



Employee
Benefits
Guide
2019

WinCo
Holdings

Health Insurance Plan Information

WELCOME! To educate you on the many benefits WinCo Holdings, Inc. offers, please review the following benefit guide. If you have any questions about your benefits, we are here to help! Contact the Benefits Department at benefits@wincofoods.com or at 1-800-341-6543, option 4, with any questions. All information and applications related to benefits are located online at <http://benefits.wincofoods.com>.

WHO IS ELIGIBLE TO PARTICIPATE?

- Hourly employees who enroll receive benefits the first of the month following 3 full consecutive calendar months with a minimum of 100 hours per month.
- Salary employees who enroll receive benefits the first of the month following hire date.
- New employees who meet the eligibility requirements have 31 days from the date of his/her eligibility date to complete and return an application for health insurance benefits (medical, dental, vision, prescription, and short-term disability). Applications can be turned in early.
- The plan has a six month stability period with a three month look-back period. Employees remain eligible if they have a minimum of 300 hours worked in the look-back period. Coverage is cancelled if the 300 hours requirement is not met. Coverage will be reinstated once the 300 hours in three months in a row requirement is met.
- Employees may receive coverage for their legally married spouse and/or dependent(s). See your summary plan description definition of legally married spouse and/or dependent(s).
- Medical, prescription, dental, and vision are bundled together into one health insurance plan. Premiums come out once a month on the second pay check of the month. Short-term disability is paid by WinCo and is made available to employees actively covered by health insurance.

OPEN ENROLLMENT:

Benefits open enrollment is held each year in November. This is the one time of year you can update your benefits without a qualifying life event. Enrollments cannot be cancelled or changed after open enrollment without a qualifying life event.

MAKING CHANGES:

A change such as getting married, having a baby, or losing coverage, allows you to make changes outside of open enrollment. To determine if your situation is covered as a qualifying life event, go to <http://benefits.wincofoods.com/qualified-life-events/>. If a change is allowed, you must complete and return the enrollment form along with the supporting documentation within the required deadline, which is generally 31 days.

QUALIFYING LIFE EVENTS: (31 DAYS UNLESS OTHERWISE STATED BELOW)

- Marriage, divorce, or legal separation; or change in number of dependents (birth, adoption, legal guardianship);
- Change in employment status of employee, spouse, or dependent that causes loss of eligibility;
- Dependent ceases to satisfy eligibility requirements (divorce, loss of parental rights, incarceration);
- Change in coverage under another employer plan (including mandatory or optional change initiated by your spouse's employer or a change initiated by your spouse);
- Loss of coverage from government plans / programs or educational institution;
- Loss of CHIP or Medicaid eligibility; gaining CHIP or Medicaid subsidy eligibility (60 Days).

SOCIAL SECURITY NUMBERS: Federal law requires you to provide a valid Social Security number or Individual Taxpayer Identification Number (ITIN) for each person to be covered by any medical plan sponsored by your employer (yourself, your spouse, and all dependent children).

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Plan Information

MEDICARE PART D: If you have Medicare or will become eligible for Medicare in the next 12 months, federal law gives you more choices about your prescription drug coverage. Contact Medicare for more information.

HIPAA PRIVACY NOTICE: The Health Insurance Portability and Accountability Act (HIPAA) requires employers to adhere to strict privacy guidelines and establishes employees' rights with regard to their personal health information. If you have any questions regarding this federal regulation, please contact the Benefits Department.

IRS REGULATIONS: Failure to meet IRS deadlines will affect your insurance coverage! IRS regulations govern how and when an employee may make cafeteria plan elections and changes to those elections. **These rules require that employers enforce firm deadlines with respect to employee benefit enrollment forms and the related cafeteria plan elections.** This means that we cannot accept forms turned in after open enrollment ends. Furthermore, if you experience a qualifying event allowing you to add, drop, or modify your coverage and related cafeteria plan election mid-year, we must be notified of such event. The required forms must be completed within 31 days of such event, or you cannot make the change. ***If you do not enroll on time, you will not receive coverage or be able to change your elections mid-year unless you have a qualifying life event enrollment opportunity.***

HELPFUL TERMS:

<p>Copay: An amount a participant must pay per service or visit to a provider after the deductible has been met, if applicable.</p> <p>Coinsurance: The percentage of a covered expense which the participant is responsible to pay per service or visit to the provider after the deductible has been met, if applicable.</p> <p>Deductible: An amount which each participant must contribute toward payment of services before insurance starts to pay. The deductible is paid to the provider. For example, employee only coverage has a \$100 deductible, so that means the participant pays the first \$100. After the deductible is met, a co-pay or coinsurance is paid for covered services.</p> <p>In-network: Providers or facilities who are under contract with the contract administrator to accept contracted rates.</p>	<p>Out-of-network: Non-contracted providers or facilities. Charges may be subject to balance billing which means the participant is charged the difference between the insurance contract and the billed charges.</p> <p>Out-of-pocket Maximum: Means the maximum amount paid for essential in-network health benefit expenses during the plan year including co-pays, coinsurance, and deductibles. Applies to medical and prescription.</p> <p>Preferred Provider Organization (PPO): Hospitals, physicians and providers who have contracted with the plan or contract administrator on behalf of the plan sponsor. A directory of preferred providers is available online from the applicable benefit provider or contract administrator. Inquiries concerning a particular provider can also be directed to the contract administrator.</p>
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Contact Information

For questions about your benefits, please contact the WinCo Holdings, Inc. Benefits Department. All information and applications are found online at <http://benefits.wincofoods.com>.

Phone: 800-341-6543, option 4

Email: benefits@wincofoods.com

Health Insurance/Sponsored Benefits	Company Paid Benefits
<p>Medical: Regence BlueShield of Idaho English Customer Service: 866-240-9580 Spanish Consejeros: 866-218-9163 www.regence.com</p> <p>MD Live - Access to a doctor 24/7 888-725-3097 www.mdlive.com/wincobenefits</p> <p>Prescription: MedImpact - Retail Prescriptions 800-910-4706 www.medimpact2go.com</p>	<p>Long-Term Disability**: OneAmerica 855-517-6365 www.employeebenefits.aul.com Group Plan number: 00617430 <i>**Salaried employees only</i></p> <p>Life & AD&D (company paid): OneAmerica 800-553-3522 www.oneamerica.com</p> <p>Employee Assistance Program (EAP) – ComPsych 855-387-9727 www.guidanceresources.com</p>
<p>MedImpact Direct - Mail Order 855-873-8739 www.medimpactdirect.com</p> <p>MedImpact Direct - Specialty 877-391-1103 www.medimpactdirect.com</p> <p>CRX International Brand Name Drug - Prescription Service 866-488-7874 www.wincobenefitscrx.com</p> <p>Dental: Delta Dental 800-356-7586 www.deltadentalid.com</p> <p>Vision: Vision Service Plan (VSP) 800-877-7195 www.vsp.com</p> <p>Short-Term Disability*: OneAmerica 855-517-6365 www.employeebenefits.aul.com Group Plan number: 00617430 <i>*For STD coverage, you must be enrolled in health insurance</i></p> <p>Flexible Spending Account: Navia 800-669-3539 www.naviabenefits.com</p>	<p style="text-align: center;">Voluntary Benefits</p> <p>Voluntary Life & AD&D: OneAmerica 800-553-3522 www.oneamerica.com</p> <p>Voluntary AD&D: CHUBB 800-252-4670 www.chubb.com</p> <p>Legal & ID Theft Protection: LegalShield 888-807-0407 http://benefits.legalshield.com/WinCo1</p> <p>Pet Insurance: Nationwide 877-738-7874 www.petinsurance.com/wincofoods</p> <p>Auto & Home: Liberty Mutual 800-524-9400 www.libertymutual.com/winco</p> <p>Met Life 800-438-6388 www.metlife.com/winco</p>

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Medical

Regence Blue Shield of Idaho

Phone: 866-240-9580

Website: www.Regence.com

Medical Benefits & Coverages	Participating In-network Providers*	Non-Participating Out-of-network Providers**
Calendar Year Deductible	\$100 Individual / \$300 Family	\$200 Individual / \$600 Family
If any family member reaches the individual deductible, then the deductible is satisfied for that family member. If any combination of family members reach the family deductible, then the deductible is satisfied for the entire family.		
Medical out-of-pocket Maximum - Coinsurance and Deductibles apply	\$1,100 Individual / \$3,300 Family	\$2,200 Individual / Family no max
If any Participant reaches the individual out-of-pocket maximum then the out-of-pocket maximum is satisfied for that Participant. If any combination of family members reach the family out-of-pocket maximum, then the out-of-pocket maximum is satisfied for the entire family.		
Coinsurance (Regence pays / participant pays) Paid after deductible is met	80% / 20%	70% / 30%
Office Visits		
Primary Care	80% / 20%	70% / 30%
Preventative***	Covered 100%	70% / 30%
Specialists or Secondary Care Provider	80% / 20%	70% / 30%
Diagnostic Lab & X-Ray Services	80% / 20%	70% / 30%
Ambulatory Surgical Center	90% / 10%	70% / 30%
Hospital Services		
Outpatient	80% / 20%	70% / 30%
Inpatient	80% / 20%	70% / 30%
Emergency Room Services		
Urgent Care	80% / 20%	70% / 30%
Emergency Room	80% / 20%	70% / 30%
Ambulance	80% / 20%	70% / 30%
Mental Health Services		
Inpatient	80% / 20%	70% / 30%
Outpatient	80% / 20%	70% / 30%
Telehealth – MDLIVE (see below) Medical & Behavioral health	0% (free)	NA

*To find an in-network provider, contact Regence.

**Balance billing may occur and participant will be responsible for charges.

***Please check with Regence for a list of covered preventative services and limitations.

Note: Some benefits require prior authorization and/or limitations may apply. Contact Regence for information and work with your provider on prior authorizations and limitations.

MDLIVE

Phone: 888-725-3097

Website: www.mdlive.com/wincobenefits

MDLive offers medical appointments for non-emergency issues, and the doctor can diagnose, treat, and prescribe medication. MDLive is open 365 days a year, 24 hours a day, and you don't need to leave home to get care.

Behavioral health appointments are scheduled in advance. Follow up appointments can be made with the same provider.

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Prescription

MedImpact

Phone: 800-910-4706

Website: www.medimpact2go.com

CRX International

Phone: 866-488-7874

Website: www.wincobenefitscrx.com

MedImpact Direct

Phone: 855-873-8739

Website: www.medimpactdirect.com

MedImpact Direct Specialty

Phone: 855-873-8739

Website: www.medimpactdirect.com

Prescription Benefits & Coverages	MedImpact Retail	MedImpact Mail Order	CRX Mail Order 90 Day Brand Name Only
Generic Drugs (Tier 1) Covers up to a 90 day supply.	15% Coinsurance, \$5 minimum	\$5 Copay for 30 day supply, \$10 Copay for over 30 day supply	N/A
Preferred Brand Drugs (Tier 2) Covers up to a 90 day supply.	20% Coinsurance, \$5 minimum	\$15 Copay for 30 day supply, \$30 Copay for over 30 day supply	\$0 Copay Limited formulary
Non-preferred Brand Drugs (Tier 3) May require prior authorization; covers up to a 90 day supply.	35% Coinsurance, \$5 minimum	\$25 Copay for 30 day supply, \$50 Copay for over 30 day supply	\$0 Copay Limited formulary
Specialty Drugs (Tier 4) May require prior authorization; covers up to a 30 day supply mail order.	N/A	\$50 Copay or actual cost whatever is less	\$0 Copay Limited formulary
Prescription Out-of-pocket Maximum - \$6,800 individual / \$12,500 family. Coinsurance/copay applies.			

WinCo offers several prescription options:

Retail:

Pharmacies - prescriptions can be filled at a designated plan pharmacy which includes Walgreens, Rite Aid, CVS/Longs Drugs, ShopKo, Costco, Hi School pharmacy, and most independent pharmacies. Up to a 90 day supply can be filled which saves you time and money. Contact MedImpact for a list of participating pharmacies.

Mail order:

MedImpact Direct – Save money by filling prescriptions through mail order. Get a 90 day supply for the price of a 60 day supply. Prescriptions are shipped to your home with no shipping costs and refills can be handled online.

MedImpact Direct Specialty – Specialty medications are filled through mail order. This program is for participants with complex health conditions that require specialty prescriptions that are often very high cost, injectable, have strict guidelines, and/or specific storage needs.

CRX International – This voluntary program provides a limited number of 90 day name brand drugs through mail order. There is a \$0 copay and prescriptions are shipped to your home with no shipping costs. CRX will call you prior to each refill. Check with CRX to see if your medication is available.

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Dental

Delta Dental of Idaho

Phone: 800-356-7586

Website: www.deltadentalid.com

Dental Benefits & Coverages	Preferred Providers (PPO)*	Premier/Out-of-network Provider Providers
Calendar Year Deductible Excludes diagnostic and preventive services per benefit year	\$25 Individual / \$75 Family	\$25 Individual / \$75 Family
Maximum Benefit Per eligible person per benefit year	\$1,500	\$1,000
Coinsurance (Delta pays / participant pays)		
Preventative & Diagnostic Services** Examinations, x-rays, teeth cleaning	100% / 0%	80% / 20%
Basic Services Fillings, root canals, extractions, minor oral surgery	80% / 20%	70% / 30%
Major Restorative Services Crowns, onlays, bridges, dentures	50% / 50%	40% / 60%
Implants	Not covered	Not covered
Orthodontia	Not covered	Not covered

*Use a PPO dentist for the biggest discounts and best coverage. To find a preferred provider, contact Delta Dental.

**Preventive and Diagnostic Services Annual Benefits / Limitations

- Examinations once every 6 months
- Cleanings once every 6 months (restricts against periodontal maintenance within the same time period)
- Fluoride once every 6 months
- Sealants once per tooth every 3 years for Dependent children under 19
- Full mouth series or panoramic x-rays once every 5 years
- Bitewing x-rays once every 6 months
- Space maintainers under age 14 once a lifetime per permanent tooth

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Vision

VSP

Phone: 800-877-7195

Website: www.vsp.com

Vision Benefits & Coverages	In-network Providers*	Out-of-network Reimbursement Amounts
Vision Exam - every 12 months	\$10 Copay	Up to \$45
Prescription Glasses - every 12 months Lenses (single vision, lined bifocal, and lined trifocal lenses) Polycarbonate lenses for Dependent children up to age 18 Scratch coating Photochromics Tints Anti-reflective Coating	\$10 Copay \$0 Copay \$0 Copay \$0 Copay \$70 Copay \$15 Copay \$40 Copay	Up to \$30 single Up to \$50 lined bifocal Up to \$65 lined trifocal Up to \$50 progressive
Frame – every 12 months 20% savings on the amount over allowance \$170 allowance for featured frame brands \$80 Costco frame allowance	\$150 Allowance	Up to \$70
Contacts – every 12 months Contacts and the contact lens exam (fitting and evaluation). If the Participant chooses contact lenses, the Participant will be eligible for a frame 12 months from the date the contact lenses were obtained. 15% off cost of contact lens exam (fitting and evaluation)	\$150 Allowance	Up to \$105
Diabetic Eyecare Plus Program 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.	\$20 Copay	
Glasses and Sunglasses Extra \$20 to spend on featured frame brands. Get 20% off from any In-network doctor within 12 months of the last Exam.		
Retinal Screening No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam.		
Laser Vision Correction Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.		

*To find an in-network provider, contact VSP.

Please note: use your medical ID number as your VSP ID number.

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Short-Term Disability (STD)

OneAmerica

Phone: 855-517-6365

Website: www.employeebenefits.aul.com

Group Plan number: 00617430

Short-term disability (STD) insurance replaces a percentage of your income on a weekly basis in the event that you are unable to work due to a short-term illness or accident. It is 100% company paid. You must be actively covered by health insurance to be eligible for STD. Please contact Benefits for a Certificate of Coverage summary for more information.

Class	Class 1 Salaried Employees	Class 2 Hourly employees with 5 or more years of service	Class 3 Hourly employees with less than 5 years of service
Weekly Benefit	100% of weekly salary to a max weekly benefit of \$9,999	80% of weekly salary to a max weekly benefit of \$9,999	60% of weekly salary to a max weekly benefit of \$9,99
Maximum Benefit Period	12 Weeks	12 Weeks	12 Weeks
Elimination Period	13 Days	13 Days	13 Days
Maternity	Covered as any other sickness (See Certificate for more details)		
Definition of Earnings	Base salary only (overtime, bonuses and commissions are excluded)		

Long-Term Disability (LTD)

OneAmerica

Phone: 855-517-6365

Website: www.employeebenefits.aul.com

Group Plan number: 00617430

Only for Eligible Salaried Employees.

Long-term disability (LTD) insurance replaces a percentage of your income on a monthly basis in the event that you are unable to work due to a long term illness or accident. It is 100% company paid. Please contact Benefits for a Certificate of Coverage summary for more information.

Monthly Benefit	66.6% of monthly salary to a maximum of \$15,000
Maximum Benefit Period	RBD (Required Beginning Date) to SSNRA (Social Security Normal Retirement Age)
Elimination Period	90 Days
Definition of Disability	Unable to perform one or more of the main duties of his or her own occupation, after 24 months unable to perform all of the material duties of any gainful occupation
Mental & Nervous / Substance Abuse	24 Months per lifetime
Definition of Earnings	Base salary and bonus only (overtime and commissions are excluded)
Pre-Existing Condition Restrictions	3 months on plan / 12 months look-back

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Employee Assistance Program (EAP)

ComPsych

Phone: 855-387-9727

Website: www.guidanceresources.com

TDD: 800-697-0353

Web ID: ONEAMERICA3

What is an Employee Assistance Program (EAP)?

The EAP provides information, support, and resources for personal and work-life issues. The EAP is 100% paid by WinCo and is available to all current employees and their dependents.

Here are the services available through the EAP:

Confidential Counseling:

Anyone living in your house is eligible for up to 3 sessions per issue per year. Talk to a highly trained master and doctoral level clinician about any of these issues:

- Stress, anxiety, & depression
- Grief & loss
- Work
- Family problems
- Relationships
- Substance abuse

In addition to counseling, get assistance with your finances, legal issues, work-life solutions, will preparation, and more.

Basic Life & AD&D

OneAmerica

Phone: 800-553-3522

Website: www.oneamerica.com

Basic life and accidental death & dismemberment (AD&D) is available to all active employees and is 100% company paid.

Class	Amount
1 - All Eligible Executives, District Manager, Directors, and Store Managers	\$15,000
2 - All Other Eligible Employees	\$12,500

As the Employee grows older, the amount of life and AD&D insurance will be reduced according to the following schedule:

At the age of:	The original amount of insurance will reduce to:
70	50%
75	30%
80	20%

The amount of AD&D insurance is equal to the amount of life insurance.

Coverage starts the first day of the month that follows the day the employee becomes eligible, subject to certain conditions.

The employee may request payment of up to 80% of the life amount if the employee is diagnosed with a terminal condition, as defined by the contract administrator.

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Flexible Spending

Navia

Phone: 425-452-3500 or 1-800-669-3539

Website: www.naviabenefits.com

Enrollment Window: Open Enrollment – annual enrollment required – application required

Flexible spending is a reimbursement account which provides you the option to save money pretax for health and/or day care expenses.

Health Care FSA:

You can set aside up to \$2,650 to pay for most out of pocket medical, prescription, dental, and/or vision expenses. Expenses include deductibles, coinsurance, and copays, glasses, dental and orthodontia not covered by insurance.

Dependent Care FSA:

You can set aside up to \$5,000 for dependent care (day care) expenses for children under the age of 13 and/or dependents who are physically or mentally handicapped so you (and if married, your spouse) can work.

You must meet the following criteria to setup a dependent care account:

- Both you and your spouse work;
- You are a single head of household; or
- Your spouse is disabled or a full-time student.

Contribution limits:

\$5,000 per household, \$2,500 if married and filing separately.

How it works:

During open enrollment, you fill out an application with the amount you want to put into your flexible spending account(s). That amount is taken out of your check every payroll before taxes are taken out. When you have a qualified expense, you pay the charge, submit a claim, and get reimbursed. A debit card is provided for Health Care FSA expenses.

Eligible expenses:

- Reimbursable expenses must be incurred during the calendar year from Jan. 1 to Dec. 31.
- Expenses are not covered by any health plan in which you are enrolled.
- Expenses are deductible per the IRS on your income taxes.

Rollover:

You can rollover up to \$500 of unused Health Care FSA to the following year. Rollover does not apply to Dependent Care. You will have 90 days after year end, Dec. 31, to submit claims. Please budget accordingly.

Changes:

Once enrolled you cannot change unless you have a qualifying life event.

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The following voluntary benefits are offered to provide employees access to discounted rates and payroll deduction. These benefits are not sponsored or endorsed by WinCo for purposes of Federal and State law. ERISA is not applicable.

Voluntary Life & AD&D

OneAmerica

Phone: 800-553-3522

Website: www.oneamerica.com

Enrollment Window: Open Enrollment and/or within 31 days of hire – application required

Voluntary Term Life is available to all employees and is 100% employee paid. This coverage is in addition to the company provided life insurance. Coverage is available for the employee and for the employee’s spouse and/or dependent(s). You must enroll in employee coverage to enroll in spouse and/or dependent coverage.

- Employee coverage - you may elect 10 times your annual salary or a maximum of \$300,000, whichever is less, in increments of \$10,000. Rates based on your age and are updated annually.
- Spouse coverage - you can enroll your spouse in coverage equal to your coverage not to exceed \$50,000 of coverage in increments of \$5,000. Rates based on your spouse’s age and are updated annually.
- Dependent coverage - you can elect dependent coverage of \$10,000 regardless of the number of children covered. Children up to age 26 qualify.

Monthly Rates per \$10,000 of Coverage					
Age	Employee/Spouse	Age	Employee/Spouse	Age	Employee/Spouse
29 & Under	\$ 1.03	45 to 49	\$ 2.53	65 to 69	\$15.87
30 to 34	\$ 1.15	50 to 54	\$ 4.02	70 to 74*	\$24.49
35 to 39	\$ 1.38	55 to 59	\$ 5.98	75 & over*	\$37.66
40 to 44	\$ 1.72	60 to 64	\$ 8.97	Dependent life \$3.40 per month for \$10,000	

*Coverage amount reduces to 65% at the insured’s age 70, to 45% at age 75 and 30% at age 80.

Premium Calculations:

$$\frac{\text{amount of employee coverage}}{1,000} = \text{number of 1,000s} \times \text{rate from table} = \text{estimated monthly premium}^*$$

$$\frac{\text{amount of spouse coverage}}{1,000} = \text{number of 1,000s} \times \text{rate from table} = \text{estimated monthly premium}^*$$

*This is an estimate ONLY. Final premiums will be determined by Benefits Department. The application can be found at <http://benefits.wincofoods.com/voluntary-benefits/> or <http://benefits.wincofoods.com/open-enrollment/>.

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Voluntary AD&D

CHUBB

Phone: 800-252-4670

Website: www.chubb.com

Enrollment Window: Ongoing – application required

Voluntary Accidental Death & Dismemberment (AD&D) is available to all employees and is 100% employee paid. It covers accidental bodily injury, loss of certain functions and/or body parts, and loss of life due to an accident. Employee only and family coverage is available.

- If you select Family and are married with children, your spouse would be covered for 40% of what you elect and each dependent child would be covered for 10%.
- If you select Family and are married without children, your spouse would be covered for 50% of what you elect.
- If you select Family and are not married but have dependent children, each child would be covered for 15% of what you elect.

Monthly Rates per \$1,000 of Coverage			
Employee Only	\$.035	Family	\$.051
You can elect coverage 10 times your annual salary or a maximum of \$250,000, whichever is less, in increments of \$25,000.			

Legal Protection & Identity Theft Protection

LegalShield

Phone: 888-807-0407

Website: <http://benefits.legalshield.com/WinCo1>

Enrollment Window: Open Enrollment and/or within 31 days of hire – application required

Legal protection and identity theft protection is available to all employees and is 100% paid by the employee.

LegalShield provides legal assistance for the whole family (see the website for family details) for the following issues:

- Family matters
- Estate planning
- Financial
- Auto
- Home

Please see the LegalShield website for a full list of coverage and provider information.

IDSShield provides employee only or family coverage for the following services:

- Monitored information
- Privacy and security
- Comprehensive source monitoring
- Unlimited consultation
- Complete identity restoration

	Employee Only Monthly Rate	Family Monthly Rate
Legal protection	\$14.75	\$14.75
Identity theft protection	\$6.95	\$12.95
Legal & identity theft combined	\$20.70	\$25.80

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Pet Insurance

Nationwide

Phone: 877-738-7874

Website: www.petinsurance.com/wincofoods

Enrollment Window: Ongoing – enroll online or by phone by contacting Nationwide

Pet insurance is available to all employees and is 100% paid by the employee. Coverage includes pet protection with or without wellness and is available for dogs and cats. Enroll by going to the website.

Coverage is also available for birds, rabbits, reptiles, or other exotic pets by calling 888-899-4874.

Contact the provider for rates. Upon enrollment with the provider, the benefit is setup.

Auto & Home Insurance

Liberty Mutual Insurance

Phone: 800-524-9400

Website: www.libertymutual.com/winco

Client #: 12611

Enrollment Window: Ongoing – enroll online or by phone by contacting Liberty Mutual or MetLife

MetLife Auto & Home

Phone: 800-438-6388

Website: www.metlife.com/winco

Discount code: 05P

Auto & home insurance is available to all employees and is 100% paid by the employee. Contact Liberty Mutual and/or MetLife for a free, no obligation quote for auto and home insurance coverage. Upon enrollment with either provider, the benefit is setup.

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