

**TYSON FOODS, INC. #141413-001**  
**Salaried Team Member & Family**  
**SCHEDULE OF BENEFITS / PLAN HIGHLIGHTS**

Your Long Term Care (LTC) insurance plan is listed below.

**Elimination Period:** Your plan's elimination period of 0 days is the amount of time you must wait before benefits become payable. This time period can be accumulated over a period of 0 days and needs to be satisfied only once during the life of your plan.

**Newly Hired Employees:** You are eligible to enroll under the guarantee issues limits. Your guarantee issue period ends on the first of the month following 0 days of continuous active employment or the date of approval into the plan (if applicable).

**All Active Employees & Newly Hired Employees:** Who enroll after their initial Guarantee Issue enrollment period or choose benefits over the Guarantee Issue limits will be required to fill out a medical questionnaire.

**Medical Underwriting Coverage Effective Date: Employees:** The effective date is the later of the first of the month 0 days of continuous active employment or the date of approval into the plan (if applicable). **Family Members:** The effective date is the Medical Underwriting Approval Date. *Medical Underwriting means that you must answer all questions on a medical questionnaire. In some cases, an interview may also be necessary.*

**Delayed Effective Date:** If you are absent from work because you are injured, sick, temporarily laid off or on a leave of absence, your coverage will not begin on your otherwise expected effective date.

**Medical Underwriting for Employees and Family:** Completion of the Benefit Election Form is required for enrollment. As an **Employee**, you are eligible for benefit amounts on a Guarantee Issue basis of up to and including \$6,000 and a Facility Benefit Duration of 3 or 6 years. This does not require completion of the Long Term Care Insurance Application (medical questionnaire) if you apply during your initial eligibility period. The Long Term Care Insurance Application (medical questionnaire) is required if enrolling after your initial eligibility period or if you choose to buy \$7,000, \$8,000, \$9,000 or the Lifetime Duration coverage. **Retirees, Spouses** and all **Family Members** must complete the Benefit Election Form, the Long Term Care Insurance Application (medical questionnaire) and must be approved for coverage in order to enroll in the Long Term Care plan. **All** Medical Questionnaires must accompany a signed Authorization to Request Medical Information Form #6720-03 located in the enrollment kit.

Benefit Duration	3 Years	6 Years	Lifetime
Facility Benefit Amount <b>In Increments of \$1,000</b>	\$1,000 to \$9,000	\$1,000 to \$9,000	\$1,000 to \$9,000
Assisted Living Facility	100%	100%	100%
Professional Home & Community Care	100%	100%	100%
Total Choice Home Care - <b>Option</b>	50%	50%	50%
Inflation Protection * - <b>Option</b>	5% Compound	5% Compound	5% Compound

**Lifetime Maximum:** The Lifetime Maximum is the maximum benefit dollar amount Unum will pay over the life of your coverage. This dollar amount is based on the Facility Benefit Amount and Benefit Duration. *For Example: If you choose \$3,000 Facility Monthly Benefit Amount & 3 Year Duration, your Lifetime Maximum is calculated as follows, \$3,000 per Month X 12 Months X 3 Years = \$108,000 Lifetime Maximum.*

**Insurance Age:** Final cost of coverage will be based on your Insurance Age. If you enroll for coverage on or before the group policy effective date, Insurance Age is your age on the group policy effective date. If you enroll for coverage after the group policy effective date, Insurance Age is your age on the date you sign the enrollment form.

**Questions:** Please call 1-877-975-3517 with questions regarding your Long Term Care Insurance.