$250,000).

## First Benefit Year - Farm Team Member Eligible Vacation Hours

### FARM TEAM MEMBERS - First Benefit Year

Eligible Up to 48 to 60 **UNPAID** Vacation Hours 90 Days After Hire Date

Hire Date	Groom Hours
Hired January 1st through March 1st	48
Hired on or before April 1st	45
Hired on or before May 1st	40
Hired on or before June 1st	35
Hired on or before July 1st	30
Hired on or before August 1st	25
Hired on or before September 1st	20
Hired on or before October 1st	15



## First Benefit Year - Office Team Member Eligible Vacation Hours

### OFFICE TEAM MEMBERS- First Benefit Year

Eligible Up to 80 Paid Vacation Hours  
90 Days After Hire Date

Hire Date	Hours
Hired January 1st through March 1st	80
Hired on or before April 1st	72
Hired on or before May 1st	64
Hired on or before June 1st	56
Hired on or before July 1st	48
Hired on or before August 1st	40
Hired on or before September 1st	32
Hired on or before October 1st	24





## Second Benefit Year and After - Farm and Office Team Member Eligible Vacation Hours

Benefit Year	Paid Vacation Eligibility	
	Farm Team Members	Office Team Members
Second Benefit Year	1 week	2 weeks
Third Benefit Year	1 week paid, 1 week unpaid	2 weeks
Fourth Benefit Year	2 weeks	2 weeks
Fifth Benefit Year	2 weeks	3 weeks
Sixth Benefit Year	3 weeks	3 weeks
Seventh Benefit Year	3 weeks	3 weeks
Eighth Benefit Year	3 weeks	3 weeks
Ninth Benefit Year	3 weeks	3 weeks
Tenth Benefit Year (and thereafter)	4 weeks	4 weeks

### Office Team Members (eligible only)

Taylor Made provides paid absence time to eligible Office Team Members for periods of temporary absence due to illness, injury or personal business.

Personal business can include: family or home responsibilities, religious observances, doctor and lawyer appointments or other personal pursuits. Eligible Office Team Members will receive six (6) paid absence days on January 1 of each calendar year. New Office Team Members normally receive a prorated number of paid absence days from their hire date until December 31 of that same calendar year.

Eligible up to 48 hours of Paid Absence / Personal Time after 90 Days of Hire	
Hire Date	Hours
Hired on or before January 1st	48
Hired on or before February 1st	44
Hired on or before March 1st	40
Hired on or before April 1st	36
Hired on or before May 1st	32
Hired on or before June 1st	28
Hired on or before July 1st	24
Hired on or before August 1st	20
Hired on or before September 1st	16
Hired on or before October 1st	12





## Bereavement Time Off

Upon your start date you have the immediate benefit of bereavement time for the death of an immediate family member or friend. Three days are given for an immediate family member and one day for other family members or a friend.

Please reference the Salary Team Member or Farm Team Member for a specific list qualifying immediate family members vs. other family members or friends. All team members must present a funeral notice to manager.



## Holidays

### Farm Team Members

Holidays are work days on the farm for obvious reasons. However, management will make a good faith effort to reduce the work day and/or staff for certain holidays as much as possible. The farm recognizes the following holidays: New Year's Day, Independence Day, Thanksgiving Day, Christmas Eve and Christmas Day.

If at least 2 to 6 hours are worked during one of the mentioned holidays you will be paid for up to 6 hours of time worked. If you work 6 hours or more pay will be based on the hours worked.

### Office Team Members

Office Team Members will observe the following office holidays (as indicated below). Office Team Members scheduled to work any observed holiday may take the holiday as a vacation day (as approved by the direct manager) anytime after the worked holiday through the end of the year.

### 2018 Holiday Schedule - Office Observed Holidays

Holiday	Date of Actual Holiday	Date Holiday Observed by Team Members	Time	Switchboard Open on Holiday	Switchboard Open on Saturday of Holiday
<b>New Year's Day</b>	Monday, January 1st	Monday, January 2nd	8am to 5pm	No	Yes
<b>Good Friday</b>	Friday, April 13th	Friday, April 14th	2pm to 5pm	No	No
<b>Memorial Day</b>	Monday, May 28th	Monday, May 29th	8am to 5pm	No	Yes
<b>Independence Day</b>	Wednesday, July 4th	Tuesday, July 4th	8am to 5pm	No	Yes
<b>Labor Day</b>	Monday, September 3rd	Monday, September 4th	8am to 5pm	No	Yes
<b>Thanksgiving Day</b>	Thursday, November 22nd	Thursday, November 23rd	8am to 5pm	No	No
<b>Day following Thanksgiving</b>	Friday, November 23rd	Friday, November 24th	8am to 5pm	No	No
<b>Christmas Eve</b>	Monday, December 24th	Sunday, December 24th	8am to 5pm	No	No
<b>Christmas Day</b>	Tuesday, December 25th	Tuesday, December 26th	8am to 5pm	No	No







## Miscellaneous Information

### Business Hours:

Normal business hours are 8:00 a.m. to 5:00 p.m., Monday – Friday. Depending on your position and the division in which you work your hours may vary throughout the year.

### Normal Farm Work Hours:

Day Shift: 7:00 a.m. to 4:00 p.m. (occasional 6:00 a.m. start by manager's request during busy seasons)

Nightwatch Shift: 6:00 p.m. to 6:00 a.m. (occasional 7:00 p.m. start by manager's request only)

### Payroll & Paycheck Distribution:

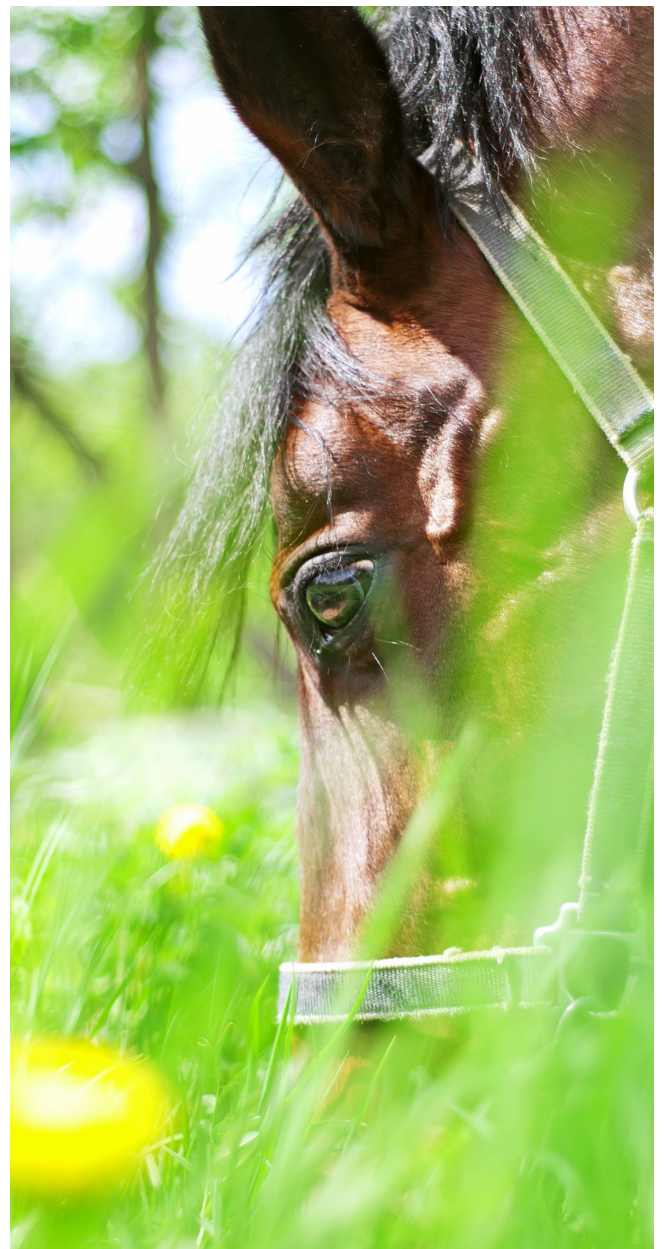
Taylor Made issues team member checks weekly. The payroll week is Monday through Sunday. Checks are distributed to all team members on Thursday mornings normally by the manager. If you want to have your check direct deposited to your bank account, please fill out the appropriate paperwork during new hire orientation. If there is a problem with your paycheck, please see your direct manager for more information.

### Additional Compensation Eligibility

**Bonus Potential:** Some team members may be eligible for an annual bonus based on positive company profit results. The profit bonus is awarded at the discretion of management, dependent on whether the company earns a profit, the team member's length of service and the team member's performance. If profit bonuses are given, they are normally paid out after the end of the fiscal year.

*Note: Bonuses are never a guaranteed form of compensation and if bonuses are approved, percentages per team member may vary.*

**Holiday Gift:** Eligible team members may be given an extra check in the month of December each year for 3% of their annual salary. This is a discretionary bonus and is dependent on the financial health of the company, the team member's length of service and the team member's performance.



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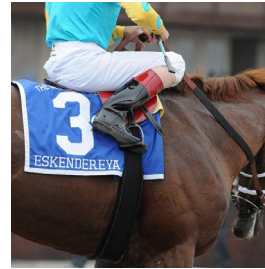


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# THE TAYLOR MADE ADVANTAGE



## CONTACTS AT-A-GLANCE

QUESTIONS	COMPANY	WHO ARE THEY?	TELEPHONE	WEB ADDRESS
General Information	 TAYLOR MADE	Human Resources	859-881-6114	<a href="http://www.taylormadesales.com">www.taylormadesales.com</a>
Medical / Pharmacy Information	 Anthem	Insurance Company Group No. 00015782	1-888-650-4047	<a href="http://www.anthem.com">www.anthem.com</a>
Dental Information	 DELTA DENTAL	Insurance Company Group No. 694790	1-800-955-2030	<a href="http://www.deltadentalky.com">www.deltadentalky.com</a>
Group Life & AD&D / Voluntary Life / Disability Information	 Anthem	Insurance Company Group No. 00015782	1-888-650-4047	<a href="http://www.anthem.com">www.anthem.com</a>
Voluntary Vision Information	 Anthem	Insurance Company Group No. 00015782	1-888-650-4047	<a href="http://www.anthem.com">www.anthem.com</a>
401(k) Information	 ING	Administrator	1-800-584-6001	<a href="http://www.ingretirementplans.com">www.ingretirementplans.com</a>
<u>Additional Assistance</u> Claims, Billing, & Enrollment Resolution	 BimGroup	Rose Taylor Client Service Specialist	859-255-9455 ext.102	<a href="http://www.bimgroup.us">www.bimgroup.us</a> email: <a href="mailto:rose@bimgroup.us">rose@bimgroup.us</a>

**The benefits overview is intended for summary purposes only. It is not to be relied upon for the determination of any policy benefits, limitations or exclusions. The master insurance policies issued by the respective carriers will be relied upon exclusively to determine all benefits.**