

My Benefits. My Life.



2021 Benefits Guide

Learn about your benefit options and make your elections
www.FarmCreditFoundations.com

Coverage Available to You and Your Dependents

- Medical Plans and New Benefits
- Dental Plans
- Vision Plan
- Tax Advantage Accounts
- 401(k) Plan
- Other Employer-Provided Benefits
- Optional Benefits



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The information provided in this Benefits Guide is intended to be a general summary of benefits provided by Farm Credit Foundations. In the event that any information is in conflict with the vendor contract or the policy, the contract or policy language will prevail. The employers participating in Farm Credit Foundations intend to provide these programs on an ongoing basis; however, they reserve the right to amend or terminate any program at any time. This guide provides highlights of your 2021 benefits. More information can be found on www.FarmCreditFoundations.com.





Welcome to Farm Credit

Farm Credit Foundations is a collaboration of Farm Credit employers who have come together over the past decade to create centralized HR shared services, focused on meeting their own human capital needs. Farm Credit Foundations is an extension of your Human Resources Team and here to support you as a Farm Credit employee.

Today, there are 36 participating Farm Credit organizations spanning over 30 states and employing over 9,700 active employees. These organizations gain competitive and economic value by acting as one employer. The vision for Foundations is to achieve economies of scale and strategic advantage in the area of Human Resources.

Farm Credit Foundations employers access HR industry thought leader and best practices through the expertise and breadth of experience of Foundations team members located in St. Paul, MN. Employers capture the efficiencies and effectiveness of shared benefit design, administration, payroll services and related HR offerings.

Benefits Value Proposition

Your employer believes in offering worry-free benefits that provide safety, security and peace of mind for you and your family. Through comprehensive Total Rewards, access to financial tools and support, and personal services, our benefits demonstrate the belief that employees' health and financial well-being are of primary importance. No matter where you are on life's continuum or what life transition you experience, the benefits provided support your health care needs and you are guided along the path for retirement.



Enrollment Periods

New Employee Enrollment

Your new employee enrollment period is the first 45 days after your hire date. Benefits will be effective the 1st or 16th day of the month on or following enrollment. If you do not enroll within 45 days of hire, you will automatically be enrolled in the employer provided benefits (Basic Employee Term Life and Accidental Death and Dismemberment, Business Travel Accident, Long-Term Disability Insurance and the 401(k) program). Once enrolled, your election is irrevocable and you must wait to make changes until the next Annual Enrollment period unless you experience a qualified status change.

Annual Enrollment

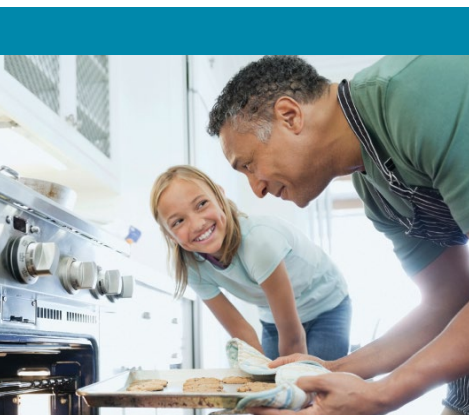
The Annual Enrollment period is generally the first two weeks in November. During this period, you have the opportunity to review your benefits and make changes. Any election completed during the Annual Enrollment period is effective January 1 of the following year and will remain in effect the entire calendar year.

Status Changes

There may be times when a life-changing event happens and you need to change your pre-tax benefit elections during the plan year. You must submit a status change from within 31 days of the qualified event (60 days for birth, adoption, or placement of adoption). Your benefit changes will be effective the date of the event. Any changes made to coverage must be consistent with the qualified status change rules under IRS Section 125.

For details on qualified status changes, refer to page 32.

*Life Insurance will become effective upon approval from the vendor and evidence of insurability may be required. Review the information in the life section for more information.



Eligibility

Special Enrollment Periods for Status Changes (Life Events)

If you have a qualifying status change such as birth or adoption, getting married or divorced, loss of coverage, etc., then you can make changes to your benefits elections outside of Annual Enrollment.

You are eligible for benefits if you are employed by a Farm Credit Foundations employer that participates in the Farm Credit Foundations benefit plans and you are:

- A full-time employee (regularly scheduled to work at least 30 hours per week).
- A part-time employee who is eligible for benefits (regularly scheduled to work 20 to 29 hours per week).

Eligible Dependents

Eligible dependents include:

- Spouse* (determined by the state in which you are married) or domestic partner** (domestic partner and common law spouse).
- Children*** up to their 26th birthday regardless of marital or student status (coverage will run through the end of the month).
- Unmarried children age 26 and older who are physically or mentally challenged and depend on you for support; child must be incapable of self-sustaining employment because of a physical or mental disability.

***For plan purposes, a spouse means:**

Common law spouse, legally married same-sex spouse or legally married opposite-sex spouse. Spouse does not include civil unions, registered partnerships or other legal relationships.

****For plan purposes, a domestic partner means:**

Two unmarried adults at least 18 years of age of the same or opposite sex who are not related by blood who have lived together for more than six months in an exclusive committed relationship of mutual caring and financial support. Dependent benefits for domestic partners are available under the medical, dental and vision plans. **An affidavit will be required if you elect to cover a domestic partner under your medical, dental and/or vision plan.**

*****For plan purposes, child(ren) means:**

- Your own, legally adopted or stepchild(ren)
- Child(ren) of a domestic partner as long as your domestic partner is enrolled in coverage
- Child(ren) whose coverage is required by a Qualified Medical Child Support Order (QMCSO)
- Child(ren) other than the above with a court document granting guardianship



New Employee Benefits Checklist

As a new employee, it is important you have access to the information needed to make an informed and confident decision about the benefits package you select. We have created a variety of tools and resources that we encourage you to use as you make this decision.

New Employee Enrollment Period

Your new employee enrollment period is the first 45 days after your hire date. Benefits will be effective the 1st or 16th day of the month on or following enrollment. If you do not enroll within 45 days of hire, you will automatically be enrolled in the employer-provided benefits (Basic Employee Term Life and Accidental Death and Dismemberment, Business Travel Accident, Long-Term Disability Insurance and the 401(k) program). Once enrolled, your election is irrevocable unless a qualifying change of status occurs or you must wait until the next annual enrollment period to make changes.

Step 1



Go to www.FarmCreditFoundations.com, Click on Life Events > New Employee

- Review the Guided Experience video and use the Help Me Choose tool to learn more about the medical plan options, things to consider when selecting a plan, and overall benefit education.

Step 2



Make Your Benefit Elections Online

- Login to Dayforce and look for the new hire enrollment option under Benefits > Overview.
- Make your benefit elections.
- As a new employee, you have 45 days from your date of hire to make your elections.

Step 3



Review Benefit Enrollment in Dayforce

- After your benefits have been approved, review your benefit elections under Benefits > Current Elections.

Within 7-10 Days of Employment

Step 4



Defined Contribution/401(k) Plan

- You will receive separate instructions from John Hancock Retirement Plan Services (JHRPS) for using myplan.johnancock.com. However, you may contact a John Hancock Participant Service Representative at 1-800-294-3575 if you have any questions about using this service.
- Once your 401(k) account is available at myplan.johnancock.com, you'll have access to tools and resources that will help you decide how much to save and how to invest.

Step 5



Life Insurance for You and Your Family

- Basic Term Life and AD&D Insurance
- Optional Basic Term Life and AD&D Insurance
- Optional Dependent Term Life Insurance for your children
- Voluntary AD&D coverage for yourself or your family
- Employee Group Universal Life Coverage with optional Cash Accumulation Fund
- Spouse Group Universal Life Coverage with optional Cash Accumulation Fund

To elect, review, make changes or update beneficiaries log onto www.LifeBenefits.com.

Disclaimer

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Your Benefits at a Glance

Some of your benefits are employer-provided, which means your employer pays the entire cost for you. Other benefits are employer-subsidized, which means your employer will pay a substantial portion of the cost of your coverage. Additional benefits are optional—you pay the full cost, but you save money by participating in group coverage offered through your employer.

Employer-Subsidized Benefits
You and your employer share the cost of coverage

- Medical Coverage (pre-tax)
- Dental Coverage (pre-tax)
- Defined Contribution/401(k) Plan

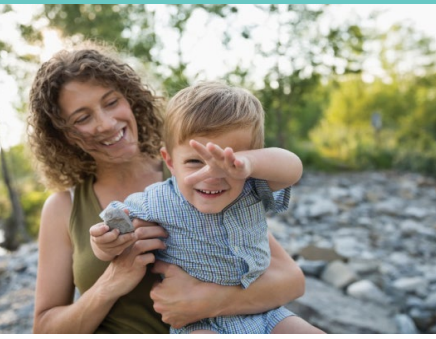
Employer-Provided Benefits
Provided to you automatically and at no additional cost

- Basic Term Life and Accidental Death & Dismemberment (AD&D)
- Business Travel Accident
- Long-Term Disability (LTD)
- **HealthyReturns** wellness program
- Employee Assistance Program
- ConsumerMedical

Optional Benefits
You pay the full cost, taking advantage of group rates

- Vision Plan (pre-tax)
- Optional Basic Employee Term Life and Accidental Death & Dismemberment (AD&D)
- Voluntary Accidental Death & Dismemberment (AD&D) Insurance
- Group Universal Life Insurance
 - Employee
 - Spouse/Domestic Partner
- Dependent Child(ren) Life
- Health Savings Account (pre-tax)
- Flexible Health and Dependent Care Spending Accounts (pre-tax)





Medical Plan Options

You have two medical plan options to choose from. Consumer Choice 1 and Consumer Choice 2 are Consumer-Driven Health Plans (CDHP), meaning your premiums (payroll contributions) are lower, but you pay the full cost of all non-preventive care services until you meet the full deductible.

While Consumer Choice 2 has a higher deductible, it also has zero coinsurance. So, once you reach your full deductible, the plan pays 100 percent of any other costs you incur for the rest of the plan year. While everyone's situation is different, this might be a good option for people with higher than average medical care needs.

There are two options with Consumer Choice 1, with an HSA advance and without an advance. If you enroll in the HSA Advance option, you will receive a prorated employer HSA contribution based on your hire date.



In-Network Medical Plan Highlights			
Plan features	Consumer Choice 1 HSA Advance	Consumer Choice 1	Consumer Choice 2
HSA Funding (prorated based on hire date)	\$1,000 employee only \$2,000 family Employee can supplement up to IRS limits	Employee election	Employee election
Deductible* (employee only/family)	\$1,650/\$3,300		\$3,600/\$7,200
Coinsurance*	You pay 20%, plan pays 80%		No coinsurance, plan pays 100% after the deductible is met
Out-of-Pocket Maximum (employee only/family)	\$3,300/\$6,600		\$3,600/\$7,200
Prescription Drugs* (administered by CVS/Caremark)	Subject to deductible		
Preventive Care	You pay \$0		

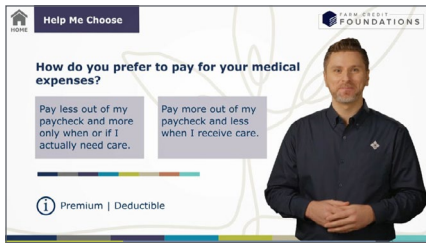
*The plan pays 100% for in-network preventive care and certain preventive generic prescription drugs. Full family deductible must be met before plan starts to pay.

Need Help Choosing Your Benefits?



Understand Your Benefits

The Guided Experience video will help you understand your benefits and enroll in the plan that best meets your needs. You can navigate through the tool at your own pace to learn more about the medical plan options, things to consider when selecting a plan, and overall benefit education.



Help Me Choose

The "Help Me Choose" section guides you through a series of short questions about your medical and dental needs. After you answer the questions, you will see a recommendation of the medical and dental plan that's right for you (and your family).

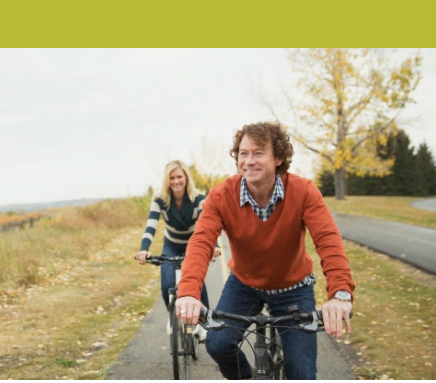
<https://fcfbenefits.com/nh2021>

Prorated HSA Advance

If your hire date is after the 1st of the month, your prorated amount will fall to the next month. If you're hired December 2 or after you will not receive a prorated contribution.

Coverage starts by*	Employee	Family
Annual Enrollment	\$1,000	\$2,000
January 1	\$1,000	\$2,000
February 1	\$917	\$1,834
March 1	\$834	\$1,667
April 1	\$750	\$1,500
May 1	\$667	\$1,334
June 1	\$584	\$1,167
July 1	\$500	\$1,000
August 1	\$417	\$834
September 1	\$334	\$667
October 1	\$250	\$500
November 1	\$167	\$334
December 1	\$84	\$167





Prescription Drugs

Farm Credit Foundations prescription drug coverage is administered by CVS Caremark. The cost of your prescription medication will vary, depending on which medical plan you enroll in and the category of medication prescribed.

Under both plans, you'll pay the full cost of your prescription drugs until you meet your deductible. (There are no prescription drug copayments.)



Understanding the True Cost of Your Prescriptions

Use the CVS Caremark Rx Cost Estimator on **FarmCreditFoundations.com** to estimate the cost of your prescription medications. To effectively use the Cost Estimator, you'll need:

- The prescription name
- Dosage
- Medicine count (days of supply)

If you don't know or have this information, and you are a current medical plan participant, you can access your account on the CVS Caremark website by going through **www.FarmCreditFoundations.com**.

You may find the Cost Estimator helpful in budgeting your prescription drug expenses (e.g., determining how much pre-tax money you may want to set aside in the HSA).

Generic Drugs \$

A generic drug is identical, or bioequivalent, to a brand-name drug in dosage, safety, strength, quality, performance characteristics and intended use. You will pay the lowest out-of-pocket cost for generic drugs.

Preferred Drugs \$\$

These are prescription drugs that have been placed on a list of preferred drugs for a medical plan. Preferred drugs are brand-name drugs that are effective for treating specific conditions and are more cost-effective than equivalent non-preferred drugs.

Non-Preferred Brand Drugs \$\$\$

Non-preferred drugs are prescription drugs that are not generic or on the list of preferred drugs. Typically, non-preferred brand-name drugs are the most expensive and/or have a comparable drug that is either generic or on the preferred list.

Specialty Pharmaceuticals \$\$\$\$

Specialty pharmaceuticals are drug therapies developed to treat a wide range of complex chronic conditions, but generally serve a relatively small population of patients, most of whom have progressively severe diseases. Specialty medications can only be dispensed by CVS Caremark specialty pharmacies.

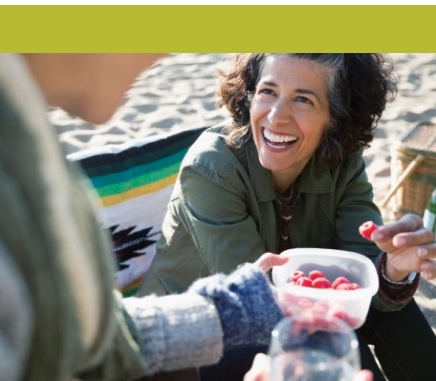
2021 Prescription Drug Coverage Chart				
Type	Retail (30-Day Supply)	Retail 90 (90-Day Supply at selected retail pharmacies)	Maintenance Choice (90-Day Supply at CVS pharmacies only)	Mail Order (90-Day Supply)
Generic*	Consumer Choice 1 and Consumer Choice 1 HSA Advance You pay 100% of the cost, up to the plan deductible, and then 20% coinsurance up to the annual out-of-pocket maximum.			
Preferred Brand				
Non-Preferred Brand/Specialty				
Lifestyle Drugs	100% of Discounted Price			
*Certain generic only preventive care prescriptions may be covered at \$0 copayment.				

Generic Preventive Drug List

CVS/Caremark has developed a list of generic drugs that are used in the prevention of various medical conditions. These prescription drugs have been approved by the U.S. Food and Drug Administration to be used in the prevention of various medical conditions as defined by the Internal Revenue Service (IRS). Some of these medications may be prescribed for preventive and non-preventive purposes under circumstances such as high blood pressure, diabetes and high cholesterol. These medications, when taken regularly, can help prevent disease or manage existing conditions avoiding potential future complications.

The drugs on this list are covered at no cost, regardless of whether the deductible has been met.

To see which drugs are currently on the list, log into www.caremark.com.



Other Ways to Save on Prescription Drugs

- Ask your doctor to write your prescription for the generic or preferred brand on the formulary list.
- Request 90-day fills for maintenance prescriptions whenever possible.

Putting CVS Caremark Programs to Work for You

CVS Caremark also offers programs to help manage your health and save money.

Diabetic Supplies and Disease Management

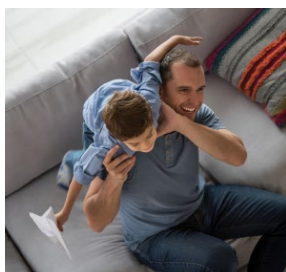
Diabetic supply kits (swabs, lancets, syringes and strips) are free when ordered with an insulin prescription/refill (mail order and retail). In addition, CVS Caremark can help manage diabetes through its disease management program.

CVS Caremark's Specialty Pharmacy

Certain medications may need to be filled through CVS Caremark's Specialty Pharmacy.

- **Specialty pharmaceuticals** are drug therapies developed to treat a wide range of complex chronic conditions and progressively severe long-term diseases that affect a small population. (Some exceptions include RSV, infertility and Hepatitis C).
- **Specialty Guideline Management (SGM)** is a program that helps to ensure appropriate utilization for specialty medications based on evidence-based medicine guidelines and consensus statements. Patient progress is continually assessed to determine whether appropriate therapeutic results are achieved.

Log on to www.FarmCreditFoundations.com to access CVS Caremark for more information about these programs, including a list of specialty drugs for prescribed therapies.





Health Advocate

You have a Health Advocate with Blue Cross and Blue Shield of Illinois

The Health Advocate team includes registered nurses, social workers and health and behavioral specialists who help you (and your family) navigate and coordinate health care services over the long term. Use a Health Advocate to understand how your benefits will cover a medical procedure or when you have a benefits claim question, to find a doctor and schedule appointments.



Health Advocates help with pre- or post-surgery care, or managing a chronic health condition (like coordinating care for diabetes treatment with your doctor, pharmacist and other care providers).

This benefit is available to you and your covered dependents at no additional cost and could even help you save money through the Member Rewards program.

MDLIVE Virtual Medicine

Virtual Medicine Visits—Skip the Waiting Room



Whether you're at home or traveling, you and your covered family members can speak with a board-certified physician 24/7 without setting foot in a doctor's office. With this benefit, you can:

- Save time and money (\$44 per virtual medicine visit; counts toward deductible).
- Receive medical treatment for many non-emergency conditions, including colds, flu, asthma, allergies and nausea.

MDLIVE Mental Health

When dealing with life's struggles, it helps to have someone to talk to. Whether it's stress, anxiety, depression or sudden loss, MDLIVE can help. With this benefit, you can:

- Speak with a licensed mental health provider from the privacy and comfort of your own home.
- Save time and money (\$175 for diagnostic evaluation and \$80 for all other visits; counts towards deductible).
- Visit a therapist when it's convenient for you via secure phone or video using your computer or smartphone.



Visit www.MDLIVE.com/bcbsil to learn more

* Access to MDLIVE may have limitations depending on your location.

ConsumerMedical

Make more informed medical decisions and get better care at no cost to you. ConsumerMedical is a free benefit that provides personalized, one-on-one support to help you and your family:



- Understand any medical condition and all available treatment options.
- Find the most qualified doctors and top-rated hospitals in your area and insurance network.
- Get a second opinion from elite specialists across the country, either in person or virtually for complex cases.
- Ask your doctor the right questions.
- Cope with the stress of having a medical condition.

Contact ConsumerMedical to get free, expert guidance for any medical condition.

- 1-888-361-3944 - Monday – Friday, 8:30 a.m. to 11:00 p.m. (Eastern)
- myconsumermedical.com (enter company code FarmCredit)



Preventive Care Services

Here's some news to consider: Seven out of 10 deaths in the United States are caused by chronic disease, and roughly half of the country's population has been diagnosed with a chronic illness, according to the Centers for Disease Control and Prevention. These chronic illnesses include conditions such as heart disease, cancer and diabetes. However, there is a lot you can do to help prevent and treat chronic health conditions, be healthier and thrive.

Think of preventive care as an investment in your health today and a way to help manage your health for years to come. You don't have to become another health statistic.

And there's more good news: **Both medical plans pay 100 percent of in-network eligible charges for routine preventive care services for you and your covered dependents.**

TIPS

Use In-Network Providers and Save

One of the best ways to save on health care costs is to "stay in-network." Not sure what that means?

A network is a group of health care providers that includes doctors, specialists, dentists, hospitals and other facilities. These providers have a contract with Blue Cross Blue Shield of Illinois to provide services at a lower rate. (This rate is usually lower than what a doctor would charge if you weren't a member of BCBSIL.) The difference in cost for in-network services versus out-of-network services can be significant, so you'll save with an in-network provider.

Examples of Routine Preventive Care



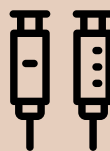
Blood Pressure Screening



Annual Pap Smear



Annual Prostate Exam



Regular Immunizations



Annual Mammogram



Women's Health Preventive Care



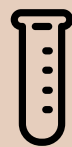
Annual Fasting Blood Sugar Test



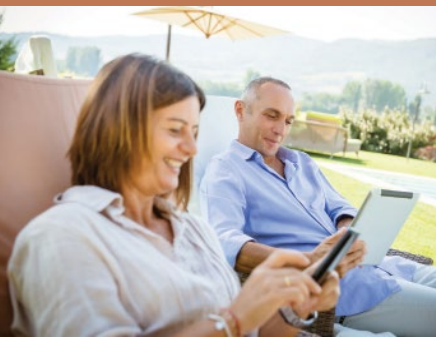
Clinical Breast Exam



Well-Baby/Child Care



Annual Cholesterol Test



Tax-Advantage Accounts

Health Savings Account (HSA)

One of the most popular features of a CDHP is the option to use a Health Savings Account (HSA). If you enroll in the Consumer Choice 1, Consumer Choice 1 HSA Advance, or Consumer Choice 2 plan, you can elect an HSA, which allows you to set aside pre-tax dollars (up to annual IRS limits) to pay for eligible health care expenses either now or any time in the future. You can use the funds to help offset your deductible.

HSA Advance Included in IRS Annual Limits

If you enroll in the Consumer Choice 1 HSA Advance option, the amount of your HSA advance from your employer is included in the IRS annual limit.

Individual coverage:
\$1,000 HSA advance*
+ \$2,600 your HSA contributions
= \$3,600 total

Other coverage tiers:
\$2,000 HSA advance*
+ \$5,200 your HSA contributions
= \$7,200 total

*prorated based on hire date

Consider a Lump Sum HSA Contribution

You can make a lump sum contribution to your HSA anytime throughout the year. Consider making a lump sum contribution to your HSA in January of each year!

Features of an HSA

Tax-free three ways

- 1** When money goes in
- 2** When money earns interest
- 3** When money is used for eligible expenses*


WHEN YOUR ACCOUNT BALANCE REACHES

\$1,000
YOU CAN INVEST THOSE DOLLARS

Debit card to conveniently pay for eligible expenses

CONTRIBUTIONS THROUGH PAYROLL DEDUCTIONS UP TO IRS ANNUAL LIMITS



 **Ability to change your HSA election at ANY TIME throughout the year**

*Full list of eligible expenses can be found in IRS Publication 502.

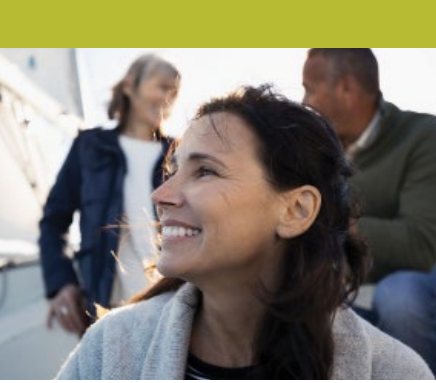
With an HSA, you can make contributions through payroll deductions up to IRS annual limits, which, for 2021 are:

- \$3,600 for individual coverage.
- \$7,200 for family coverage.
- \$1,000 catch-up contributions for participants age 55 or older.

Additionally:

- There's no "use it or lose it" rule.
- The money in the account is yours forever, even if you change plans, change jobs or retire.
- You have the freedom to spend the money now or later and change your contribution elections at any time.
- Hundreds of health care products and services are eligible expenses.

Full list of qualifying expenses can be found in IRS Publication 502 on www.irs.gov.



Online Account Management

Your PayFlex Welcome Kit provides easy instructions for setting up your online account, which will provide you access to your account at any time. Online account management allows you to:

- View your account activity and balance online.
- Request an electronic check, one time or recurring bill payments, such as orthodontia.
- Update your contact information.
- Order additional debit cards (HSA and FSA).
- Provide required documentation for claim substantiation.

Invest and save for your financial future: PayFlex offers an array of mutual funds with varying risk spectrums. You can invest in these funds once your HSA account balance is above \$1,000. Fund information is available on www.payflex.com (HSA only).

FSAs and HSAs

IRS rules state you cannot have both an HSA and a General Purpose Health Care Flexible Spending Account (FSA) at the same time. You can, however, elect a Limited Purpose Health Care FSA.

Exclusions

HSAs and FSAs

You cannot use both a Health Savings Account and a General Purpose Health Care Flexible Spending Account at the same time. See "Limited Purpose Flexible Health Care Spending Account" section below.

HSAs and Medicare

While IRS rules state you cannot contribute to an HSA when you're on Medicare, if you have an HSA, you can continue to use the funds.

Accessing your HSA Funds

You will receive a MasterCard debit card upon enrollment. Save your receipts in case you need to prove an expense was qualified. Your HSA balance must have sufficient funds in order for you to pay for the expense. Otherwise, the transaction may not process properly, or you could be charged an overdraft fee, or both.

Tax Form Filing

The IRS requires you to file Form 8889 with your federal tax return if you made contributions or took withdrawals from an HSA during the tax year.

Limited Purpose Health Care Flexible Spending Account

If you enroll in Consumer Choice 1, Consumer Choice 1 HSA Advance or Consumer Choice 2 and have a Health Savings Account, **you cannot use a General Purpose FSA**, but you can have a Limited Purpose Health Care Flexible Spending Account. This pre-tax account allows you to save up to \$2,750 per calendar year for non-medical reimbursable expenses such as dental or vision charges not covered under a group plan.

Qualified expenses eligible for reimbursement with a Limited Purpose Health Care FSA include:

- Dental and vision deductibles and copayments not covered by insurance
- Eyeglasses and contact lenses
- Your portion of orthodontia expenses

As with a General Purpose FSA, IRS rules state that any funds not used during the plan year will be forfeited.



Not Enrolled in an HSA?

You Can Participate in a General Purpose Health Care Flexible Spending Account

If you have coverage through a spouse and do not have an HSA, you may contribute up to \$2,750 per calendar year to the Health Care Flexible Spending Account. IRS rules state that any funds not used during the plan year will be forfeited.

(Note: If you're enrolled in Consumer Choice 1, Consumer Choice 1 HSA Advance, or Consumer Choice 2 and have a Health Savings Account, IRS rules say you cannot also have a General Purpose Health Care HSA. See the Limited Purpose Health Care FSA section instead.)

At the time you enroll you will be provided a debit card which you can use to pay for your expenses. You can also submit a claim to PayFlex after the expense is paid to be reimbursed.

Qualified expenses that are eligible for reimbursement from your General Purpose FSA include:

- Copayments
- Payments you make for qualified services applied toward your deductible
- Prescription drugs not covered by insurance
- Eyeglasses and contact lenses
- Hearing aids
- Certain medically required supplies and equipment
- Your portion of orthodontic expenses
- Certain over-the-counter (OTC) drugs if a prescription is provided; otherwise OTC drugs are excluded for reimbursement

Go to **www.irs.gov** for the complete list of qualified expenses, Publication 502.

Receive reimbursement for claims by submitting a claim on **www.payflex.com**.

Flexible Spending Accounts—Claims Substantiation Requirement

Flexible Spending Accounts (FSAs) reimbursements require substantiation to the vendor (PayFlex) from the participant. This is an IRS requirement that FSA administrators are required to follow. Reimbursements from FSAs must be accompanied by the appropriate documentation, typically in the form of a receipt and/or explanation of benefits (EOB). The documentation must indicate whether it is a qualified expense. In many cases, claims provided by the insurance company (BCBSIL or Delta Dental) contain the appropriate information needed. However, in some situations, account holders may need to submit additional documentation. Expenses not substantiated may result in denial of future claims, suspension of debit card or taxation of unverified transactions.



Available to All Employees: Dependent Care Flexible Spending Account

The Dependent Care Flexible Spending Account reimburses you for expenses associated with the care of a dependent while you and/or your spouse work or attend school. You may contribute up to \$10,500 a year to this account. If you are married and file income taxes separately, your contributions to the Dependent Care Account are limited to \$5,250 annually. If you are married and file income tax jointly, the total amount both you and your spouse can contribute combined to a Dependent Care account is \$10,500, under IRS rules.

Your eligible dependents include:

- Your dependent children under age 13
- Your spouse who is physically or mentally unable to care for himself or herself
- Other dependents (such as elderly parents) who are physically or mentally unable to care for themselves

Eligible dependent care expenses include:

- Daycare provided in a home, daycare center or preschool, subject to certain legal requirements
- Adult daycare facility
- Before- and after-school expenses through grade school for children under age 13
- Nanny or au pair
- Care for children when they are sick and you are at work
- Summer day camp

Important Tax Information

If you are reimbursed for an expense through your Flexible Spending Account, you cannot claim that expense as a deduction on your federal income tax return.

Dental Plan Options

Your dental plan is a Preferred Provider Organization plan administered by Delta Dental of Kansas. You can choose between two plans:

- Basic Plan**
 Provides benefits for diagnostic, preventive and basic care (including exams, cleanings, fillings and X-rays).
- Comprehensive Plan**
 Provides all of the above, plus offers coverage for a more extensive range of dental care including orthodontia.

For dental plan monthly premiums, see page 30.



More Than Just a Nice Smile

Oral health is often a predictor of overall health. Enroll in our dental plan which encourages regular preventive checkups by providing 100 percent coverage for preventive care, including exams, cleanings and x-rays.



Dental Plan Options Summary	
Basic Plan	
Deductible Per Person/Family	\$50/\$150
Preventive/Diagnostic	100% (Not Subject to Deductible)
Basic Services	80% (After Deductible)
Major Services	Not Covered
Annual Benefit Maximum*	\$750 Per Person
Comprehensive Plan	
Deductible Per Person/Family	\$100/\$300
Preventive/Diagnostic	100% (Not Subject to Deductible)
Basic Services	80% (After Deductible)
Major Services	50% (After Deductible)
Annual Benefit Maximum*	\$1,500 Per Person
Orthodontia	50% (After Deductible)
Orthodontia Lifetime Maximum	\$2,000 Per Person
*NOTE: The Annual Benefit Maximum includes cleanings.	





Cleanings

If you haven't already done so, schedule your next in-network preventive cleaning.

Preventive Services

- Routine dental examinations: Twice per calendar year
- Cleaning: Twice per calendar year
- Topical fluoride application for children under age 19: Twice per calendar year
- Total mouth x-ray: Once every 36 months
- Bitewing x-rays: Twice per calendar year

Basic Services

- Restorations (fillings): Amalgam, silicate cement, acrylic and composite
- Stainless steel crowns for children under age 13
- Oral surgery: Extractions (uncomplicated surgical removal of an erupted tooth), wisdom teeth removal, incision/drainage of abscess, cyst or tumor removal
- General anesthesia and post-operative care
- Periodontics: Root planing/scaling, gingivectomy/gingivoplasty
- Endodontics: Root canals (including necessary X-rays/cultures, excluding final restoration)

Major Services

- Inlays and crowns
- Artificial teeth
- Removable bridge
- Dentures
- Implants

Network Savings

Delta Dental offers an extensive two-tier nationwide network of providers—the Delta Dental Premier Network and the Delta Dental PPO Network. The level of eligible charges (based on network discount) will vary depending on whether you use a network provider and/or the network in which your provider participates.

Locate Network Providers

- Call your dentist and ask, "Do you accept Delta Dental?"
- Go to www.deltadentalks.com and search for dentists in your area.
- Call Delta Dental at **1-800-234-3375**.

TIPS



Stay In-Network

You won't have to submit a claim if you use a VSP network provider.

Vision Plan

Your vision plan through VSP offers coverage for you and your eligible dependents for eye exams, lenses, frames and contact lenses. VSP will also cover laser vision correction surgery at a discounted fee when you use a participating provider.



VSP pays for the majority of expenses for a number of services when you use a participating provider. Providers can be found on VSP's website at www.vsp.com. Use the Signature Network when searching for a network provider.

The vision plan covers:

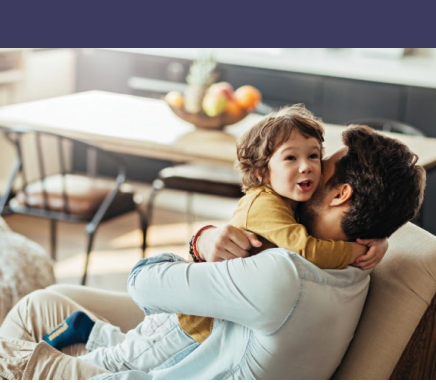
- **Exam**—Once every 12 months
- **Frames**—Once every 12 months; \$180 allowance
- **Eyeglass lenses**—Once every 12 months
- **Contact lenses**—Once every 12 months; contact lens benefit is not available in the same year that frames and lenses are purchased; \$180 allowance
- **Laser vision surgery**—Discounts available through network providers. Go to www.vsp.com for more information.
- **Discounts**—Available for frames, lenses and contacts if purchased in-network more frequently than the plan allows. Go to www.vsp.com for more information.

For Vision Plan monthly premiums, see page 30.

Submitting a Claim

If a vision claim for services or materials is obtained through an out-of-network provider, you will need to pay the entire bill at the time of service and submit a claim for reimbursement to VSP. Out-of-network claims must be submitted to VSP within 12 months from the date of service.





Life and Disability Insurance

Benefit Scout

Benefit Scout is an educational tool created by **Benefit Scout™** Securian Financial that assists you with life insurance decision making. You are guided through a short series of questions to help you compare life insurance options and cost estimates. The tool will then provide coverage suggestions based on these responses and you may enroll in additional coverage on www.lifebenefits.com.

How Your Life Insurance Amount Is Determined

Total compensation is equal to your current base salary plus all prior year variable pay. As a new employee, your total compensation is your current base salary.

To enroll in coverage, request additional coverage, complete evidence of insurability or elect/change your beneficiary, Securian Financial provides a secure website at www.LifeBenefits.com. This secure portal protects the privacy of your information while ensuring your benefits information is available.

Term Life Insurance and AD&D Insurance Options

Basic Employee Term Life and Accidental Death & Dismemberment (AD&D) Insurance

Your basic life insurance* coverage is a term life policy. AD&D coverage pays benefits to you or your beneficiary(ies) if you die or are injured as a result of an accident. You automatically receive life and AD&D insurance coverage of one times your total compensation. This coverage is provided by your employer at no cost to you.

*Life Insurance will become effective upon approval from the vendor, and evidence of insurability may be required.

Business Travel Accident Coverage

Business Travel Accident coverage pays benefits to you or your beneficiary(ies) if you die or are injured as the result of an accident while you are traveling on business. You automatically receive Business Travel Accident coverage of three times your total compensation. This coverage is provided by your employer at no cost to you.



Optional Basic Employee Term Life and AD&D Insurance Coverage

Optional Basic Term Life & AD&D includes additional life insurance and AD&D coverage for yourself of one times your total compensation.

Plan Maximums

Maximum Coverage	Employer-Paid Basic & Employee-Paid Optional Basic Employee Term Life Insurance	Employer-Paid AD&D & Employee-Paid AD&D Coverage
	\$1,500,000	\$1,500,000 (combined, per insured person)

For Optional Basic Employee Term Life and AD&D monthly premiums, see page 31.

Evidence of Insurability

If you do not enroll in Optional Basic Term Life when you become eligible, evidence of insurability is required for future participation.

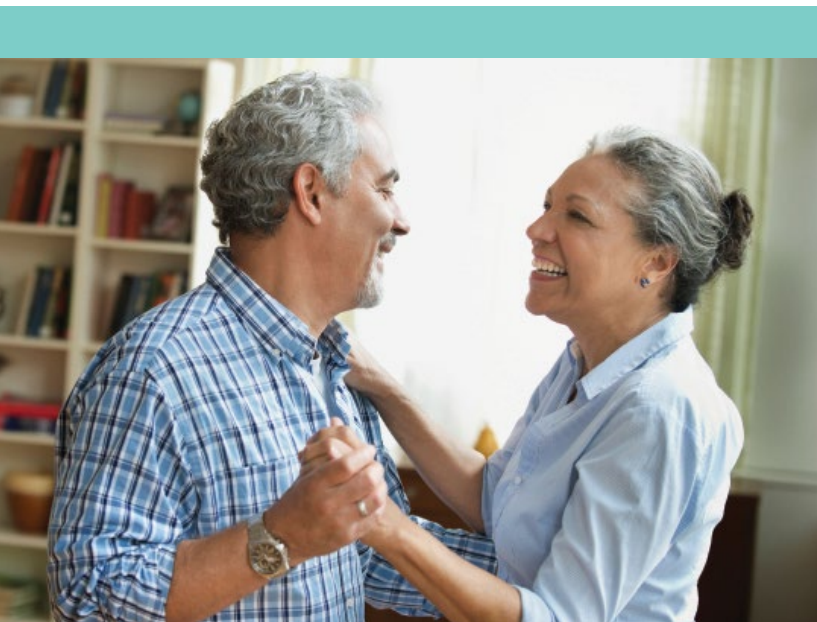
Life Insurance Amount

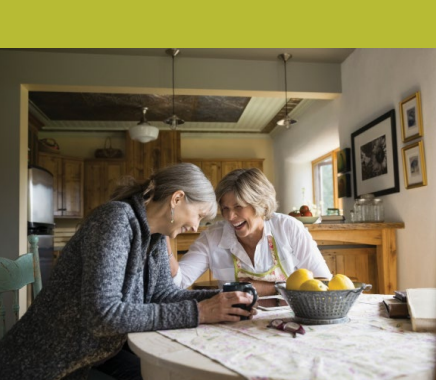
Total compensation is equal to your current base salary plus all prior year variable pay. As a new employee, your total compensation is your current base salary.

Child Term Life Insurance

- Life insurance coverage is available for eligible dependent child(ren) in increments of \$5,000, with a maximum of \$25,000.
- Children are eligible from live birth to the attainment of age 26. Children 26 or older are also eligible if they are physically or mentally incapable of self-support.
- Evidence of insurability is not required for Child Term Life coverage.

For Child Term Life Insurance monthly premiums, see page 31.





Group Universal Life Insurance (GUL) Coverage

Employee Coverage

- You have the opportunity to elect GUL coverage in multiples of one to 10 times your total compensation, to a maximum of \$1,500,000.
- GUL coverage of three times your total compensation up to a maximum of \$500,000 is guaranteed—no health questions or medical exam required—as long as you elect coverage within 45 days of your hire date.

Coverage for Your Spouse

- Your spouse is eligible to elect GUL coverage in increments of \$25,000 up to \$250,000.
- Spouse GUL coverage of up to \$50,000 is guaranteed—no health questions or medical exam—as long as you elect coverage within 45 days of your hire date or within 31 days after marriage.

For GUL monthly premiums, see page 31.

Cash Value Account

In addition to life insurance protection, GUL gives you the option to set aside money in a cash value account. With GUL, the money earns a fixed rate of interest and grows tax-deferred—you don't pay taxes on any earnings unless you withdraw more than you've contributed.

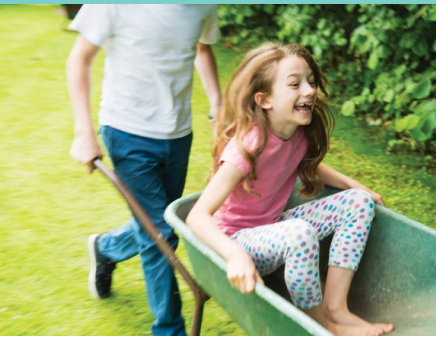
Voluntary Accidental Death & Dismemberment Insurance

Voluntary AD&D Employee Coverage—You can purchase optional coverage for yourself in increments of \$25,000 up to 10 times your total compensation, to a maximum of \$750,000.

Voluntary AD&D Family Coverage—You may also choose family coverage, which includes coverage for yourself, your spouse and your dependent children. Based on your Voluntary AD&D coverage and depending on your family situation at the time of the incident, the coverage percentage for your family would be as follows:

Family Status	Spouse	Child(ren)
Spouse Only	60%	NA
Spouse and Dependents	50%	15%
Dependents Only	NA	20%

For Voluntary AD&D insurance monthly premiums, see page 31.



Review and Update Your Beneficiaries

Securian Financial provides a secure website at www.LifeBenefits.com for electing, storing and updating your life insurance beneficiary designations. This secure online service protects the privacy of your information while ensuring your beneficiary information is available when it's needed.

Your beneficiary can be a person, a charity, a trust or your estate. You can split the benefit among multiple beneficiaries as long as the total percentage of the proceeds equals 100 percent.

Primary beneficiary	Contingent beneficiary	Default beneficiary
The person(s) named will receive the benefit. If any named beneficiary is not living at the time of claim, the benefit will be split among any remaining primary beneficiaries before it is paid to a contingent beneficiary.	If the primary beneficiaries are no longer living, the benefit is paid to this person or persons.	If you do not name a beneficiary, policy benefits will be paid to the default beneficiary listed in the certificate of insurance.

Long-Term Disability (LTD) Insurance

Your employer provides you with LTD coverage equal to 66.67 percent of your total compensation to a maximum monthly benefit of \$20,000. You automatically receive this coverage and do not need to enroll. LTD benefits begin after you have been disabled for six months (180 days). LTD benefits are offset by any disability benefits you receive from certain other sources, such as Social Security and workers' compensation. Any benefit you receive will be increased each year you are disabled with a 3 percent cost-of-living adjustment (COLA).



Because long-term disability benefits are tax-free upon receipt, an after-tax deduction will be taken from your paycheck, and your employer will "cancel out" your deduction with a reimbursement on the same paycheck.



HealthyReturns

HealthyReturns offers a variety of benefits to help you and your family achieve your well-being goals. Whether you want to eat better, focus on your weight or make financial well-being a priority, HealthyReturns has you covered.

All Farm Credit employees, as well as spouses/domestic partners enrolled in the Farm Credit Foundations Medical Plan, can each earn up to \$300 by the May deadline each year by completing HealthyReturns activities.

How to earn 300 points and \$300	
#1	Complete the Health Assessment to earn 25 points .
#2	Complete Take Action activities to earn up to 275 more points . There are a variety of activities to help you on your well-being path. Choose what calls to you and do it your way!

Your incentive is paid in \$100 increments (up to \$300). Each time you earn 100 points, you will receive \$100 in your paycheck.

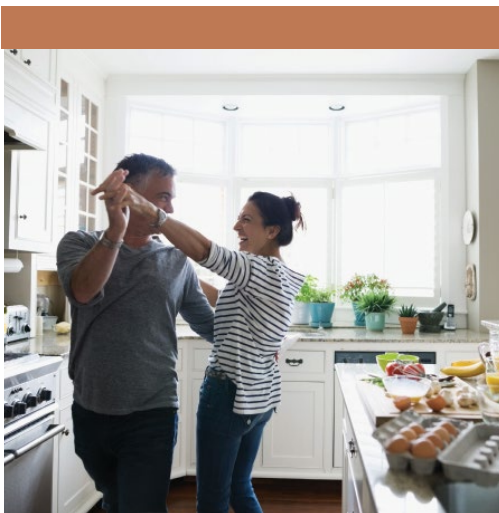
Health Assessment Required

You must complete the Health Assessment to earn any incentives for HealthyReturns.

Take Action Programs include:

- Biometric screenings
- Coaching - telephonic, digital text-based and chat
- Daily habit plans to make changes in healthy behavior
- Goal tracking challenges
- Financial wellness
- ConsumerMedical webinars
- Self-reporting activities

Log in to webmdhealth.com/healthyreturns and get started today.



Be a Rock Star!

Earn 400 Take Action points for a chance to win a \$50 gift card.



LifeWorks Employee Assistance Program (EAP)

LifeWorks is an employee assistance program (EAP) and well-being resource that provides confidential consultations, information and resources, connections to community agencies and supports, and referrals to counseling (in-person or live by video), and to other specialists.

LifeWorks can provide support and resources to help you find answers to questions related to work, life, health, family, or money. You can contact LifeWorks for support with any issue, challenge, or concern. Advisors are available 24/7.

LifeWorks is available at no additional cost to you, as defined by your benefits plan. Your employer provides this program as a benefit to support your well-being.

Who can use LifeWorks?

LifeWorks is available to you as an employee of your organization, as well as to your spouse/partner, and to your immediate family members/dependents.



LifeWorks is confidential

LifeWorks takes the utmost care to protect the identity of anyone who uses the program. The only exceptions to confidentiality include those governed by law, i.e., LifeWorks is required to release documents under court subpoena, and they have a duty to intervene and report if an advisor or counselor deems an individual to be at imminent risk of harm to self or others.

When can I contact LifeWorks?

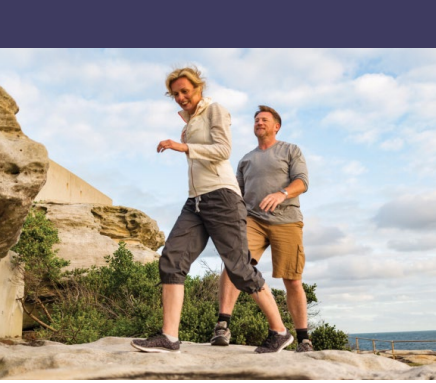
You can contact LifeWorks any time, 24 x 7 x 365. You can access all the digital content and/or contact LifeWorks as often as you need.

- Toll-free: 1-888-319-7819
- Online: login.lifeworks.com
Contact your HR Representative for login information

CareNow Using Cognitive Behavioral Therapy

Get the help you need, the way you want it, anytime, anywhere – from LifeWorks on your mobile device or desktop. The CareNow program gives you specialized self-help resources based on the Cognitive Behavioral Therapy (CBT) framework. CareNow is as effective as traditional CBT while the user-friendly LifeWorks platform makes it convenient to get the support you need, when you need it.





Retirement/401(k)

Saving today for tomorrow is one of the smartest moves you can make. That's why Farm Credit Foundations offers you a generous, competitive and flexible 401(k)/Defined Contribution Retirement Plan for your financial well-being.

TIPS



Get the Full Match

Don't leave money on the table. Contribute 6 percent of your eligible pay to receive the full employer dollar-for-dollar match. This is in addition to the 3 percent fixed contribution your employer makes.

Enroll in Retirement Benefits

To enroll, increase or decrease your contributions, or waive participation in the plan, go to myplan.johnhancock.com.

Access Your Earnings Statement

You may access your Earnings Statement in Dayforce each pay period to keep track of all your year-to-date contributions. You may also view contribution postings to your 401(k) account at myplan.johnhancock.com by accessing **Statements and Personal Rate of Return** from the main **MENU**.



TIPS



Save to the Max

If you are already contributing to the 401(k) plan, congratulations! Now keep going. Increase your contribution rate at a steady pace each year until you reach the IRS annual limit. Consider making automatic contributions for your financial future.





Beneficiary Designation

As a participant in the 401(k) plan, you are able to elect, update or change your beneficiary designation directly with John Hancock Retirement Plan Services. You have two ways to enter and update your beneficiary designation for the 401(k) plan:

Online

- You may enter your beneficiary designation online by logging onto the website at myplan.johnhancock.com.

Telephone

- You may also provide your beneficiary election information by calling the John Hancock Participant Service Center at **1-800-294-3575**. Participant Service Center Representatives are available from 8 a.m. to 10 p.m. (Eastern) on New York Stock Exchange business days.

401(k) Plan Highlights	
To Enroll	Go to John Hancock’s website myplan.johnhancock.com or call the Participant Service Center at 1-800-294-3575 Monday through Friday from 8 a.m. to 10 p.m. (Eastern)
Fixed Employer Contribution	Fixed employer contribution = 3%
Employer-Matching Contribution	Employer Match = \$1 for \$1 match on the first 6% you save of eligible compensation
Maximum Employer Contribution	9% (3% fixed employer contribution and 6% matching contribution)
Minimum Deferral Amount	1%
Maximum Deferral Amount	75%
Contribution Options	<ul style="list-style-type: none"> Pre-tax contributions—Reduce your taxable income. Subject to taxation upon withdrawal. After-tax contributions—Pay taxes on contributions now (investment earnings subject to taxation upon withdrawal). Roth 401(k)—In addition to elective pre-tax and after-tax 401(k) contributions, you are able to designate some or all of your elective contributions as after-tax Roth 401(k) contributions. While both the pre-tax contributions and the after-tax Roth 401(k) contributions are subject to the Internal Revenue Service contribution limits, this feature provides another valuable option to save for your future. Qualified distributions of any Roth portion of your account are tax-free.
Vesting	25% each year on anniversary date; fully vested after 4 years
Loans	Maximum of 2 (1 general purpose and 1 home loan, or 2 general purpose)

Medical Plan and Other Benefit Premiums

Medical

Full-Time Monthly Medical Plan Premiums in 2021 (Employees Working 30+ Hours)						
Coverage Tiers	Consumer Choice 1		Consumer Choice 1 HSA Advance		Consumer Choice 2	
	You Pay	Your Employer Pays	You Pay	Your Employer Pays	You Pay	Your Employer Pays
Employee Only	\$41	\$506	\$129	\$506	\$0	\$506
Employee + Spouse/ Domestic Partner	\$111	\$1,037	\$286	\$1,037	\$27	\$1,037
Employee + Child(ren)	\$102	\$964	\$277	\$964	\$24	\$964
Family	\$172	\$1,495	\$347	\$1,495	\$50	\$1,495

Dental

Full-Time Monthly Dental Plan Premiums (Employees Working 30+ Hours)				
Coverage Tiers	Basic		Comprehensive	
	You Pay	Your Employer Pays	You Pay	Your Employer Pays
Employee Only	\$5	\$20	\$19	\$20
Employee + Spouse/ Domestic Partner	\$16	\$32	\$46	\$32
Employee + Child(ren)	\$19	\$40	\$53	\$40
Family	\$29	\$54	\$79	\$54

Vision

Vision Plan Monthly Premiums	
VSP Plan	You Pay*
Employee Only	\$13.07
Employee + Spouse/ Domestic Partner	\$20.51
Employee + Child(ren)	\$22.56
Family	\$36.41

*Your employer pays \$0.



Optional Basic Employee Term Life and AD&D Monthly

Optional Basic Employee Term Life and AD&D Monthly Cost	
Optional Basic Employee Term Life and AD&D	\$0.129 per \$1,000

Child Term Life Insurance

Child Term Life Insurance Coverage	Monthly Rates
\$5,000	\$0.50
\$10,000	\$1.00
\$15,000	\$1.50
\$20,000	\$2.00
\$25,000	\$2.50

Group Universal Life (GUL) Insurance

Group Universal Life (GUL) Insurance Rates			
Age	Monthly Cost	Age	Monthly Cost
Under 25	\$0.026 Per \$1,000	50–54	\$0.114 Per \$1,000
25–29	\$0.026 Per \$1,000	55–59	\$0.185 Per \$1,000
30–34	\$0.031 Per \$1,000	60–64	\$0.288 Per \$1,000
35–39	\$0.034 Per \$1,000	65–69	\$0.468 Per \$1,000
40–44	\$0.052 Per \$1,000	70–74	\$1.141 Per \$1,000
45–49	\$0.072 Per \$1,000	75 over	\$1.733 Per \$1,000

Note: Rate is based on your age as of Jan. 1 of each calendar year.

Voluntary AD&D Insurance Cost

Voluntary AD&D Insurance Monthly Cost	
Employee Only Coverage	\$0.021 per \$1,000
Family Coverage	\$0.032 per \$1,000

Special Enrollment Periods and Life Events

Special Enrollment Periods

TIPS



Important Deadline!

If you have a qualifying status change, you must enroll within 31 days of the event to ensure you have the right benefits coverage for you and your loved ones (or 60 days from date of birth, adoption or placement of adoption).

If you do not make your benefit change by the deadline, you will have to wait until the next annual open enrollment period.

For most employees, the benefits you choose now will be in effect for the remainder of the full calendar year. You won't be able to make changes until the next Annual Enrollment. However, if you meet the requirements for a qualified status change, you may have the opportunity to change one or more of your pre-tax elections during the year.

Qualified Status Change (Life Events)

You may make mid-year election changes to your benefits if you have a qualified status change, as defined by the **IRS**:

- Marriage, divorce or legal separation
- Change in domestic partner relationship
- Birth, adoption or placement for adoption
- Death of your spouse or dependent
- Loss or reinstatement of dependent status
- Significant change in your spouse's/partner's health coverage
- Loss of your or your dependents' group coverage due to layoff or termination
- Changes in residence (for example, to a different ZIP code or county)

This is not a comprehensive list of status changes and you should visit the IRS website for full details.

What if I have a qualified status change?

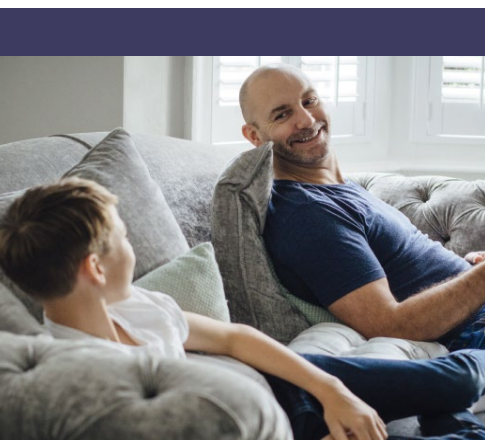
If you have a qualified status change and would like to change your coverage, you must:

- Log into **www.dayforcehcm.com**.
- Submit a life event declaration AND enroll your dependent within 31 days of the qualified event (60 days from date of birth, adoption or placement of adoption).

Your benefit changes will be effective the date of the event for newly added coverage.

For more information about a qualified status change, see the "Life Events" section on **www.FarmCreditFoundations.com**.

NOTE: Any changes made to coverage must be consistent with the qualified status change under IRS Section 125.



Contacts and Resources

Resource	Website or Email	Phone Number
Farm Credit Foundations Website	www.FarmCreditFoundations.com	N/A
Farm Credit Foundations Benefits	benefits@farmcreditfoundations.com	1-800-892-7924
Blue Cross Blue Shield of Illinois	www.bcbsil.com/foundations	1-877-224-9598
ConsumerMedical	www.myconsumermedical.com	1-888-361-3944
CVS/Caremark	www.caremark.com	1-800-565-5827
Delta Dental of Kansas	www.deltadentalks.com	1-800-234-3375
John Hancock Retirement Plan Services	myplan.johnhancock.com	1-800-294-3575
LifeWorks	login.lifeworks.com	1-888-319-7819
MDLIVE	www.MDLIVE.com/bcbsil	1-888-676-4204
MetLife	mybenefits.metlife.com	1-800-421-6756
Securian Financial	www.lifebenefits.com	1-800-843-8358
PayFlex	www.payflex.com	1-800-284-4885
VSP	www.vsp.com	1-800-877-7195
WebMD (<i>HealthyReturns</i>)	webmdhealth.com/healthyreturns	1-855-719-1909

Legal Notices

For legal notices that relate to Farm Credit Foundations benefits offerings, please visit FarmCreditFoundations.com and click on the “**Resources**” tab where these notices are posted for your review.



