



# 2018 Benefits Guide

*Protecting you and those  
you care about most.*







Forest River is pleased to continue to offer its eligible employees comprehensive health, dental, vision, life and disability insurance coverage. As health care costs continue to increase rapidly nationwide, we are in a situation where employee contributions need to be adjusted. This is necessary to enable us to continue to offer exceptional coverage for our employees.

Take a look within the benefit guide to learn more about your plan offerings.

UMR continues as our health plan administrator in 2018, and our provider network remains UnitedHealthcare Choice Plus. Locally and nationally, UnitedHealthcare provides a very broad network of participating doctors, hospitals, and other health care providers to help ensure access to care.

**Employees on our plan can access Teladoc! This service allows 24/7 physician access via telephone or online video consultation to help diagnose non-emergency medical problems for only a \$10 copayment.**

The dental plan remains with Health Resources, Inc. (HRI) and the Vision plan remains with VSP.

Your existing Unum and Allstate Benefits elections will roll over to the 2018 plan year. If you are not currently enrolled in the Allstate Benefits Accident, Critical Illness or Permanent Life Insurance program you have the opportunity to enroll with guaranteed issue for 2018 if you meet with a counselor during open enrollment.

We continue to watch costs, and make sure our employees receive the best services for their benefits dollars.

Forest River has prepared this open enrollment booklet to help you re-evaluate your benefit choices and determine which benefit plans will meet the needs of you and your family in 2018. I encourage you to review it thoroughly and schedule a meeting with a benefits counselor through your manager if you want to make any plan changes. Feel free to ask your Employee Benefits representatives in the Employee Benefits Department any questions you might have. You are a vital part of the Forest River family. Working together we can continue to deliver the high level of product quality and integrity for which our company is known.

Sincerely,

Peter Liegl, CEO

## 2018 Open Enrollment Details

At Forest River, we believe that our benefits should make a difference...to you, your job, and the life you lead outside of work. In these challenging times, your benefits are more valuable than ever before. By taking advantage of the plans offered to you through our comprehensive benefit program, you will be able to have stronger financial well-being and peace of mind whether you're single, married or have others depending on you. This guide will highlight the plans we are offering for 2018.

### OPTIONAL ONE-ON-ONE BENEFITS EDUCATION

During your open enrollment, October 2 - October 27, 2017, we have arranged for you to have the option to speak with a qualified benefits counselor who will provide one-on-one benefits education to help you make an informed decision. The benefit counselors will educate you on your benefits as well as other valuable tools and resources available to you.

### What you need to do to prepare for your one-on-one meeting if you have questions or want to make a change in your existing benefits:

- Review the information in this benefit guide.
- Choose the benefits that best meet your needs (if you have questions they can be reviewed during the meeting).
- [Bring covered dependent social security numbers and birth dates.](#)
- **Sign up to schedule a meeting with a benefit counselor. If for some reason you miss the meeting (on vacation, out sick, etc.) you will be able to enroll through our Benefits Enrollment Call Center at 1-877-301-3560 Monday through Friday 8:00 a.m. to 5:00 p.m. CT.**
  - **The Open Enrollment Call Center will be open October 30 - November 30, 2017!**

*Please note: your Open Enrollment benefits will go into effect 1/1/2018.*

**New Hire Coverage Begins:** 1<sup>st</sup> day of the month following two consecutive calendar months of full-time employment.

### Special Enrollments (Qualified Life Events)

**Employees have 30 days from the day of the event to enroll** with Forest River by providing a completed enrollment form and documentation to the Employee Benefits Department. To obtain an enrollment form and for assistance with documentation, employees must call the Employee Benefits Department at 574-343-5166 or 574-343-5137.

## NETWORK PROVIDERS

The network will remain Choice Plus for 2018. Due to the large number of providers in the UnitedHealthcare® Choice Plus network, provider directories will not be distributed. You may look up participating providers at [www.umar.com](http://www.umar.com), or call 800-826-9781.

It is recommended that you verify with your doctor that they participate in the UnitedHealthcare® Choice Plus network every time you make an appointment.

### NATIONAL COVERAGE THROUGH UMR

As a UMR member, you have access to UnitedHealthcare® Choice Plus providers throughout the United States. If you are looking for a provider anywhere in the United States, even while traveling:

- Go to [www.umar.com](http://www.umar.com)
- Click on “Find a provider”
- Click on “Medical”
- Click on the letter “U”
- Choose “UnitedHealthcare Choice Plus Network”
- Choose either Medical or Behavioral Health
- Choose the type of provider you seek
- Enter an address near where you need services
- Enter any additional information for your search

### ADVANTAGES OF USING UNITEDHEALTHCARE® PROVIDERS:

- **Lower negotiated rates** – UHC has negotiated discounts with providers. This means that when you have to pay deductible or coinsurance out-of-pocket, your share will be based on a lower net charge, after UHC’s discount has been applied
- **Convenience** – Under most circumstances, physicians, hospitals, and other healthcare providers must file your initial claim as part of their agreement with UHC
- **Peace of Mind** – You won’t need to worry about being balance billed for charges that exceed the reasonable and customary amount because all UHC providers have agreed to a negotiated fee. (You are still responsible for copayments, deductibles, and coinsurance)

### COVERAGE WHILE TRAVELING

You are always covered by your UMR plan. Whether you are traveling for business or pleasure, your coverage travels with you. The UnitedHealthcare® Choice Plus network has providers across the U.S. Getting medical care away from home is as convenient as accessing the local network.

### UMR WEBSITE

Log onto [www.umar.com](http://www.umar.com) to access innovative tools to help you get the most out of your medical plan and manage your health.

- Check the status of your claims
- Learn more about your benefits
- Find a doctor or hospital
- Order an ID card
- Compare costs at medical facilities
- Research illnesses and treatments
- Sign up for regular e-mail to alert you to new treatment options for health conditions of concern to you

## TELADOC PROGRAM

For members enrolled in the UMR medical plan, Teladoc provides you with 24/7/365 access to doctors through phone or video consultations for a \$10 copay! This is an affordable alternative to Urgent Care and Emergency Room visits when you need care now.

### WHEN CAN I USE TELADOC?

Teladoc does not replace your primary care physician. It is a convenient and affordable option for quality care.

- When you need care now
- If you're considering the ER or urgent care center for a nonemergency issue
- On vacation, on a business trip, or away from home
- For short-term prescription refills

### GET THE CARE YOU NEED

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Bronchitis
- Urinary tract infection
- Respiratory infection
- Sinus problems
- And more!

### MEET OUR DOCTORS

Teladoc is simply a new way to access qualified doctors. All Teladoc doctors:

- Are practicing PCPs, pediatricians, and family medicine physicians
- Average 15 years experience
- Are U.S. board-certified and licensed in your state
- Are credentialed every three years, meeting NCQA standards

### SETTING UP AN ACCOUNT

Call Teladoc or visit the website to "set up an account" and provide information about yourself.

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### REQUEST A CONSULT

Once your account is set up, request a consult anytime you need care. You can request a consult by phone, online, via facebook or your mobile app.

[Teladoc.com](http://Teladoc.com)

1-800-Teladoc

[Facebook.com/Teladoc](https://www.facebook.com/Teladoc)

[Teladoc.com/mobile](https://www.Teladoc.com/mobile)

## PRESCRIPTION DRUG BENEFITS

Your UMR ID card also serves as your Express Scripts prescription drug card (you will not receive a separate Rx card). Present the card at pharmacies with your prescription. Once the yearly prescription drug deductible of \$100 per person (\$200 per family) has been met, you will only pay a co-payment at the pharmacy of 10%, 20%, or 40% of the cost of the drug. You will not need to complete any claim forms, provided you use a participating pharmacy and present your UMR ID card.

The first \$100 of prescription drug costs will automatically be applied toward the annual Rx deductible. The Rx deductible is separate from the medical plan deductible. The ID card system automatically tracks your prescription drug claims and knows when your \$100 deductible has been met for each person within your family (the maximum Rx deductible per family is \$200 per year). For that reason, it is important to always show your UMR ID card every time you have a prescription filled, even if you have not yet met your deductible. The cost of each prescription will accumulate toward your calendar year Rx deductible, until it is met for the year.

**Once your annual Rx deductible has been met, you will then be charged the appropriate copayment based on the Tier Group your medication falls into:**

- Tier 1 – Most Generics 10% copayment
- Tier 2 – Preferred Brand Name Drugs 20% copayment
- Tier 3 – Non-Preferred Drugs 40% copayment

After receiving your ID card, you can register at [www.express-scripts.com](http://www.express-scripts.com) and look up your medications to determine which tier they are in, or call 855-686-9787. If you are taking a Tier 3 medication, you may wish to discuss this with your doctor and ask if there is a Tier 1 or Tier 2 alternative that would work well for you.

### MAIL ORDER PRESCRIPTION BENEFITS

If you routinely take a medication, you can save by using the Express Scripts mail service pharmacy. This benefit provides the opportunity to save money on your maintenance prescriptions. Also, you don't have to go anywhere to get your prescription filled. It's delivered right to your door and you will not pay any shipping costs. Copayments for Mail Order Prescriptions are shown on the "Health Plan" pages.

#### 5 EASY STEPS TO GET STARTED WITH MAIL ORDER

1. Ask your physician to write your prescription for the maximum supply allowed (typically 90 days)
2. Contact Express Scripts at 855-686-9787 to set up an account
3. Complete the Express Scripts order form
4. Mail both prescription and form along with your payment to Express Scripts
5. Watch your mailbox for your order to arrive

#### 3 EASY WAYS TO GET REFILLS

1. Order online at [www.express-scripts.com](http://www.express-scripts.com)
2. By phone at 855-686-9787
3. By mail: using the mail order form included with your prescription



## HEALTH PLAN 2018

	IN-NETWORK	OUT-OF-NETWORK
<b>Annual Deductible Per Calendar Year</b> Per Person / Per Family	\$1,250 / \$2,500	\$3,000 / \$6,000
<b>Plan Participation Rate, Unless Otherwise Stated Below</b> Paid By Plan After Satisfaction Of Deductible	80%	60%
<b>Annual Out-Of-Pocket Maximum</b> Per Person / Per Family	\$4,000 / \$8,000	\$10,000 / \$20,000
<b>Wellness/Routine Physicals</b> Routine Annual Physical Exam/Labs Immunizations	100% (Deductible Waived) 100% (Deductible Waived)	N/A 100% (Deductible Waived)
<b>Ambulance Transportation</b> Paid By Plan After In Network Deductible	80%	80%
<b>X-rays Paid By Plan After Deductible</b>	80%	60%
<b>Urgent Care</b> Co-pay Per Visit Paid By Plan After Deductible	\$40 100% (Deductible Waived)	Not Applicable 60%
<b>Walk in Retail Health Clinics/Retail Convenient Care Clinics</b> Co-pay Per Visit Paid By Plan After Deductible	\$20 100% (Deductible Waived)	Not Applicable 60%
<b>Emergency Room / Emergency Physicians</b> Co-pay Per Visit (Waived If Admitted As Inpatient Within 24 Hours) Paid By Plan After In Network Deductible	\$250 80%	\$250 80%
<b>Emergency Room Decision Support</b>	UMR's Emergency Room Decision Support program can help you avoid claims for inappropriate Emergency Room use by empowering you to choose less expensive outpatient or office-based care, when possible. Program uses telephonic outreach to connect with individuals who visit the ER one or more times in a year. A registered nurse will educate you about when to seek emergency care. They refer individuals to UMR's NurseLine service and may direct you to cost-effective alternatives, such as urgent care or convenient care centers.	
<b>MRI Imaging</b> <i>Prior authorization is required or benefit reduces by \$250 per claim</i>	90% after deductible if performed at a free standing facility; 80% after deductible if performed in a hospital or outpatient hospital setting	60% after out-of-network deductible
<b>Diagnostic Lab Services</b>	90% after deductible if performed at a free standing facility; 80% after deductible if performed in a hospital or outpatient hospital setting	60% after out-of-network deductible
<b>Outpatient Surgery/Surgeon Services</b>	90% after deductible if performed at a free standing facility; 80% after deductible if performed in a hospital or outpatient hospital setting	60% after out-of-network deductible
<b>Colonoscopy, Sigmoidoscopy, and Other Scopic Procedures</b>	90% after deductible if performed at a free standing facility; 80% after deductible if performed in a hospital or outpatient hospital setting	60% after out-of-network deductible
<b>Extended Care Facility Benefits Such As Skilled Nursing, Convalescent Or Subacute Facility</b> Maximum Days Per Calendar Year Paid By Plan After Deductible	80%	60 Days 60%



## HEALTH PLAN 2018

	IN-NETWORK	OUT-OF-NETWORK
<b>Home Health Care Benefits</b>		
Maximum Visits Per Calendar Year (Includes IV Therapy)	60 Visits	
Paid By Plan After Deductible	80%	60%
<b>Hospice Care Benefits</b>		
	80%	80%
<b>Hospital Services</b>		
	80%	60%
<i>Prior authorization is required for inpatient hospital stay or benefit reduces by \$250 per claim</i>		
<b>Teladoc</b>		
	\$10 copay	Not Applicable
<b>Maternity</b>		
Routine Prenatal Services Paid by Plan After Deductible	100% (Deductible Waived)	60%
Non-Routine Prenatal Services, Delivery and Postnatal Care Paid by Plan After Deductible	80%	60%
<b>Mental Health, Substance Abuse And Chemical Dependency Benefits</b>		
	80%	60%
<b>Physician Office Visit</b>		
Co-pay Per Visit	\$20	Not Applicable
Paid By Plan After Deductible	100% (Deductible Waived)	60%
<b>Physician Specialist Visit</b>		
Co-pay Per Visit	\$40	Not Applicable
Paid By Plan After Deductible	100% (Deductible Waived)	60%
<b>Chiropractic Services</b>		
Maximum Visits Per Calendar Year	26 Visits	
Office Visit Included In Maximum		
Co-pay Per Visit	\$40	Not Applicable
Paid By Plan After Deductible	100% (Deductible Waived)	60%
<b>PRESCRIPTION SCHEDULE OF BENEFITS</b>		
<b>Annual Pharmacy Deductible Per Calendar Year Per Person / Per Family</b>		
	\$100 / \$200	
<b>Annual Out-of-Pocket Maximum Per Calendar Year Per Person / Per Family</b>		
	\$2,500 / \$5,000	
<b>By Participating Retail Pharmacy</b>		
	For Up To A 30-Day Supply	
Generic Drugs (Tier 1)	10%	
Preferred Brand-Name Drugs (Tier 2)	20%	
Nonpreferred Brand-Name Drugs (Tier 3)	40%	
<b>By Participating Mail Order Pharmacy</b>		
	For Up To A 90-Day Supply	
Generic Drugs (Tier 1)	\$25	
Preferred Brand-Name Drugs (Tier 2)	\$50	
Nonpreferred Brand-Name Drugs (Tier 3)	\$100	
<b>By Specialty Pharmacy Vendor</b>		
	For Up To A 30-Day Supply	
Generic Drugs (Tier 1)	40%	
Preferred Brand-Name Drugs (Tier 2)	40%	
Nonpreferred Brand-Name Drugs (Tier 3)	40%	
<b>By Non-Participating Pharmacy</b>		
	Use of a Non-Participating Pharmacy, requires payment for the prescription up front. The covered person can then submit a claim reimbursement form with a receipt to Express Scripts for reimbursement. Reimbursement for covered prescription drugs will be based on the lowest contracted amount of a participating pharmacy minus any applicable deductible and/or retail co-pay shown in this schedule.	
<b>RATES PER WEEK</b>		
Employee Only	\$49.00	
Employee + Child(ren)	\$95.00	
Employee + Spouse	\$103.00	
Family	\$156.00	

## DENTAL PLAN

The Dental Health Option by Health Resources, Inc. (HRI) plan will remain the same for 2018.

HRI does not have a deductible; therefore you do not need to spend money before your plan begins to pay benefits. You are not required to use a participating HRI dentist in order to receive benefit payment difference between the allowed reimbursement and the amount the dentist charges for a particular service, which could result in a greater out-of-pocket cost to you if you use a non-participating dentist. This is known as “balance billing”.

HRI continues to expand both its local and national networks. Taking advantage of these discounts will allow your benefit dollars to go farther. If your dentist is not in the network, you will still be able to use him or her, but you may be subject to balance billing.

To find a network dentist visit [www.insuringsmiles.com/Dentists/FindDentist](http://www.insuringsmiles.com/Dentists/FindDentist) or call 800-727-1444.

Your participating provider will submit a completed claim form to HRI for payment. If, however, you obtain dental care from a non-participating dentist, you may be responsible for submitting the claim form directly to HRI and you may be responsible for any balance billing.



<b>Dental Plan: Health Resources Inc. (HRI)</b>	
Annual Calendar Year	No Deductible
Preventive Services - Diagnostic and Preventative Care (cleanings, X-rays, fluoride to age 14, sealants to age 15)	100%
Basic & Major Services - Basic Services (procedures such as fillings, Root canal therapy, simple extractions, bridges, dentures and crowns)	50%
Orthodontics for children to age 26	50%
Annual maximum per person (not including orthodontia)	Up to \$1,500
Lifetime Orthodontia Maximum	Up to \$2,000
<b>Rates Per Week</b>	
Employee Only	\$4.20
Employee plus 1 dependent	\$8.15
Family	\$15.20

## VISION PLAN

Whether you are driving down the highway or reading a book, seeing clearly is important, which is why we are very excited to be offering the Vision plan through VSP. From keeping an eyewear Rx up-to-date to preventing vision loss due to glaucoma, diabetes or macular degeneration, regular visits to a quality eye care professional are a must and the plan includes a discount program on hearing aids through TruHearing. Members may choose a VSP provider, a participating retail chain or any out-of-network provider. The highest benefit can be obtained by utilizing a VSP provider.

**Please note: ID cards are not required when you see a network provider and ID cards will not be issued to you. When you go to the VSP provider, you will be asked to provide your Social Security Number to verify coverage. You can find a VSP Choice Network Provider by going online to [www.vsp.com](http://www.vsp.com) or calling 1-800-877-7195.**

### THE FOLLOWING IS A SUMMARY OF COVERAGE WITH A VSP CHOICE NETWORK PROVIDER:

Benefit	Description	Copay	Frequency
<b>WellVision Exam</b>	Focuses on your eyes and overall wellness	\$20	Every calendar year
<b>Prescription Glasses</b>		\$20	See frame and lenses
<b>Frame</b>	<ul style="list-style-type: none"> <li>• \$130 allowance for a wide selection of frames</li> <li>• \$150 allowance for featured frame brands</li> <li>• 20% savings on the amount over your allowance</li> <li>• \$100 Costco®, Walmart and Sam's Club frame allowance</li> </ul>	Included in Prescription Glasses	Every other calendar year
<b>Lenses</b>	<ul style="list-style-type: none"> <li>• Single vision, lined bifocal, and lined trifocal lenses</li> <li>• Polycarbonate lenses for everyone covered</li> <li>• Scratch-resistant coating</li> <li>• UV Protection covered</li> </ul>	Included in Prescription Glasses	Every calendar year
<b>Lens Enhancements</b>	<ul style="list-style-type: none"> <li>• Standard progressive lenses</li> <li>• Premium progressive lenses</li> <li>• Custom progressive lenses</li> <li>• Average savings of 20-25% on other lens enhancements</li> </ul>	\$55 \$95 - \$105 \$150 - \$175	Every calendar year
<b>Contacts (instead of glasses)</b>	<ul style="list-style-type: none"> <li>• \$130 allowance for contacts; copay does not apply</li> <li>• Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$45	Every calendar year
<b>Diabetic Eyecare Plus Program</b>	<ul style="list-style-type: none"> <li>• Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.</li> </ul>	\$20	As needed
<b>TruHearing</b>	<p>VSP Members, their dependents and extended family members are eligible for a discount on digital hearing aids through TruHearing including:</p> <ul style="list-style-type: none"> <li>• 3 provider visits for fitting, adjustments and cleanings</li> <li>• A 45 day money back guarantee</li> <li>• 3 year manufacturer's warranty for repairs and one-time loss and damage</li> <li>• 48 free batteries per hearing aid</li> </ul> <p><b>Hearing Aid Discount Program</b> Members call TruHearing to set up an appointment at 877-396-7194. TruHearing will answer any questions and schedule a hearing exam with a local provider.</p> <p>For additional information, visit <a href="http://vsp.truhearing.com">vsp.truhearing.com</a>.</p>		
<b>Your Weekly Contribution</b>	Member only \$1.03 Member + spouse \$2.07 Member + child(ren) \$2.21 Member + family \$3.54		

## TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (BASIC LIFE) INSURANCE

Forest River, Inc. provides each eligible, full-time, active Salaried and Administrative Clerical employee with \$50,000 of term life and accidental death and dismemberment (basic life) insurance. Production Employees receive \$5,000 in benefits. This benefit is paid completely by Forest River, Inc. and is administered through Unum.

## EMPLOYEE ASSISTANCE PROGRAM (EAP)

Along with your Basic Life coverage, Forest River is providing all full-time employees with an Employee Assistance Program (EAP).

Your work-life balance EAP – provided at no additional charge through your company’s insurance benefit plan – can help you find solutions for the everyday challenges of work and home as well as for more serious issues involving emotional and physical well-being. This program can provide the following:

- Childcare and/or eldercare referrals
- Personal relationship information
- Health information and online tools
- Legal consultations with licensed attorneys
- Financial planning assistance
- Stress management
- Career development

### EMPLOYEE ASSISTANCE PROGRAM OFFERS EASY TO HELP ACCESS

- Telephone consultation: speak confidentially with a master’s level consultant to clarify your need, evaluate options and create an action plan.
- Face-to-face meeting: meet with a local consultant up to three times per issue for short-term problem resolutions
- Educational materials: receive information through our online library of downloadable materials and interactive tools.

Learn more about your EAP by calling 800-854-1446 or visit [www.lifebalance.net](http://www.lifebalance.net); user ID and password: lifebalance

## VOLUNTARY EMPLOYEE AND DEPENDENT LIFE

All eligible full-time employees have the option to apply for additional Term Life Insurance benefits during your new hire enrollment ONLY.

- **Employee Life Amounts** –Benefit amounts are available in \$10,000 increments to a maximum of 5X your annual salary or \$250,000 (whichever is less). Please note: if you enrolled in this coverage last year then you can increase your life amount by \$10,000 or \$20,000 without answering health questions
- **Spouse Life Amounts** - If you enroll yourself, you may apply for coverage on your spouse in \$5,000 increments to a maximum of \$25,000, if your spouse is under the age of 70 and not totally disabled
- **Child(ren) Life Amounts** - If you enroll yourself, you may cover your dependent children to age 19/25 if a full-time student for \$10,000 each provided the amount does not exceed 50% of the employee benefit election and child is not totally disabled

Your premium is determined by your age and the amount of coverage you select. Employee and Spouse life benefit reduces to 65% at age 65; 50% at age 70.

This coverage is provided through Unum. You may drop this coverage at any time by contacting the Employee Benefits Office and completing the appropriate form.

This is an overview only and is not a contract. It in no way changes or affects the policy as actually issued. Only the Insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your Insurance coverage. In the event of any difference between this and the Insurance policy, the terms of the Insurance policy apply.

## VOLUNTARY LIFE INSURANCE WEEKLY RATES

Employee and Spouse Weekly Life Rates												
Employee Age	15-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69*	70-74*	75+*
\$10,000.00	\$0.18	\$0.21	\$0.30	\$0.32	\$0.37	\$0.55	\$0.83	\$1.55	\$2.40	\$2.99	\$3.73	\$3.73
\$20,000.00	\$0.37	\$0.42	\$0.60	\$0.65	\$0.74	\$1.11	\$1.66	\$3.09	\$4.80	\$5.97	\$7.45	\$7.45
\$30,000.00	\$0.55	\$0.62	\$0.90	\$0.97	\$1.11	\$1.66	\$2.49	\$4.64	\$7.20	\$8.96	\$11.18	\$11.18
\$40,000.00	\$0.74	\$0.83	\$1.20	\$1.29	\$1.48	\$2.22	\$3.32	\$6.18	\$9.60	\$11.94	\$14.91	\$14.91
\$50,000.00	\$0.92	\$1.04	\$1.50	\$1.62	\$1.85	\$2.77	\$4.15	\$7.73	\$12.00	\$14.93	\$18.63	\$18.63
\$100,000.00	\$1.85	\$2.08	\$3.00	\$3.23	\$3.69	\$5.54	\$8.31	\$15.46	\$24.00	\$29.85	\$37.27	\$37.27
\$150,000.00	\$2.77	\$3.12	\$4.50	\$4.85	\$5.54	\$8.31	\$12.46	\$23.19	\$36.00	\$44.78	\$55.90	\$55.90
\$200,000.00	\$3.69	\$4.15	\$6.00	\$6.46	\$7.38	\$11.08	\$16.62	\$30.92	\$48.00	\$59.70	\$74.54	\$74.54
\$250,000.00	\$4.62	\$5.19	\$7.50	\$8.08	\$9.23	\$13.85	\$20.77	\$38.65	\$60.00	\$74.63	\$93.17	\$93.17

\*Rates based on reduced benefit amount

<b>Child Unit Weekly Rate</b>	\$0.28
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## VOLUNTARY SHORT TERM DISABILITY INSURANCE

This benefit is intended to help replace a portion of your lost income in the event you are unable to work due to a non-work related illness or injury. **All benefits will be based on 60% of basic weekly earnings subject to a maximum benefit of \$600 per week.**

- **Benefits Begin** - On the 15<sup>th</sup> day following an injury or illness
- **Weekly Benefit** - 60% of your basic weekly pay to a maximum of \$600 per week
- **Maximum Benefit Period** -13 weeks (including the waiting period), provided you remain disabled and unable to work as defined by the plan

Claims for Short Term Disability benefits should be submitted through the Employee Benefits Department and are reviewed by Unum.

Premiums are based on your own weekly benefit times the rate for your age.

Age	Rate Per Week
< 40	\$.01246
40 - 54	\$.01546
> 55	\$.02930

### Example - using weekly income of \$600: Weekly STD benefit would be \$360 (\$600 X 60%)

The weekly STD premium for that benefit would be figured by taking the benefit of \$360 X the weekly rate for your age (<40 = \$4.48 / 40-54 = \$5.56 / >55 = \$10.55)

*\*Statutory disability programs in CA, HI, NJ, NY, RI and PR may affect any benefits under the voluntary STD plan offered through Unum.*

## LONG TERM DISABILITY INSURANCE

*For Salaried Employees Only*

Long Term Disability insurance pays you a portion of your earnings if you cannot work because of a long term disabling illness or injury.

- **Benefits Begin** - After you have been disabled for 90 days
- **Monthly Benefit** - 60% of your regular monthly earnings to a maximum benefit of \$10,000
- **Benefits are reduced by other income**, including Social Security benefits
- **Maximum Benefit Period** - To age 65, provided you remain disabled as defined in the policy for employees with 3 or more years of service, one to two year benefit period for those with 1 to 3 years of service

Claims for Long Term Disability benefits should be submitted through the Employee Benefits Department. This coverage is provided through Unum. Premiums are 100% employer paid. Enrollment is automatic after 1 year of employment.

## ACCIDENT INSURANCE

Allstate Benefits voluntary accident coverage provides cash benefits for out-of-pocket expenses associated with an accidental injury and can help protect hard-earned savings should an off-the-job accidental injury occur. No one plans to have an accident, but it can happen at any moment throughout the day. Most major medical insurance plans only pay a portion of the bills. Allstate Benefits can help pick up where other insurance leaves off and provide cash to cover the expenses.

### MEETING YOUR NEEDS

Accident coverage from Allstate Benefits helps offer peace of mind when an accidental injury occurs.

- Benefits that correspond with treatment for off-the-job accidental injuries including hospitalizations, emergency treatment, intensive care, fractures, plus more
- Accident coverage for yourself and your entire family
- Affordable premiums
- Benefits paid directly to you, unless you assign them to someone else
- Additional rider benefits have been added to the plan, and are designed to enhance your coverage
- Portable coverage

### YOUR BENEFIT COVERAGE\*\*

- **Accidental Death** – Pays a benefit for accidental death
- **Common Carrier Accidental Death** – Pays if death occurs while riding as a fare-paying passenger on a scheduled common carrier.
- **Dismemberment** – Pays a benefit for dismemberment. Multiple dismemberments during the same injury are limited to the principle amount listed in the policy.
- **Dislocation or Fracture** – Pays a benefit for dislocation or fracture. Multiple dislocations or fractures during the same injuries are limited to the principle amount listed in the policy.
- **Hospitalization Confinement** – For each covered person, the policy will pay \$1,000 when the covered person is confined in the hospital as a result of an accident. Payable once per person, per calendar year.
- **Accident Physician Treatment** – We pay the amount of \$100 if a covered person receives treatment from a physician for an injury. This benefit is payable only once per covered accident per covered person.
- **Outpatient Physician’s Benefit Rider** – We pay the amount of \$100 when a covered person is treated by a physician outside of a hospital for any cause. This benefit is payable only once per day per covered person, and is limited to 2 days per covered person per calendar year not to exceed 4 days per calendar year if coverage includes eligible dependents.

\*\* Please refer to full plan coverage brochure for benefit amounts, limits and conditions.

### CLAIM EXAMPLE:\*



Jenny chooses Accident Insurance from the plan benefits her employer is offering. Six months later, she is traveling to work and is involved in a car accident where she is air lifted to the hospital. The Accident insurance policy would provide the following benefits, in addition to what major medical insurance paid:

Air Ambulance Service:	\$600
Intensive Care:	\$400
Open Abdominal/Thoracic Surgery:	\$3,000
Hospitalization Confinement:	\$1,000
Accident Follow-Up Treatment:	\$150
<b>Total Cash Benefits:</b>	<b>\$5,150</b>

\*The benefits shown may vary from your personal experience. Refer to the product brochure for full details of your coverage.

## CRITICAL ILLNESS WITH CANCER INSURANCE

Critical Illness with Cancer insurance, offered by Allstate Benefits, provides a lump-sum cash benefit upon diagnosis of a covered critical illness and can help you cover the out-of-pocket expenses associated with a critical illness. This coverage can help offer financial protection in the event you are diagnosed with a critical illness.

This coverage can help meet the needs of you and your family by offering financial protection when it is needed most:

- Guaranteed Issue (no health questions asked!)
- Benefits and coverage amounts have been selected by your employer to make it easy to choose a plan that meets your needs
- Covered dependents receive 50% of your basic-benefit amount
- Benefits paid directly to you
- Coverage supplements any existing medical benefits
- Premiums are affordable
- Portable



### INCLUDED CONDITIONS:

- Heart attack
- Carcinoma in Situ
- Coronary Artery By-Pass Surgery
- End Stage Renal Failure
- Blindness
- Paralysis
- Invasive cancer
- Stroke
- Major Organ Transplant
- Coma
- Loss of Hearing
- And more!

### WELLNESS BENEFIT:

**The Wellness Benefit** - pays \$75 annually when a covered person receives one of the following:

- Biopsy for skin cancer
- Bone marrow testing
- Chest X-ray
- Colonoscopy
- EKG
- Pap Smear, including ThinPrep Pap Test
- Breast Ultrasound
- And more!



## GROUP TERM TO AGE 100 LIFE INSURANCE

Allstate Benefits Life Insurance pays coverage that can ease the financial burden brought upon by the death of a family's primary provider. Group Term Life Insurance pays a lump-sum cash benefit when you die before age 100.

### THIS POLICY CAN HELP MEET THE NEEDS OF YOU AND YOUR FAMILY:

- **Guaranteed Issue**
  - **Employee** - Issue Ages 18-69: \$5,000 - \$150,000 maximum face amount;
  - **Spouse** - Issue Ages 18-69: \$5,000 - \$30,000 maximum face amount;

### SOME BENEFIT RIDERS INCLUDE:

- **Children's Term Rider** - Level Term to 26 life insurance on Certificate insured's children. Available as rider on the Employee's certificate. Convertible to cash value life insurance for each covered child at age 26, up to 5 times the certificate amount with no underwriting.
- **Accelerated Death Benefit For Terminal Illness** - Advances a portion (up to 75%) of the insured's death benefit if a terminal illness occurs. Waives future monthly charges when acceleration is elected.



*Allstate Benefits is the marketing name for American Heritage Life Insurance Company, Home Office, Jacksonville, FL, a subsidiary of The Allstate Corporation. The accident and critical illness coverage is provided by supplemental, limited benefit insurance. The coverage is provided by policy forms GVCIP2, GVAP2, and GPTLP, or state variations thereof, underwritten by American Heritage Life Insurance Company and has limitations and exclusions. For cost and complete details of coverage, contact your Allstate Benefits Representative.*

## BENEFIT CONTACT INFORMATION

You may have questions after you have enrolled. If so, the toll-free customer service numbers and web addresses are listed below for your convenience.

**Forest River, Inc.**

Employee Benefits Department  
574-343-5166 or 574-343-5137

**Health: UMR**

[www.umar.com](http://www.umar.com)

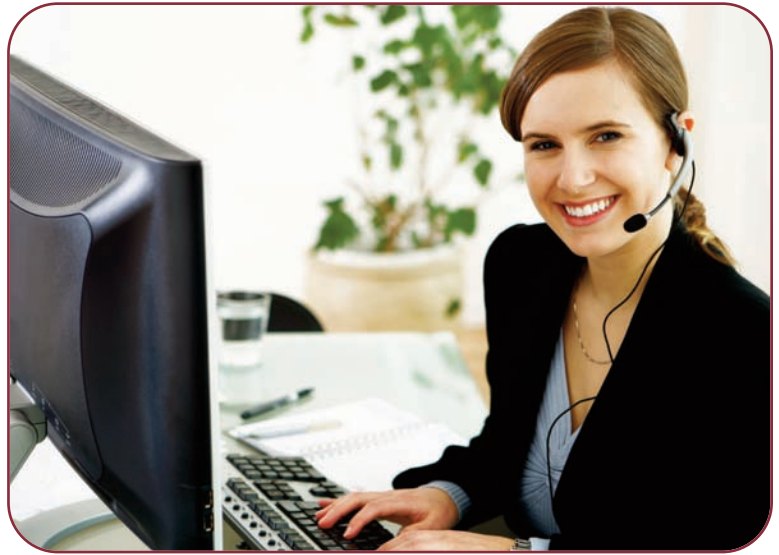
Customer Service: 800-826-9781

Nurse Line, Care Management, Pre-Certification:  
866-494-4502

**TELADOC**

[www.teladoc.com](http://www.teladoc.com)

Customer Service 1-800-Teladoc (800-835-2362)



**Mail Order Prescriptions: UMR/Express Scripts**

[www.express-scripts.com](http://www.express-scripts.com)

Customer Service 855-686-9787

**Dental: HRI**

[www.insuringsmiles.com](http://www.insuringsmiles.com)

Customer Service 800-727-1444

**Vision: VSP**

[www.vsp.com](http://www.vsp.com)

Customer Service 800-877-7195

**Basic Life and AD&D, Short & Long Term Disability, and Voluntary Life: Unum**

[www.unum.com](http://www.unum.com)

Customer Service 866-679-3054

**Employee Assistance Program (EAP): Unum**

[www.lifebalance.net](http://www.lifebalance.net); user ID and password: lifebalance

Customer Service 800-854-1446

**Allstate Benefits Voluntary Benefits**

[www.allstatebenefits.com](http://www.allstatebenefits.com)

Customer Service 866-828-8501

*All of your current plan enrollments through Forest River will continue unless you complete and return a change form.*

*This Benefit Summary is an overview only and is not intended to include every benefit or limitation. Specific benefits, exclusions, and limitations are contained in the Certificate of Coverage or policy you will receive when you become a member. If there are any discrepancies between the summary and the certificate of coverage or policy, the certificate of coverage or policy will prevail.*



