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# Benefits Premium Worksheet

## Medical Plan Rates
<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>Semi-Monthly Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associate only</td>
<td>$20.79</td>
</tr>
<tr>
<td>Associate + Spouse/DP</td>
<td>$132.26</td>
</tr>
<tr>
<td>Associate + Child(ren)</td>
<td>$117.25</td>
</tr>
<tr>
<td>Family</td>
<td>$152.82</td>
</tr>
</tbody>
</table>

## Dental Plan Rates
<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>Semi-Monthly Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associate only</td>
<td>$11.46</td>
</tr>
<tr>
<td>Associate + Spouse/DP</td>
<td>$23.97</td>
</tr>
<tr>
<td>Associate + Child(ren)</td>
<td>$21.42</td>
</tr>
<tr>
<td>Family</td>
<td>$33.13</td>
</tr>
</tbody>
</table>

## Vision Plan Rates
<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>Semi-Monthly Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associate only</td>
<td>$3.17</td>
</tr>
<tr>
<td>Associate + Spouse/DP</td>
<td>$5.00</td>
</tr>
<tr>
<td>Associate + Child(ren)</td>
<td>$5.13</td>
</tr>
<tr>
<td>Family</td>
<td>$9.19</td>
</tr>
</tbody>
</table>

## Spousal/DP Life Insurance Rates

<table>
<thead>
<tr>
<th>Age</th>
<th>Per $1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;30</td>
<td>.043</td>
</tr>
<tr>
<td>30 - 34</td>
<td>.050</td>
</tr>
<tr>
<td>35 - 39</td>
<td>.064</td>
</tr>
<tr>
<td>40 - 44</td>
<td>.107</td>
</tr>
<tr>
<td>45 - 49</td>
<td>.192</td>
</tr>
<tr>
<td>50 - 54</td>
<td>.328</td>
</tr>
<tr>
<td>55 - 59</td>
<td>.470</td>
</tr>
<tr>
<td>60 - 64</td>
<td>.577</td>
</tr>
<tr>
<td>65 - 69</td>
<td>1.047</td>
</tr>
<tr>
<td>70 +</td>
<td>1.794</td>
</tr>
</tbody>
</table>

## Child Life Rates
<table>
<thead>
<tr>
<th>Coverage</th>
<th>Flat Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>$5,000</td>
<td>$0.43</td>
</tr>
<tr>
<td>$10,000</td>
<td>$0.86</td>
</tr>
</tbody>
</table>

## Life Insurance Rate Calculation Area

### ADDITIONAL LIFE INSURANCE CALCULATION
1) Enter your **annual - salary**
2) Multiply Line 1 by your election (up to 4x)
3) Round Salary amount to the nearest $1,000
4) Divide Line 3 by 1,000
5) Multiply Line 4 by your age-rate
6) Multiply Line 5 by 12
7) Divide Line 6 by 24

### SPOUSE/DP LIFE INSURANCE CALCULATION
1) Enter the amount of your coverage election
2) Divide Line 1 by 1,000
3) Multiply Line 2 by your spouse’s age-rate
4) Multiply Line 3 by 12
5) Divide Line 4 by 24

### LEGAL PLAN
Semi-monthly Rate $8.25

Full-time benefit eligible associates are automatically enrolled in practice paid short- and long-term disability programs as well as our 401(K) plan.
## Benefit Resources Directory

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Contact</th>
<th>Plan #</th>
<th>Website</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>Regence</td>
<td>10005735</td>
<td><a href="http://www.regence.com">www.regence.com</a></td>
<td>888-367-2116</td>
</tr>
<tr>
<td>Prescription Information</td>
<td>OmedaRx</td>
<td>10005735</td>
<td><a href="http://www.OmedaRx.com">www.OmedaRx.com</a></td>
<td>888-367-2116</td>
</tr>
<tr>
<td>Mail order prescriptions</td>
<td>OptumRx</td>
<td>10005735</td>
<td><a href="http://www.optumrx.com">www.optumrx.com</a></td>
<td>877-508-7357</td>
</tr>
<tr>
<td>Dental</td>
<td>Regence</td>
<td>10005735</td>
<td><a href="http://www.regence.com">www.regence.com</a></td>
<td>888-367-2116</td>
</tr>
<tr>
<td>Vision</td>
<td>VSP</td>
<td>12130857</td>
<td><a href="http://www.vsp.com">www.vsp.com</a></td>
<td>800-877-7195</td>
</tr>
</tbody>
</table>
Activate debit cards: 800-448-8268  |
| Flexible Spending Account (FSA)| Allegiance       | 505989  | [www.abpmtpa.com](http://www.abpmtpa.com) | 877-424-3570  
fax: 877-424-3539 |
| Associate Assistance Plan (AAP)| LifeBalance     | --      | [www.lifebalance.net](http://www.lifebalance.net)  
User name: banfield  
Password: pets | 877-259-3785  |
| Life                          | Unum (until 12/31/16) | 504266  | [www.unum.com](http://www.unum.com) | 800-421-0344    |
| Disability                    | Unum (until 12/31/16) | 604587  | [www.unum.com](http://www.unum.com) | 800-858-6843     |
| Life                          | Liberty Mutual  | 09-46638| [www.mylibertyconnection.com](http://www.mylibertyconnection.com) | Phone number will be provided at a later date, contact Benefits team with any questions |
| Disability                    | Liberty Mutual  | 604587  | [www.mylibertyconnection.com](http://www.mylibertyconnection.com) | Phone number will be provided at a later date, contact Benefits team with any questions |
| Legal Plan                    | MetLaw-Hyatt Legal Plans | 150    | [www.legalplans.com](http://www.legalplans.com)  
Access Code: METLAW | 800-821-6400  |
| Home & Auto Insurance         | MetLife          | A16     | [www.metlife.com](http://www.metlife.com) | 800-438-6388     |
| Royal Canin Discount          | Royal Canin      | --      | [my.royalcanin.com](http://my.royalcanin.com) | 888-213-4486   |
| Social Security and Medicare  | U.S. Social Security Administration | -- | [www.ssa.gov](http://www.ssa.gov) | 800-772-1213   |
| COBRA                         | Allegiance       | --      | [www.allegiancecobra.com](http://www.allegiancecobra.com) | 800-259-2738   |

### People & Organization–Benefits

The Benefits team is available Monday through Friday  
7:00 am – 5:00 pm Pacific Time  
Contact us at:  
Benefits Hotline: 888-246-6767  
Benefits Fax: 360-784-8810  
or [benefitsteam@banfield.net](mailto:benefitsteam@banfield.net)  

[CLICK HERE TO RETURN TO THE TABLE OF CONTENTS](#)
Employment Status Categories

Full-Time Associates
"Full-time" status is defined as scheduled and working 30 hours or more per week, on average.

Part-Time Associates
"Part-time" status is defined as scheduled and working less than 30 hours per week, on average. For veterinarians, “part-time” status also requires a minimum of 12 hours per week, on average.

Locum Doctors
Locum doctor status is defined as scheduled and working an average of less than 12 hours per week; due to the nature of the locum doctor role, actual hours may fluctuate week to week but should average less than 12 hours per week.

Associates must work at least once per quarter to maintain active status.

Eligibility

Full-time Benefits
Associates who meet Banfield’s definition of “full-time” and who are not designated as contractors, students, externs or temps hired through an agency, are eligible to participate in Banfield’s benefits package for full-time associates as outlined in this guide, the first of the month following 60 continuous days of employment. Full-time associates must maintain an average of 30 or more compensable hours per week and have a designation of full-time status in their Oracle record, to continue to be eligible for full-time benefits.

Change of Status to and from Full-time
Part-time associates and locum doctors who become full-time associates within the first 60 days of employment will be eligible for benefits on the first of the month following 60 continuous days of employment. If a part-time associate or a locum doctor has worked more than 60 days, and then becomes full-time, the associate will be eligible for benefits the first of the month following the effective date of the change in status.

For full-time associates who become part-time associates or locum doctors, some full-time benefit plan coverage will end immediately and some will continue through the end of the month in which the status change is effective depending on the carrier contract. Some coverage will be eligible for continuation under COBRA. For more information, please refer to “Duration of Coverage” section of this guide.

Refer to the part-time or locum doctor benefits guide as applicable to see what benefits you may continue to be eligible for. You can also contact the Benefits team if you have questions.

Enrollment
For an efficient and quality enrollment experience, we feature an online enrollment system called FIDO. Associates will have a two week window to enroll in benefit plans four weeks prior to their benefit effective date. This process allows associates time to make educated decisions, make elections, assign beneficiaries and receive enrollment information prior to the effective date of coverage. All newly eligible associates are notified via postcard mailed to their home address and instructions will be sent to their Banfield email account four weeks prior to their eligibility date.

Once enrollment is complete, associates may verify their elections and print confirmation statements at https://FIDO.Banfield.net. It is also advised that associates verify their payroll benefit deduction amounts through Ceridian Self-Service at https://sourceselfservice2.ceridian.com/banfield.

If an associate does not enroll during the two week window, they should contact the Benefits team as soon as possible for enrollment options. Associates are entitled to enroll or make changes up to 30 days after their eligibility date.

This guide is not a guarantee of benefits. Any errors are unintentional. If any discrepancies exist between the info in this guide, the Summary Plan Descriptions (SPDs), or the Plan document, the Plan document will govern.
benefit eligibility date. Associates are responsible for the associate portion of premiums effective from the
date of coverage. See “Making Changes During the Year – Qualifying Events” or “Annual Open Enrollment
Period” sections of this booklet for more information on timeframes to make enrollment changes outside
of initial eligibility.

**Dependents**

- Legally married spouse or domestic partner*
  *Must complete Domestic Partner Affidavit. See Domestic Partner Benefits section of this guide.*
- Children up to age 26, including: stepchildren, adopted children, children for whom you are the legal
guardian, and domestic partner's child(ren) regardless of student or marital status*

If you reside in a state that extends the eligibility rights for dependents and have questions, contact the
Benefits team.

If a covered dependent ceases to be an eligible dependent or you acquire new family members, you must
notify the Benefits team in writing **within 30 days** of the date of the event; otherwise, you must wait until
the next annual open enrollment period to make changes. Please contact the Benefits team for necessary
documents.

**BENEFIT EXTENSION BEYOND AGE 26 VERIFICATION PROCESS:** On an annual basis the Benefits team will
verify eligibility status for any dependents beyond age 26 in applicable states as listed above. You may be
required to provide proof of status verification at that time.

**Making Changes During the Year – Qualifying Events**

Once an associate elects or declines Banfield’s benefits during the initial eligibility period, the ability to later elect
or decline benefits will be limited and subject to the appropriate qualifying events and/or Banfield’s annual open
enrollment.

Associates can make changes to their benefits if they experience a qualifying event as defined by the IRS. Changes
must be submitted in writing to the Benefits team within 30 days of the qualifying event except in the case of
gaining or losing coverage through Medicare, Tricare, or other government program where 60 days is given.
All changes must be consistent with the event and proof of the qualifying event will be required. Examples of
qualifying events, include:

<table>
<thead>
<tr>
<th>Qualifying Life Event</th>
<th>Documentation Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth of a Child</td>
<td>Proof of birth (such as commemorative birth certificate from hospital – does not have to be original birth certificate)</td>
</tr>
<tr>
<td>Death of a spouse/domestic partner or child</td>
<td>Death certificate</td>
</tr>
<tr>
<td>Divorce</td>
<td>Divorce decree – specifically the page indicating the date the divorce is finalized and any section relating to health insurance</td>
</tr>
<tr>
<td>Legal adoption</td>
<td>Finalized adoption papers</td>
</tr>
<tr>
<td>Marriage</td>
<td>Official or commemorative marriage certificate. Note – Social security card is not needed for benefits changes, but is needed for name change.</td>
</tr>
<tr>
<td>Termination/Commencement of Domestic Partner Status</td>
<td>Completed Domestic Partner Affidavit or Domestic Partner Termination Affidavit. Note – Affidavits can be found in the Resource Library on Fetch.</td>
</tr>
<tr>
<td>Gain of coverage</td>
<td>Proof of insurance (such as ID card with effective date)</td>
</tr>
<tr>
<td>Includes:</td>
<td></td>
</tr>
<tr>
<td>• through a spouse or domestic partner</td>
<td></td>
</tr>
<tr>
<td>• through Medicaid, Tricare, CHIP, and Medicare</td>
<td></td>
</tr>
<tr>
<td>Loss of coverage</td>
<td>COBRA notice or other official notice indicating loss of coverage</td>
</tr>
<tr>
<td>Includes:</td>
<td></td>
</tr>
<tr>
<td>• through a spouse or domestic partner</td>
<td></td>
</tr>
<tr>
<td>• through Medicaid, Tricare, CHIP, and Medicare</td>
<td></td>
</tr>
<tr>
<td>Child becomes ineligible by plan definitions</td>
<td>No documentation needed</td>
</tr>
<tr>
<td>Change in full-time or part-time status</td>
<td>No documentation needed</td>
</tr>
</tbody>
</table>
Along with the above documentation, you will also need to complete a Qualifying Life Event Notification packet, located in the Resource Library on Fetch. If you have any questions on the type of documentation or are having trouble obtaining documentation, please contact the Benefits team before the deadline indicated.

You can verify your benefit elections by logging into FIDO at https://FIDO.banfield.net after Benefits has processed the change. It is also advised that associates verify their payroll benefit deduction amounts through Ceridian Self-Service at https://sourceselfservice2.ceridian.com/banfield. Please keep in mind, for any retroactive qualifying event changes, there may be an additional amount owed or a refund due to the associate for benefit premiums. If applicable, you will be contacted by Benefits regarding this following your qualifying event change being processed.

**Special Enrollment Rights**

This notice is being provided to ensure that you understand your right to apply for group health insurance coverage. You should read this notice even if you plan to waive coverage at the time you are initially eligible for benefits and at Open Enrollment.

**Loss of Eligibility for Other Coverage**

If you are declining coverage for yourself or your dependents (including your spouse or domestic partner) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in the Banfield health care plans if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward you or your dependents’ other coverage). However, you must request enrollment **within 30 days** after you or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

**Example:** You waived coverage because you were covered under a plan offered by your spouse’s employer. Your spouse terminates his/her employment. If you notify Banfield **within 30 days** of the date coverage ends, you and your eligible dependents may apply for coverage under the health plan*.

**Marriage, Birth or Adoption**

If you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment **within 30 days** after the marriage, birth, or placement for adoption.

**Example:** When you were hired, you were single and chose not to elect health insurance benefits. One year later, you marry. You and your eligible dependents are entitled to enroll in this group health plan. However, you must apply **within 30 days** from the date of your marriage*.

**Medicaid or CHIP**

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment **within 60 days** of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

**Example:** When you were hired, your children received health coverage under CHIP and you did not enroll them in our health plan. Due to changes in your income, your children are no longer eligible for CHIP coverage. You may enroll them in this group health plan if you apply **within 60 days** of the date of their loss of CHIP coverage*.

**For more Information or Assistance**

To request special enrollment, obtain more information, or if you have any questions, please contact:

- Banfield Pet Hospital
- P&O Benefits team
- PO Box 87586
- Vancouver, WA 98687
- benefitsteam@banfield.net
- 888-246-6767

*Associates who experience a special enrollment right or qualifying event will be required to contact the Benefits
team within 30 days of the qualifying event and will be required to provide proof of the event. For domestic partner enrollment see Domestic Partner Benefits Section of this booklet and affidavit.

Open Enrollment
Changes can also be made during the annual Open Enrollment period at the end of each year (for a Jan. 1 effective date).

Paying for Coverage

Pre-tax Contributions

Contributions are deducted from your pay before federal—and in most cases, state—income tax withholdings are calculated. This lowers your taxable income, which in turn lowers the total amount you pay in taxes.

• Medical*
• Dental*
• Vision*
• Health Savings Accounts (HSA)
• Flexible Spending Accounts (FSA)
• 401(k) Retirement

If you wish to have the above premiums taken with after-tax dollars, you must submit your request in writing to benefitsteam@banfield.net when initially eligible and each annual enrollment. See Flexible Spending Account highlights in this booklet for more information on pre-tax and after-tax deductions.

*The law does not allow deduction of premiums on a pre-tax basis for domestic partners and domestic partners’ children who are not eligible to be claimed as dependents on your federal tax return.

Post-tax contributions mean greater benefits since you pay for life insurance options on an after-tax basis, any benefits paid under these plans will not be taxed again. This means that if you receive benefits from your life insurance plan, you will not be taxed on the amount that you receive.

• Additional Associate Life Insurance
• Spouse and Child(ren) Life Insurance

*These premiums do not have the option for pre-tax payroll deductions.

Imputed Income

The Internal Revenue Code requires certain practice-provided benefits to be imputed as income to you. This imputed income is reported as part of your annual compensation for income tax withholding and FICA (Social Security and Medicare) tax purposes. Imputed income appears on your W-2 and is taxed at your applicable rate.

The “value” of any practice-provided life insurance exceeding $50,000 is considered imputed income. The amount exceeding $50,000 is taxable and will be reflected on your pay stub as “GRP Term Life”.

Associates who enroll their domestic partner and/or domestic partner’s children in the medical, dental or life insurance plans will be required to pay the imputed income taxes for the employer-paid portion of the premiums. Please note, imputed income does not apply to same-sex spouses.

Enrollment
It is important to recognize the deadline to make benefit elections because you will be unable to make any changes to your enrollment until the next annual open enrollment, unless you have a qualifying life event.

**Newly Eligible Enrollment**
1) Review your personalized benefits enrollment email and follow the checklist provided.
2) Research your choices and needs carefully by viewing the online benefits guide in FIDO.
   *Note – FIDO log in instructions provided below.*
3) Make appropriate elections in FIDO and complete any additional forms required.
4) Review, print and save a copy of your confirmation statement for your records.
5) Send any additional forms or information to the Benefits team by fax to 360-784-8810 or email BenefitsTeam@banfield.net.

**Annual Open Enrollment**
1) To review your current benefits enrollments, log in to FIDO from any computer with internet access by using the secure website: [https://FIDO.banfield.net](https://FIDO.banfield.net).
   *User Name:* The first initials of your first name and last name, followed by an underscore and your associate ID number (e.g. AB_12345)
   *Password:* Your FIDO password*.  
   Note – If you are a first-time user, your password will be your birth date, using the following format: DD-MMM-YYYY (e.g. 07-APR-1970)
2) Once logged into FIDO, click on Benefits.
3) Review the online benefits guide and your current elections, then make the appropriate changes. *Note – Some plans require re-elections to be made annually to continue participation (e.g. Flexible Spending Accounts)*
4) Review and print your confirmation page (for the full confirmation statement, download the PDF version and print/save for your records).
   *If you have forgotten your password or have not logged in within the past 90 days, you may use the Forgot Password or User Name link and an email will be sent to your Banfield email address with a link to reset your password.  
For assistance with your user name and/or password, contact the Help Desk at 800-394-6117 or email hd@banfield.net or submit a ticket through the Help Desk portal.

**Deadlines**

If you are making annual open enrollment elections for 2017, the deadline is, Nov. 18, 2016.
For Flexible Spending Accounts, Compensation Plan, you must re-elect coverage every year to continue participation. If you wish to participate in these benefits for 2017, you must re-enroll through FIDO at: [https://FIDO.banfield.net](https://FIDO.banfield.net).

If you want to make any changes to your current benefit elections you must login to FIDO and make your changes online. If you do not login to FIDO and make your changes, you cannot enroll or make changes to benefits until the 2018 Open Enrollment period. 401(k) and HSA changes can be made throughout the year. You may change enrollment and coverage elections during the year if you have a “qualifying life event.”

If you are enrolling because you are newly eligible for benefits:
Your deadline to enroll is shown in your benefits email communication, as well as on the postcard which is mailed to your home address listed in FIDO. If you do not make benefit elections in FIDO within the specified timeframe, you may not enroll or make changes to any benefits until the following annual Open Enrollment period. You may change enrollment and coverage elections during the year if you have a qualifying life event.

**Duration of Coverage**
If you lose your benefit eligibility status with Banfield, you may have a right to continue your benefits or be able
to convert your plan(s) to an individual policy. After Benefits is notified of the status change, a loss of benefits notification will be mailed outlining details and options. Duration of coverage varies by the benefit plan in which you are enrolled.

**Health care benefits**
Medical, dental and/or vision plans continue through the end of the month in which your status change occurred. You will be given the option to continue those benefits under your COBRA rights. Information regarding your COBRA rights, election form and premium information will be sent to your home address as a separate notice from our administrator, Allegiance COBRA Services, **within 44 days** or earlier of your status change. You may contact Allegiance for more information at 800-259-2738.

**Health Savings Account (HSA)**
The HSA is yours to keep and goes with you at time of transition. You are responsible for all account fees to manage and operate the account. You may contact BenefitWallet for more information at 877-472-4200.

**Flexible Spending Accounts (FSAs)**
Health and/or dependent care flexible spending accounts (FSAs) will end the date the status change occurred. Requests for reimbursement for any funds in the account may be submitted **within 90 days** from the last day of the month for expenses incurred during your benefit eligibility (e.g., qualifying event date 5/18/16, the associate will have 90 days following 5/31/16 to submit claims incurred from 1/1/16 through 5/18/16). The health care flexible spending account may be continued through COBRA continuation rights if you have not overspent the account balance. A separate notice will be mailed to your home address on file by Allegiance FSA Services **within 44 days** or earlier of your status change.

**401(k) Retirement Savings**
If you were a participant in the 401(k) retirement plan and are no longer employed, you may contact Principal Financial Group at 800-547-7754 (group ID 4-44878) for the appropriate forms and information regarding options available to you with your vested account balance.

*Note – distributions or rollovers will not take place for 30 days from the date of separation, in order to allow for final reconciliation of the account. Principal will mail a letter explaining your options to your address on file.*

**Short Term Disability**
If you are a participant in short-term disability, the plan ends on the event date listed above unless state regulations specify otherwise. There is no portability or conversion option under this plan unless state regulations apply.

**Long Term Disability**
If you are a participant and have been covered under the plan for the previous 12 months, you may elect to convert the plan to an individual policy within 31 days of the qualifying life event date. Please contact the Unum Administration Management Services Team at 866-809-5345 to request a Continuation of Coverage package.

**Life Insurance**
Basic and additional life insurance end on the qualifying life event date listed above, or for a child becoming ineligible for coverage by turning 26 (or 30 if a full-time student in Florida), coverage will go through the end of the calendar year. If you wish to continue this coverage at your own cost, please contact the Unum Administration Management Services Team at 866-809-5345 to request a Continuation of Coverage package.

**MetLaw-Hyatt Legal Plan**
If you are a current participant in the Legal Plan, you will continue to have access to the plan through the end of the month in which your employment terminated or you moved to Locum status. If you wish to continue your legal plan benefit after retiring or terminating employment, you must apply for portable enrollment within 30 days of your last day of employment. For assistance with the application process, call MetLaw's Client Service Center at 800-821-6400. If you are moving from full-time to part-time within the practice and are participating, the plan will continue.

**Paid Time Off (PTO)**
Any accrued paid time off will be paid out under the policy on the next regular scheduled pay date or as determined by state regulations in which you reside. Associates who move from full-time to part-time status will continue...
participation in the PTO program.

**Floating Holidays**
Any unused floating holidays are forfeited and are not paid unless state regulations specify otherwise (for the state in which you reside). Associates who move from full-time to part-time status will continue participation in the floater holidays program accordingly. See PTO Policy for accrual and award details.

**Associate Assistance Plan (AAP)**
If you are no longer employed with the practice you will continue to have access to the AAP with LifeBalance through the last day of the month in which your employment terminated. Associates who change status from full-time to part-time will continue to have access to this program. LifeBalance is available to help you with a variety of services and can be reached at 1-877-259-3785 and at [www.lifebalance.net](http://www.lifebalance.net).

*Please verify that your address is updated in FIDO to ensure all information is sent to the right location. Falsification of any documents may result in reimbursing Banfield for all premiums and administration fees, termination of employment, and/or other legal action.*

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Banfield Pet Hospital® is committed to offer a workplace where all associates are valued, respected, and given equal and fair treatment. Offering domestic partner benefits supports Banfield’s belief that workforce diversity is critical to ensure continued growth over the years to come.

Domestic partner benefit offerings include medical, dental, vision, spousal life, and child life for same and opposite sex domestic partners of active, unmarried Banfield associates. Children of domestic partners may also be eligible.

**Definition of Domestic Partner**

To enroll a domestic partner for Banfield benefits, you must be an active, unmarried associate and eligible for Banfield’s benefit plans. Your domestic partner may be of the same or opposite sex as you. In order for your domestic partner to be eligible for benefits as your dependent, you both must meet all of the conditions noted below:

- You are both at least 18 years of age
- Neither of you is legally married or in a domestic partnership with another person
- You are not related by blood to a degree of closeness that would prohibit marriage
- You currently reside together and intend to do so permanently
- You are mutually responsible for the basic necessities of life
- You are in a committed relationship that is intended to be permanent
- Your partner is not otherwise enrolled in Banfield’s plan as an associate or dependent

**Children of Domestic Partner**

If your eligible domestic partner has child(ren), they may be eligible for coverage under Banfield’s benefit plans. In order for your domestic partner’s children to be eligible for benefits they must meet all of the conditions noted below:

- The child is younger than age 26
- The child is not otherwise enrolled in a Banfield benefit plan as an associate or dependent
- The child is age 26 or over, was enrolled in the plan before age 26, and became mentally or physically handicapped before age 26 or as otherwise mandated by state law

**Domestic Partner Benefit Plans**

Your domestic partner and his/her child(ren) are eligible for coverage under the following Banfield benefit plans:

- Medical
- Dental
- Vision
- Spousal/Domestic Partner Life
- Child Life

For detailed information on the plans noted above, refer to the Summary Plan Descriptions available on Fetch.

**Cost of Domestic Partner Coverage**

If you enroll a domestic partner, you will pay the same associate contribution amount for health care coverage for a domestic partner as you would for other eligible dependents. However, because Banfield is required to administer coverage for domestic partners in accordance with federal tax law, enrolling your domestic partner in benefits may increase your taxable income for federal income tax purposes*. Depending upon your state of residence, domestic partner benefits may increase your state taxable income as well.

If your domestic partner and his/her child(ren) do not satisfy the definition of a tax dependent under the
Internal Revenue Code:

- The portion of the premiums that you contribute towards your domestic partner and/or their child(ren)’s coverage may not be made on a pre-tax basis. For the complete breakdown of the pre-tax and post-tax premium contributions, please refer to the cost matrix on page 2 of the Domestic Partner Affidavit found in the Resource Library on Fetch.

If your domestic partner and his/her child(ren) qualify as tax dependent(s) as defined by the Internal Revenue Code, monthly contributions can be deducted from your pay on a pre-tax basis and there are no tax consequences for covering your domestic partner under a Banfield benefit plan.

Note: Requirements for an individual to satisfy the definition of a tax dependent under the Internal Revenue Code can be complex. Please consult with a tax professional for advice on your personal situation. However, a person who is a member of your household generally qualifies as your tax dependent under the Internal Revenue Code if:

- You provide more than 50% of his/her financial support
- The individual lives with you for the entire year
- The individual is a citizen or resident of the United States
- Your relationship is not in violation of any local laws

COBRA Coverage Equivalent

Under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), you and your eligible dependents may continue medical, dental, and vision care if that coverage ends under certain circumstances. Your rights under COBRA are described in detail in your Summary Plan Description (SPD).

Although your domestic partner and his/her child(ren) are not considered eligible dependents under COBRA law, Banfield will offer your partner and his/her child(ren) the option to elect to continue medical, dental, and vision coverage under certain circumstances, or “qualifying events.” This coverage continuation is called COBRA Coverage Equivalent.

If your domestic partner and his/her child(ren) lose(s) coverage under any of the circumstances summarized below, they may elect COBRA Coverage Equivalent. The cost of coverage is as follows:

- 102% of the group rate (e.g. full cost + 2% administrative fee) of coverage in after-tax dollars
- If COBRA Coverage Equivalent is extended from 18 to 29 months due to you becoming disabled, the cost for the additional 11 months is 150% of the group rate

Electing COBRA Coverage Equivalent

Once an event occurs that qualifies your partner and his/her child(ren) for COBRA Coverage Equivalent, they will receive notice of the option to continue coverage by our third party administrator, Allegiance COBRA Services. They then have up to 60 days in which to elect continued coverage. This 60-day period begins on the later of the date:

- Your domestic partner and his/her child(ren) would lose coverage because of the qualifying event
- Your domestic partner and/or his/her child(ren) is/are advised by Allegiance COBRA Administrative Services of the option to elect continued plan coverage

Information on payments:

- The first premium payment must be made within 45 days after the election notice is completed. The initial premium must cover the entire period from the date of the qualifying event to the date of the payment.
- If the first payment is not received within 45 days of Allegiance COBRA Administrative Services receiving the election notice, your domestic partner and his/her child(ren) will be considered to have forfeited the option to elect continued plan coverage with respect to the qualifying event to which the election period pertained, and coverage will be terminated as of the date of the qualifying event.
- If the amount of any subsequent payment is not received within 30 days after the first day of the calendar month for which such payment is due, their coverage will be terminated as of that date. There is no
reinstatement provision.

**When COBRA Coverage Equivalent Ends**

COBRA Coverage Equivalent will end for your domestic partner and/or his/her child(ren) on the earliest of the following date:

- Your domestic partner and/or his/her child(ren) fail to pay any premiums in a timely manner.
- You first become eligible for Medicare after your COBRA Coverage Equivalent election.
- Your domestic partner and/or his/her child(ren) first become eligible for Medicare after their COBRA Coverage Equivalent election.
- Banfield ceases to provide any group health plan to any associate.
- Banfield terminates this plan.
- Social Security makes a final decision that you are no longer disabled, if your domestic partner and/or his/her child(ren) had elected extended coverage for up to 29 months due to your disability.
- The maximum COBRA Coverage Equivalent period expires.

The Plan Administrator shall adopt such rules for the administration of these COBRA Coverage Equivalent provisions as it deems necessary and appropriate from time to time. The Plan Administrator reserves the right to terminate continuation of coverage retroactively if your domestic partner and/or his/her child(ren) are determined to be ineligible for continued coverage.

Electing COBRA Coverage Equivalent does not make your domestic partner and/or his/her children qualified beneficiaries under the Banfield plan. Unlike COBRA participants, COBRA Coverage Equivalent participants do not have the rights as qualified beneficiaries, including but not limited to adding other dependents.

**REQUIRED FORMS**

**Domestic Partner Affidavit**

If you are electing coverage for a domestic partner and/or their child(ren), you must also complete and submit a Domestic Partner Affidavit.

The Domestic Partner Affidavit can be found in the Resource Library on Fetch. Search for “Practice: Domestic Partner Affidavit.”

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Banfield offers a consumer-driven medical plan through Regence BlueCross BlueShield (BCBS) which is designed to encourage preventive care and wellness, while at the same time providing coverage for other routine health care and emergencies. The medical plan is a High Deductible Health Plan (HDHP) that allows us to offer lower monthly premiums to our associates. This means lower fixed costs out of associates’ paychecks and thereby empowering associates and their families with a choice of how to spend their dollars toward health care.

The HDHP is Health Savings Account (HSA) eligible which allows associates to set aside pre-tax dollars to help offset qualified medical expenses. Each year Banfield contributes $750 to active HSA accounts regardless of the month enrolled. This equates to buying down the associate only coverage deductible from $1,500 to $750. See the HSA section of this guide for more detailed information on the HSA.

Pharmacy benefits are included in the Regence BCBS medical plan through OmedaRx.

**Coverage – Three-tier formulary**

<table>
<thead>
<tr>
<th>Generic</th>
<th>Preferred brand</th>
<th>Non-preferred brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>For all tiers: The plan pays 80%</td>
<td>You pay 20%</td>
<td></td>
</tr>
</tbody>
</table>

**Preventive medications**

Certain drugs are covered 100 percent in accordance with Affordable Care Act (ACA) requirements. Including the following:
• Certain tobacco cessation medications
• Certain breast cancer medications
• Certain contraceptives

*A complete listing of covered preventive medications under the ACA can be found on www.omedarx.com.

Optimum Value Medications

Under the Optimum Value Medication program, the plan deductible is waived for certain generic and brand drugs that are designated as preventive for the treatment of chronic diseases:

- Heart disease
- Diabetes
- Asthma
- High cholesterol
- High blood pressure

*A complete listing of covered medications under the Optimum Value Medication program can be found on www.omedarx.com.

Optimum Value Medications are covered at 80 percent with NO DEDUCTIBLE.

Mail Order Pharmacy Service

Through OptumRx Home Delivery, you and your covered dependents may receive up to a 90-day supply of maintenance medications to treat chronic, long-term condition. Call Regence Member Services at the number found on the back of your medical ID card – 877-508-7357.

Register

Call member services at the number found on the back of your medical ID card, 877-508-7357.

Pre-Existing Conditions - No pre-existing exclusion.

Continuation of Benefits:

If you are a participant in the Banfield medical plan and experience a change of status that results in a loss of benefit eligibility, you will continue to have access to the plan through the end of the month in which you experienced the status change. You will be given the option to continue those benefits under your COBRA rights. Information regarding your COBRA rights, election form and premium information will be sent to your home address as a separate notice from our administrator, Allegiance COBRA Services, **within 44 days** or earlier of your status change. For more information, please contact Allegiance at 800-259-2738.
Dental Plan Highlights

The dental plan is designed to help you and your family members maintain good dental health at a great value. Under the Regence dental plan, you can access a preferred provider network of dentists to receive greater discounts! Preferred providers will not bill beyond the contracted rates before applying your deductible and co-insurance rate. Contracted or non-preferred dentists may bill you for any balances over the payment level in addition to any deductible and/or coinsurance amount.

<table>
<thead>
<tr>
<th>Deductible per calendar year</th>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$50</td>
<td>$150</td>
</tr>
</tbody>
</table>

| Coinsurance                  | In-network providers - 20%, after deductible |

| Copay                        | None |
| Out-of-pocket maximum        |      |
| Annual Limit                 | $1,000 |

Covered Expenses

<table>
<thead>
<tr>
<th>Services you may need</th>
<th>Your cost if you use an in-network provider</th>
<th>Your cost if you use an out-of-network provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you have preventive dental services</td>
<td>Cleanings and examinations</td>
<td>No Charge</td>
</tr>
<tr>
<td></td>
<td>X-rays</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other preventive dental services</td>
<td></td>
</tr>
<tr>
<td>If you have basic dental services</td>
<td>Periodontal services</td>
<td>The plan pays 80%</td>
</tr>
<tr>
<td></td>
<td>Endodontic services</td>
<td>You pay 20%</td>
</tr>
<tr>
<td></td>
<td>Emergency and other basic dental services</td>
<td></td>
</tr>
</tbody>
</table>

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Vision Plan Highlights

Banfield provides vision benefits through Vision Service Plan (VSP). The vision plan offers coverage to help you and your family members maintain good eye health while lowering your vision care expenses. Administered and insured by VSP, the plan provides the convenience of a nationwide network of eye care professionals. By encouraging regular examinations and helping you pay for necessary corrective lenses and procedures, the vision plan helps you maintain your vision care needs at a reasonable cost. The vision plan pays benefits for care you receive from both in-network and non-network providers; however you will receive a higher benefit by using a VSP in-network provider. Please note: Regence does not administer this benefit and no ID card is issued for this plan.

### Vision Plan Highlights

**Semi-monthly rates**
- Associate only: $3.17
- Associate plus spouse/DP: $5.00
- Associate plus child(ren): $5.13
- Family: $9.19

### PLAN FEATURES

<table>
<thead>
<tr>
<th>Procedure</th>
<th>VSP Network Provider</th>
<th>Non-VSP Provider</th>
<th>Benefit Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Exam</td>
<td>$10 copay, 100%</td>
<td>$10 copay, Up to $50</td>
<td>Once every calendar year</td>
</tr>
<tr>
<td>Materials</td>
<td>$15 copay</td>
<td>$15 copay</td>
<td>Once every other calendar year</td>
</tr>
<tr>
<td>Single Vision Lenses</td>
<td>100% plus up to 20% savings on lens options</td>
<td>Up to $50 (pair)</td>
<td>Once every other calendar year</td>
</tr>
<tr>
<td>Lined Bifocal Lenses</td>
<td>100% plus up to 20% savings on lens options</td>
<td>Up to $75 (pair)</td>
<td>Once every other calendar year</td>
</tr>
<tr>
<td>Lined Trifocal Lenses</td>
<td>100% plus up to 20% savings on lens options</td>
<td>Up to $100 (pair)</td>
<td>Once every other calendar year</td>
</tr>
<tr>
<td>Lens Options</td>
<td>Standard progressive lenses</td>
<td>$50 $80-$90 $120-$160</td>
<td>Once every other calendar year</td>
</tr>
<tr>
<td></td>
<td>Premium progressive lenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Custom progressive lenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Average 35-40% off other lens options</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frames</td>
<td>Services</td>
<td>Up to $70</td>
<td>$105 every other calendar year. Contacts are available once every other calendar year and are in lieu of all other lens and frame benefits available. When contacts are obtained, the covered person shall not be eligible for lenses or frames every other calendar year.</td>
</tr>
<tr>
<td>Contacts</td>
<td>$120 allowance, up to $60 copay for your contact lens exam (fitting and evaluation)</td>
<td>Up to $105</td>
<td></td>
</tr>
</tbody>
</table>

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Health Savings Account (HSA)

Highlights

Associates who enroll with the Regence medical plan have the option to enroll with a Health Saving Account (HSA) through BenefitWallet and receive a FREE $750 contribution from Banfield. The HSA provides our associates with control and flexibility to manage their health care expenses.

What is an HSA?
An HSA is a special tax-advantaged savings account designed specifically for paying qualified health care expenses. An HSA allows individuals to save and pay for current qualified health care expenses and future qualified medical and retiree health care expense on a before-tax basis.

The HSA provides a triple-tax advantage:
1. Contributions are tax-free!
2. Potential interest and investment gains accumulate tax-free!
3. Distributions are tax-free when used to pay for qualified medical expenses!

How does an HSA work?
• In order to be eligible to contribute to an HSA, you must be enrolled in the Regence High Deductible Health Plan (HDHP) and have no other first-dollar coverage (e.g. non-HDHP health plan, Medicare, traditional FSA, etc).
• You may use the funds in the account to pay for qualified medical expenses as well as dental, vision, and alternative medicines. Please refer to IRS Publication 502 for a complete list of qualified medical expenses.
  • HSA debit card, HSA checkbook, or direct bill pay options are available to pay for your expenses.
• Funds remaining in an HSA at year-end are rolled over for future health care expenses.
• Once your account balance reaches $1,000, you may roll the funds over into mutual fund investments.

Who can have an HSA?
Any adult can contribute to an HSA if they:
• Have coverage under an HSA-qualified HDHP
• Are not enrolled in Medicare
• Cannot be claimed as a dependent on someone else's tax return
• You or your spouse are not enrolled in a Traditional Health Care Flexible Spending Account (FSA). However, a Limited-Purpose FSA is permitted
How to enroll into the HSA
1. Enroll in Banfield’s medical plan.
2. Elect the HSA during your enrollment period. You may elect to contribute pre-tax dollars from $0 to the
   maximum IRS limit. Please refer to the HSA cheat sheet for the 2017 limits. Banfield will withhold the designated
   amount twice monthly and forward your contribution to your HSA.
3. If you elect the qualified High Deductible Health Plan (HDHP)/Health Savings Account (HSA) option through
   Banfield, Internal Revenue Code Section 125 Cafeteria Plan, Banfield will provide BenefitWallet (BW) with data
   and information requested by BW and reasonably needed by BW in order to open your BW HSA, including
   accepting the BW HSA terms and conditions and rate and fee schedule on your behalf and agreeing to receive
   account statements and other account documents electronically.

Deductions will not be taken from your paychecks and Banfield’s contribution will not be deposited until
your account has been activated.
4. Watch for your debit card. Within four to seven business days of activating your account and processing your
   enrollment, BenefitWallet will mail you two debit cards. Follow the card activation and usage instructions in the
   card mailer.

Note – You may also request a checkbook for your account.

Other Methods of Contributing to an HSA
• Instead of making contributions through pre-tax payroll deductions, you may contribute after-tax dollars to your
  account by making a lump sum contribution, in any amount, up to your annual maximum limit. You can claim
  those contributions for the year as an “above the line” tax deduction when you file your income taxes. You have
  until April 15th of the following year to make HSA contributions for the prior calendar year. These contributions
  also count toward the annual maximum contribution limit.
• Anyone may contribute to an HSA on behalf of the participant, however, the tax benefits from such a contribution
  is gained by the person receiving the contribution, not the person giving the contribution.
• Please contact BenefitWallet for more information on these options.

How to use the HSA
1. Your doctor will file a claim
2. The health care plan will process the claim, accounting for fees negotiated with the provider and the amount you
   have already met towards your deductible.
3. You and your doctor will be notified when the claim has been processed. Your doctor will bill you directly for any
   balance owed.
4. You can pay for your health care expense by HSA check, HSA debit card, or HSA direct bill pay available at
   www.mybenefitwallet.com*
   *Funds must be in your account at the time of payment transaction

Life Transitions with Your HSA
• If you leave the company for any reason or your employment status changes to part-time or locum, your HSA
  remains yours at the time of transition. You will be responsible for all account fees to manage and operate the
  account following your termination or status change date and you may also continue to use your funds, tax free,
  for qualified health care expenses.
• If you withdraw the funds before age 65 for non-qualified expenses, regular income taxes plus a 20%
  penalty applies.
• At age 65, you may withdraw your HSA funds tax free, to pay for health care expenses and certain insurance
  premiums (excluding Medigap policy premiums). Distributions for nonmedical expenses will be treated as gross
  income, without incurring tax penalties.
• At death, any remaining HSA funds will pass to your named beneficiary.
If your beneficiary is your spouse, your spouse may assume ownership of the account and have the option to retain the account as a HSA, continuing contributions so long as (s)he participates in an HDHP and follows all rules for eligibility.

If your beneficiary is someone other than your spouse, the distribution is taxable and the account no longer serves as a HSA.

*IMPORTANT: Please update/verify your beneficiary designation online at www.mybenefitwallet.com.

Where Can I Find More Information?

• Visit www.mybenefitwallet.com
  ○ Available 24/7
  ○ Access brochures and education materials
  ○ Keep track of your deposits, withdrawals, fees (if applicable), interest/investment earnings, and electronic bill pay options
  ○ Order checks or debit cards
  ○ Download forms
  ○ Designate beneficiary
  ○ Set alerts to be notified if your account balances reaches a certain level or if a specified transaction is processed

• Visit the US Treasury’s HSA website at treasury.gov (Click on Resource Center > FAQs > Taxes)

• Visit the IRS website for a complete list of qualified medical expense irs.gov (search for publication 502)

• Call BenefitWallet at 877-472-4200
# Health Savings Account Cheat Sheet

## Maximize Your Contributions for the Year 2017

**Under Age 55 with no Catch Up**

<table>
<thead>
<tr>
<th>Deductible Coverage Level</th>
<th>Enrollment Month</th>
<th>Max HSA Annual Amt*</th>
<th>Paychecks Remaining in Year</th>
<th>Per Paycheck Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>January</td>
<td>24</td>
<td>$108.33</td>
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</tr>
<tr>
<td>Single</td>
<td>February</td>
<td>22</td>
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<tr>
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<td>March</td>
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<tr>
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<td>April</td>
<td>18</td>
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<tr>
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<td>16</td>
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<td>Single</td>
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<td>Single</td>
<td>August</td>
<td>10</td>
<td>$260.00</td>
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<tr>
<td>Single</td>
<td>September</td>
<td>8</td>
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<tr>
<td>Single</td>
<td>October</td>
<td>6</td>
<td>$433.33</td>
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<tr>
<td>Single</td>
<td>November</td>
<td>4</td>
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<tr>
<td>Single</td>
<td>December</td>
<td>2</td>
<td>$1,300.00</td>
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<tr>
<td>Family</td>
<td>January</td>
<td>24</td>
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<tr>
<td>Family</td>
<td>February</td>
<td>22</td>
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<td>September</td>
<td>8</td>
<td>$750.00</td>
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<td>Family</td>
<td>October</td>
<td>6</td>
<td>$1,000.00</td>
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<tr>
<td>Family</td>
<td>November</td>
<td>4</td>
<td>$1,500.00</td>
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<tr>
<td>Family</td>
<td>December</td>
<td>2</td>
<td>$3,000.00</td>
<td></td>
</tr>
</tbody>
</table>

**Age 55+ with $1,000 additional Catch Up**

<table>
<thead>
<tr>
<th>Deductible Coverage Level</th>
<th>Enrollment Month</th>
<th>Max HSA Annual Amount*</th>
<th>Max Annual + Catch-up</th>
<th>Paychecks Remaining in Year</th>
<th>Per Paycheck Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>January</td>
<td>24 $2,600</td>
<td>$3,600</td>
<td></td>
<td>$150.00</td>
</tr>
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<td>Single</td>
<td>February</td>
<td>22 $2,600</td>
<td>$3,600</td>
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<td>$163.64</td>
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<td>$180.00</td>
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<td>$3,600</td>
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<td>$225.00</td>
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<tr>
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<td>June</td>
<td>14 $2,600</td>
<td>$3,600</td>
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<td>$257.14</td>
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<tr>
<td>Single</td>
<td>July</td>
<td>12 $2,600</td>
<td>$3,600</td>
<td></td>
<td>$300.00</td>
</tr>
<tr>
<td>Single</td>
<td>August</td>
<td>10 $2,600</td>
<td>$3,600</td>
<td></td>
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</tr>
<tr>
<td>Single</td>
<td>September</td>
<td>8 $2,600</td>
<td>$3,600</td>
<td></td>
<td>$450.00</td>
</tr>
<tr>
<td>Single</td>
<td>October</td>
<td>6 $2,600</td>
<td>$3,600</td>
<td></td>
<td>$600.00</td>
</tr>
<tr>
<td>Single</td>
<td>November</td>
<td>4 $2,600</td>
<td>$3,600</td>
<td></td>
<td>$900.00</td>
</tr>
<tr>
<td>Single</td>
<td>December</td>
<td>2 $2,600</td>
<td>$3,600</td>
<td></td>
<td>$1,800.00</td>
</tr>
<tr>
<td>Family</td>
<td>January</td>
<td>24 $6,000</td>
<td>$7,000</td>
<td></td>
<td>$291.66</td>
</tr>
<tr>
<td>Family</td>
<td>February</td>
<td>22 $6,000</td>
<td>$7,000</td>
<td></td>
<td>$318.18</td>
</tr>
<tr>
<td>Family</td>
<td>March</td>
<td>20 $6,000</td>
<td>$7,000</td>
<td></td>
<td>$350.00</td>
</tr>
<tr>
<td>Family</td>
<td>April</td>
<td>18 $6,000</td>
<td>$7,000</td>
<td></td>
<td>$388.88</td>
</tr>
<tr>
<td>Family</td>
<td>May</td>
<td>16 $6,000</td>
<td>$7,000</td>
<td></td>
<td>$437.50</td>
</tr>
<tr>
<td>Family</td>
<td>June</td>
<td>14 $6,000</td>
<td>$7,000</td>
<td></td>
<td>$500.00</td>
</tr>
<tr>
<td>Family</td>
<td>July</td>
<td>12 $6,000</td>
<td>$7,000</td>
<td></td>
<td>$583.33</td>
</tr>
<tr>
<td>Family</td>
<td>August</td>
<td>10 $6,000</td>
<td>$7,000</td>
<td></td>
<td>$700.00</td>
</tr>
<tr>
<td>Family</td>
<td>September</td>
<td>8 $6,000</td>
<td>$7,000</td>
<td></td>
<td>$875.00</td>
</tr>
<tr>
<td>Family</td>
<td>October</td>
<td>6 $6,000</td>
<td>$7,000</td>
<td></td>
<td>$1,166.66</td>
</tr>
<tr>
<td>Family</td>
<td>November</td>
<td>4 $6,000</td>
<td>$7,000</td>
<td></td>
<td>$1,750.00</td>
</tr>
<tr>
<td>Family</td>
<td>December</td>
<td>2 $6,000</td>
<td>$7,000</td>
<td></td>
<td>$3,500.00</td>
</tr>
</tbody>
</table>

*The amount indicated is the annual IRS maximum minus Banfield’s $750 contribution.*
Associates have the opportunity to save money on health care and/or dependent care expenses through our FSA programs by using pre-tax dollars to pay out-of-pocket expenses. HSA participants can also participate in a health care FSA, however special rules will apply. See the provisions for the Limited-Purpose Health care FSA.

You must plan carefully before you enroll in a FSA. Since there are tax advantages, the IRS pays close attention to how spending accounts work. The IRS mandates:

- If you do not use your entire account balance to pay for expenses incurred during the calendar year, you forfeit any funds that remain in your account (“use it or lose it”). Banfield is prohibited from refunding or rolling over any money left in your account to the next calendar year.
- You cannot stop your contributions during the year except in limited circumstances, such as gaining an eligible dependent, a change in your spouse’s employment status, or the death of the associate or a dependent.

Here are some examples of how putting flex dollars to work for qualified expenses can result in more take-home pay.

**Example 1 (Health Care FSA):**
Mary is a single mother of two earning an annual salary of $40,000. Her oldest child has braces, costing $200 per month. If Mary enrolls in the Health Flexible Spending Account, she would save $615.60 per year in taxes!*

<table>
<thead>
<tr>
<th>Dental/Orthodontia</th>
<th>$200.00 per month</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total ANNUAL Expense</strong></td>
<td><strong>$2,400</strong></td>
</tr>
<tr>
<td>Annual household income</td>
<td>$40,000</td>
</tr>
<tr>
<td>No. of children claimed on taxes</td>
<td>2</td>
</tr>
<tr>
<td>Tax filing status</td>
<td>Head of Household</td>
</tr>
<tr>
<td>State of residence</td>
<td>Oregon</td>
</tr>
<tr>
<td><strong>Estimated Annual Tax Savings</strong></td>
<td><strong>$615.60</strong></td>
</tr>
</tbody>
</table>

**Example 2 (Dependent Care FSA):**
John is married with one toddler in full time daycare and another child in preschool. If John enrolls in the Dependent Care FSA, his family will save $1,482.50 per year in taxes!*

<table>
<thead>
<tr>
<th>Infant/Toddler</th>
<th>$1,000 per month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preschool</td>
<td>$500.00 per month</td>
</tr>
<tr>
<td><strong>Total ANNUAL Expense</strong></td>
<td><strong>$18,000</strong></td>
</tr>
<tr>
<td>Number of qualifying dependents</td>
<td>2</td>
</tr>
<tr>
<td>Annual household income</td>
<td>$80,000</td>
</tr>
<tr>
<td>No. of children claimed on taxes</td>
<td>2</td>
</tr>
<tr>
<td>Tax filing status</td>
<td>Married and Filing Jointly</td>
</tr>
<tr>
<td>State of residence</td>
<td>Oregon</td>
</tr>
<tr>
<td><strong>Estimated Annual Taxable Income</strong></td>
<td><strong>$61,000</strong></td>
</tr>
</tbody>
</table>
Use the Dependent Care worksheet on Allegiance’s website for determining whether this plan or the Federal income tax credit will work better for you and your family: [http://www.abpmtpa.com/flexonline/DependentCare.aspx](http://www.abpmtpa.com/flexonline/DependentCare.aspx)

*These figures are estimates. Please contact your tax advisor if you have questions on which options would be best for you and plan wisely as any deductions that are not reimbursable for the calendar year are forfeited.*

### FLEXIBLE SPENDING ACCOUNTS

<table>
<thead>
<tr>
<th>Health care/Limited Purpose FSA</th>
<th>Dependent Care FSA</th>
</tr>
</thead>
</table>
| **Annual contribution maximum?** | $2,550 per year | • $5,000 per year if single or married and filing taxes jointly  
• $2,500 per year if married and filing separately |
| **What is the account used for?** | Paying out-of-pocket health care expenses | Paying out-of-pocket dependent care expenses |
| **What are eligible expenses?** | Examples:  
- Co-pays, coinsurance and deductibles, and your share of expenses (excluding premium costs) under the medical, dental or vision plans.  
- Eyeglasses, contact lenses and other vision care expenses not covered by a plan.  
- Hearing aids and other hearing expenses not covered by a plan.  
- Insulin, medical devices and items such as bandages, contact lens solution, denture bond.  
- Over-the-counter medications with a prescription from a licensed medical practitioner. For HSA participants, see provisions that apply to Limited-Purpose Health care FSAs.  
- Durable medical equipment, crutches, bandages, blood pressure monitors, breast pumps.  
For more information see IRS publication 502 for the current plan year at [www.irs.gov](http://www.irs.gov) | Examples:  
- Babysitters, other than your dependent  
- Day care, day camps, nursery school, or other outside dependent or child care services  
- Elder care for dependents who live with you  
For more details see IRS publication 503 for the current plan year at [www.irs.gov](http://www.irs.gov) |
| **Who is eligible?** | You can use the account to pay for eligible out-of-pocket expenses incurred by anyone you claim as a dependent for federal income tax purposes, including:  
- You  
- Your spouse  
- Your child(ren) | You can use the account to pay for the care of any dependent you claim on your tax return who is:  
- Under age 13, or  
- Mentally or physically incapable of caring for himself or herself  
- Dependent parents and disabled children of any age |
| **Examples of Items Not Covered by the Health care/Limited Purpose FSA** | • Cosmetic surgery  
• Holistic medications  
• Massage for general well being  
• Weight loss programs  
• Over-the-counter (OTC) medication without prescription | • Exercise equipment/health club membership dues  
• Insurance premiums  
• Retin-A, unless prescribed by a doctor for non-cosmetic purposes  
• Vitamins, nutritional supplements |
| How FSAs Work | Once you have committed to a contribution for the plan year, Banfield will deduct the amount you have allocated from twice-monthly paychecks (in equal increments) and deposit that money into the FSA account(s) you’ve specified. When you incur eligible expenses, you may either pay for it with your debit card (traditional FSA and Dependent Care) or fax a claim form and evidence of payment or invoice to Allegiance for reimbursement via check in the mail or sign up for direct deposit. You may find a copy of the claim reimbursement and direct deposit forms located on the Allegiance website or in the Resource Library on Fetch. You can check your account information by calling the automated service line, 24 hours a day, seven days a week, at 877-424-3570. |
| Benefits Debit MasterCard | The Benefits Debit MasterCard gives you easy access to the FSA health care funds you’ve elected. The benefits debit card is included as a benefit in the traditional FSA and Dependent Care accounts and may take up to 30 days to receive upon enrollment in the plan. This card provides easy payment for eligible health care expenses virtually everywhere Debit MasterCard cards are accepted, including your physician’s office, emergency room, dentist, pharmacy and other eligible locations. The card deducts each payment directly from your FSA account, eliminating the endless paperwork and reimbursement wait time that used to make FSAs so complex and cumbersome. All you have to do is save receipts for all your FSA purchases in the event they are requested by Allegiance. Your Benefits Card offers 24/7/365 online access, so you can check your account balance and other vital information with a single click at www.abpmtpa.com. |
| Calendar Year Expenses | You can only use your FSA account to reimburse expenses you incurred during the calendar year for which you set up the account. For example, if you enroll in a Health care FSA for 2017, you can only use it to reimburse expenses for health care services and products received in 2017. You must submit reimbursement claims no later than March 31, 2017 for 2017 expenses. Claim reimbursements are typically processed within seven business days or less. |
| Pre-tax or After-tax Contributions | **Pre-tax** premiums reduce your taxable income, meaning that your taxable income is reduced, leaving you with more take-home pay! This reduces your federal and state income tax liability in most states. In most cases you will not be able to make changes to or cancel your plans outside of Open Enrollment (with the exception of experiencing a qualifying life event). Paying your premiums with pre-tax money reduces the earnings reported to the Social Security Administration. When you retire, if you begin to collect Social Security, you may receive a slightly lower Social Security benefit. (Your Medicare, life insurance, retirement plan benefits are not affected.) In most cases the tax savings from participating in the pre-tax plan, significantly outweigh the lower Social Security benefit.  

Medical, dental and vision premiums are collected on a pre-tax basis automatically, unless you elect otherwise. If for any reason you wish to not have premiums taken on a pre-tax basis you must email the Benefits team at benefitsteam@banfield.net to inform us of your decision to opt out of the plan and your premiums will be taken on an after-tax basis. Once elected they will remain after-tax for the remainder of the plan year. After-tax notification must be made annually during Open Enrollment thereafter.  

Electing **after-tax** premiums may enable you to make changes to your benefits outside of Open Enrollment. However, if you elect after tax contributions you may only drop all of your health and/or dental /vision coverage for you and all of your dependents for the remainder of the Plan Year. Once coverage is dropped, you cannot re-enroll until the next Open Enrollment.  

Supplemental life is all taken with after-tax dollars. This means benefits paid out under these plans will not be subject to taxation. |
Health Care FSA: Associates who do not open a HSA may contribute to a traditional health care FSA. This type of account is designed specifically for medical, dental, and vision care expenses which you expect to incur during the calendar year that are not covered by your health care plan(s). For 2017, you may contribute up to a maximum of $2,500 in pre-tax dollars into a health care FSA.

Eligible medical expenses are amounts paid for the diagnosis, cure, mitigation or treatment of a disease, or for treatments affecting any part or function of the body. The expense must be primarily to alleviate a physical or mental illness.

Note: Premiums for health coverage are excluded as an eligible expense under IRS regulations. You must receive reimbursement from all group and individual insurance plans before submitting expenses to your health care FSA. Expenses reimbursed through the health care FSA cannot be claimed as deductions on your income tax return. If you have questions about covered expenses, please contact Allegiance at 877-424-3570.

Limited-purpose Health Care FSA
For HSA Plan Participants Only
If you are participating in an HSA, you may elect to participate in a limited-purpose health care FSA. Participation, including your spouse’s participation, in a traditional health care FSA will make you ineligible to contribute to a HSA under federal regulations. A limited-purpose health care FSA does not reimburse any medical expenses, other than expenses such as dental and vision expenses that are not eligible for reimbursement under the HDHP, until the deductible under the HDHP is satisfied.

The following key points address the nature of reimbursable expenses under a limited-purpose FSA for participants in a HSA/HDHP plan:

• Any expenses that are subject to the HDHP deductible may not be reimbursed under the FSA. Also, the Limited-Purpose FSA may not reimburse over-the-counter drugs because such expenses do not qualify as permitted coverage or preventive care.

• Any expenses that exceed the HDHP deductible, such as your coinsurance out-of-pocket maximum, may be reimbursed by the FSA as well as those expenses that are not eligible for reimbursement under the HDHP, such as dental, vision expenses (excluding over-the-counter items).

Dependent Care FSA
A Dependent Care FSA is a great way to save money on child care because you can use the tax-free dollars in your account to reimburse yourself for eligible dependent care expenses. Covered expenses include employment-related charges for daily care of children under the age of 13 as well as charges for daily care of any member of your immediate family who is physically or mentally incapable of caring for him or herself. An eligible dependent is one that lives with you, relies on you for financial support and is claimed as a dependent on your federal income tax return. Only those expenses that comply with Section 129 of the IRS Code of 1986 are covered. If you have any questions about eligible dependent care expenses, please contact Allegiance at 877-424-3570. If you are single or married and filing taxes jointly, you may set aside as much as $5,000 of your pre-tax income for eligible dependent care expenses each year. If you are married and filing separately, your annual contribution is limited to $2,500.

Dependent Care FSA vs. Federal Tax Credit
The option that will give you the greatest tax savings depends on your individual situation. Generally those associates with a combined income over $30,000 or who spend more than $3,000 on care for only one qualifying child will save more through the Dependent Care FSA http://www.abpmtpa.com/flexonline/DependentCare.aspx. Please contact your tax advisor if you have questions about which option would be best for you.
Duration of FSA
If you are participating in a health and/or dependent care flexible spending account, and you experience a qualifying life event that drops your eligibility for benefits (e.g., full-time to part-time status change, separation of employment etc.) the plan will end on the last day of full time benefit eligibility. Requests for qualified reimbursements may be submitted within 90 days from the last day of the month for expenses incurred during benefit eligibility (e.g., qualifying event date 5/18/16, the associate will have 90 days following 5/31/16 to submit claims incurred from 1/1/16 - 5/18/16). The health care flexible spending account may be continued through COBRA continuation rights if the account balance has not been overspent. This will be sent as a separate notice to the associate’s home address on file by Allegiance FSA services within 44 days or earlier of the status change. For more information, please contact Allegiance at 800-259-2738.
Life Insurance Plan Highlights

Unum will be our life insurance vendor through Dec. 31, 2016. Beginning Jan. 1, 2017, Liberty Mutual will be our new vendor.

Banfield provides associates with Basic Group Life Insurance at three times their total annual compensation (including variable pay, if applicable). The Group Life plan provides financial protection to your loved ones who depend on you. In the event of your passing, these funds will help your family manage responsibilities, such as medical bills, funeral expenses, mortgage and other needs.

You also have the option to purchase additional Life, Spouse Life, and Child Life insurance. By examining your current and future needs now, you can determine the appropriate coverage for you and your family.

Premiums will be automatically calculated for you when in FIDO confirming current coverage and making changes.

Plan Features

Basic Group Life Insurance (automatically enrolled)
The benefit is equal to three times your total compensation (including variable pay, if applicable) up to a maximum amount of $3 million and is 100 percent paid for by the practice.

You must designate a life insurance beneficiary on the Beneficiary screen in FIDO, even if you elect no other benefits.

Associate Additional Life Insurance (optional)
Additional life insurance, between one and four times your total compensation (including variable pay, if applicable) up to a maximum amount of $3 million may be purchased.

The following application requests require an Evidence of Insurability (EOI):
- Any Basic Life Insurance amount over $1.5 million.
- Requesting any additional life insurance amount
- Requesting Spousal/Domestic Partner Life Insurance above $25,000
- Applying for coverage after initial benefit eligibility
- Increasing insurance amounts

Spousal/Domestic Partner Life Insurance (optional)
Life insurance for your spouse/domestic partner can be purchased in coverage amounts of: $10,000, $25,000, $50,000, $100,000, $150,000 or $200,000. To apply, select the appropriate Spouse/DP Life Insurance amount in FIDO.

This coverage amount cannot exceed your own combined Basic and Additional Life Insurance election. If requesting coverage over the amount of $25,000, an Evidence of Insurability (EOI) form is required, which is subject to approval by Liberty Mutual.

Child(ren)/DP’s Child Life Insurance
Life insurance for your child(ren), or your eligible domestic partner’s child(ren) can be purchased in coverage amounts of $5,000 or $10,000. The premium is the same whether you have one child or multiple children enrolled. This coverage applies to children to age 26.

To apply, select the appropriate Child Life Insurance amount when enrolling in benefits through FIDO.

If you declined additional life coverage for yourself, spouse/DP, or child(ren) when initially eligible, and are now applying for coverage, or increasing coverage, an Evidence of Insurability (EOI) form must be completed and approved by Liberty Mutual before it becomes effective. See Evidence of Insurability (EOI) Process in this guide or the Summary Plan Description (SPD) for more information.
Evidence of Insurability (EOI) Process
Liberty Mutual will email a link to an online EOI form to your Banfield email for underwriting review (paper EOI forms may be requested by contacting Liberty Mutual directly). Once the EOI form is submitted, Liberty Mutual underwriting will review and make a determination if the request is approved or denied. Associates will not have coverage, or additional coverage, unless Liberty Mutual approves (a letter of notification will be shown online when applying or mailed to the associate’s home address).

Note: The EOI form must be completed and submitted to continue your application request within 30 days of the request for additional information. If your EOI is not received within 30 days, your application request will be automatically denied and you may apply again at the next annual enrollment period or if you experience a qualifying life event.

Accelerated Benefit
If you become terminally ill and are not expected to live more than twelve months, you may request up to 75 percent of your life insurance amount up to $500,000, without fees or present value adjustments. A doctor must certify your condition in order to qualify for this benefit. Upon your death, the remaining benefit will be paid to your designated beneficiary(ies). This feature also applies to your covered dependents.

Delayed Effective Date of Coverage
Associate: Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Dependent: Insurance coverage will be delayed if that dependent is totally disabled on the date that insurance would otherwise be effective. Exception: infants are insured from live birth.

“Totally disabled” means that, as a result of an injury, a sickness or a disorder, your dependent is confined in a hospital or similar institution; is unable to perform two or more activities of daily living (ADLs) because of a physical or mental incapacity resulting from an injury or a sickness; is cognitively impaired; or has a life threatening condition.

Changes to Coverage
Within 30 days of a change in status, you will be given the opportunity to change your coverage or your dependent’s coverage. You will be required to provide evidence of insurability and be approved to increase the coverage amounts by more than one level.

When Benefits End & Conversion Option
Basic and additional life insurance benefits end on the last date of your full-time benefit eligibility status, or for dependents who reach age 26. Coverage will go until the end of the calendar year in which the dependent ages out of the plan. If you become ineligible for benefits due to termination or change in status (e.g., full-time to part-time) you may continue your Basic Group Life, and if elected, Additional Life Insurance by converting to an individual policy. You must contact the Benefits team to apply for portable coverage for yourself and your dependents and pay the premium within 31 days after you and your dependents are no longer eligible for group coverage. Future payments should be sent directly to Liberty Mutual after initial enrollment.

For a complete schedule of benefits, limitations and exclusions please refer to the Summary Plan Descriptions located in the Resource Library on Fetch.

Is your beneficiary information current?
To update your life insurance beneficiary information, complete the Life Insurance Beneficiary Designation form located in the Resource Library on Fetch or email the Benefits team at Benefitsteam@banfield.net.

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Short-term Disability (STD) Plan Highlights

Unum will be our disability vendor through Dec. 31, 2016. Beginning Jan. 1, 2017, Liberty Mutual will be our new vendor.

Banfield provides 100 percent practice-paid STD coverage to all full-time benefit eligible associates. The Short-term Disability (STD) plan gives you income protection if you become disabled due to illness or a non-occupational injury that causes you to be disabled for a minimal duration of time (25 weeks).

Eligibility— All full-time practice associates, in active employment in the United States and Puerto Rico working a minimum of 30 hours per week.

Weekly Benefit Amount— If you meet the definition of disability, you would be eligible to receive a weekly benefit equal to 70% of your weekly earnings, to a maximum of $5,000 per week.

Your disability benefit may be reduced by deductible sources of income and any earnings you have while disabled. Deductible sources of income may include such items as disability income or other amounts you receive or are entitled to receive under: state compulsory benefit laws; automobile liability and no fault insurance; legal judgments and settlements; certain retirement plans; other group or association disability programs or insurance; and amounts you or your family receive or are entitled to receive from Social Security or similar governmental programs.

Definition of Disability— You are disabled when Liberty Mutual determines that, as a result of injury or sickness, you are unable to perform the material and substantial duties of your own job.

Waiting Period— The Waiting Period is the length of time of continuous disability which must be satisfied before you are eligible to receive benefits. If your disability is the result of an injury that occurs while you are covered under the plan, your Waiting Period is 7 days.

Benefit Duration— If you meet the definition of disability you may receive a benefit for 25 weeks of a continuous period of disability after the 7 day Waiting Period.

If disability keeps you out of work longer than 25 weeks covered by STD, Long-term Disability benefit would begin. Please refer to the 2016 Long-term Disability Highlights for more information.

Maternity Disability— Disability benefits are available for time loss due to your inability to perform your occupation, not for complications or custodial care that may arise with a newborn child. If enrolled in the STD Plan, Liberty Mutual will pay up to 6 weeks for vaginal delivery or 8 weeks for c-section delivery, following the 7 day waiting period.

Federal Income Taxation— This benefit is paid for by the practice, therefore when you receive this benefit it will be taxed.
Limitations/Exclusions/ Termination of Coverage

Instances When Benefits Would Not Be Paid—Benefits would not be paid for loss resulting from:

- War, declared or undeclared, or any act of war.
- Active participation in a riot.
- Intentionally self-inflicted injuries.
- Workers compensation injury.
- Loss of a professional license, occupational license or certification.
- Commission of a crime for which you have been convicted under state or federal law.
- Any period of disability during which you are incarcerated.
- An occupational injury or sickness, (this will not apply to a partner or sole proprietor who cannot be covered by law under Workers’ Compensation or any similar law).

Termination of Coverage—Your coverage under the policy ends on the earliest of the following:

- The date the policy or plan is cancelled.
- The date you no longer are in an eligible group.
- The date your eligible group is no longer covered.
- The last day you are in active employment except as provided under the covered layoff or leave of absence provision. Please see your Plan Administrator for further information on these provisions.

Liberty Mutual will provide coverage for a payable claim which occurs while you are covered under the policy or plan.

If you are a participant in STD, the plan ends on the qualifying life event date. There is no portability or conversion option under this plan.

Delayed Effective Date of Coverage

Changes in Coverage—Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

For a complete schedule of benefits, limitations and exclusions please refer to the Summary Plan Description (SPD) located in the Resource Library on Fetch.

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Long-term Disability (LTD) Plan Highlights

Unum will be our disability vendor through Dec. 31, 2016. Beginning Jan. 1, 2017, Liberty Mutual will be our new vendor.

Banfield provides 100 percent practice-paid LTD coverage to all full-time benefit eligible associates. The LTD plan gives you income protection if you become disabled due to illness or a non-occupational injury.

Eligibility— All full-time practice associates in active employment in the United States and Puerto Rico working a minimum of 30 hours per week.

Benefit Amount—Monthly LTD Benefit is the lesser of:
- 60% of monthly earnings to a maximum benefit of $18,500 per month; or
- 66.67% of monthly earnings less any deductible sources of income.

The total benefit payable to you on a monthly basis (including all benefits provided under this plan) will not exceed 100% of your monthly earnings.

Your disability benefit may be reduced by deductible sources of income and any earnings you have while disabled. Deductible sources of income may include such items as disability income or other amounts you receive or are entitled to receive under:

- Worker’s compensation or similar occupational benefit laws
- State compulsory benefit laws
- Automobile liability and no fault insurance
- Legal judgements or settlements
- Certain retirement plans
- Other group or association disability programs or insurance
- Amounts you or your family receive or are entitled to receive from Social Security or similar governmental programs

Definition of Disability— You would be considered disabled and eligible for benefits because of illness or injury if:
- you are limited from performing the material and substantial duties of your regular occupation
- you have a 20% or more loss in indexed monthly earnings due to the same sickness or injury

You will continue to receive benefits if:
- after benefits have been paid for 24 months, you are working in any occupation and continue to have a 20% or more loss in indexed monthly earnings due to your sickness or injury
- you are not working and, due to the same sickness or injury, are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience

You must be under the regular care of a physician in order to be considered disabled.

Waiting Period— The Waiting Period is the length of time of continuous disability which must be satisfied before you are eligible to receive benefits.

LTD benefits would begin after the greater of the end of Short Term Disability benefits or 180 days of disability, as described in the definition above.
During your waiting period you will be considered disabled if you are limited from performing the material and substantial duties of your regular occupation due to your sickness or injury, and you are under the regular care of a physician. You are not required to have a 20% or more earnings loss to be considered disabled during the elimination period due to the same sickness or injury.

**Benefit Duration**— Your duration of benefits is based on your age when the disability occurs. Your LTD benefits are payable for the period during which you continue to meet the definition of disability up to the Social Security Normal Retirement Age. If your disability occurs at or after age 62, benefits would be paid for a reduced period of time. This benefit is paid for by the practice, therefore when you receive this benefit it will be taxed.

**Additional Benefits**

**Survivor Benefit**— Liberty Mutual will pay your eligible survivor a lump sum benefit equal to 3 months of your gross disability payment

This benefit will be paid if, on the date of your death, your disability had continued for 180 or more consecutive days and you were receiving or were entitled to receive payments under the plan. If you have no eligible survivors, payment will be made to your estate, unless there is none. In this case, no payment will be made. However, we will first apply the survivor benefit to any overpayment which may exist on your claim.

**Limitations/Exclusions/ Termination of Coverage**

**Pre-existing Condition Exclusion**— You have a pre-existing condition if:

- You received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the three months just prior to your effective date of coverage
- The disability begins in the first 12 months after your effective date of coverage

**Instances When Benefits Would Not Be Paid**— Benefits would not be paid for disabilities caused by, contributed to by, or resulting from:

- Intentionally self-inflicted injuries
- Active participation in a riot
- Workers compensation injury
- War, declared or undeclared, or any act of war
- Conviction of a crime under state or federal law
- Loss of professional license, occupational license or certification
- Pre-existing conditions (see definition)

Liberty Mutual will not pay a benefit for any period of disability during which you are incarcerated.

**Mental and Nervous**— LTD benefits would be paid for 24 months per lifetime for disabilities caused by mental illness that meet the definition of disability. Mental and nervous benefits would continue beyond 24 months only if you are institutionalized or hospitalized as a result of the disability.

**Termination of Coverage**— Your coverage under the policy ends on the earliest of the following:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day you are in active employment except as provided under the covered layoff or leave of absence provision

Liberty Mutual will provide coverage for a payable claim which occurs while you are covered under the policy or plan.
If you are a participant in Long-term disability and have been covered under the plan for the previous 12 months, you may elect to convert the plan to an individual policy **within 31 days** of the qualifying life event date. Questions regarding this plan and premium calculation may be directed to Liberty Mutual.

**Delayed Effective Date of Coverage**— Insurance will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

*For a complete schedule of benefits, limitations and exclusions please refer to the Summary Plan Description located in the Resource Library on Fetch.*

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**Associate Assistance Plan (AAP) Highlights**

The practice provides you and your immediate family with access to LifeBalance—a free associate resource program to help make your life a little easier. LifeBalance is fast, easy to use, and completely confidential. It is available at no cost to you.

**Program Features:**

- Phone and online access to experienced, professional consultants - real people - you can talk with when you need an answer to a question.
- Face-to-face sessions with consultants on specific issues.
- An award-winning website with online articles, workshops, locators, self-assessments, and much more. Free booklets, audio recordings, and other materials to help you get the answers you need in the format you want.
- Referrals to resources, services, and support in your community.
- Consultants who speak Spanish, simultaneous translation into more than 140 other languages and TTY/TDD are also available.

The program can give you support, advice and information on a wide range of personal issues, including the following:

- **LIFE**— stress, addiction, relationships, work-life balance
- **WORK**— compassion fatigue, career development, getting along at work
- **FAMILY**— parenting, child care, adoption, caregiver resources for older relatives
- **MONEY**— budgeting, credit & collections, saving & investing
- **HEALTH**— exercise, personal well-being, nutrition

**Duration of Plan Benefit**

In the event that an associate experiences a status change that results in a loss of this benefit, the associate will continue to have access to the AAP with LifeBalance through the last day of the month in which their status changes. Associates who change status from full-time to part-time will continue to have access to this program.

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MetLaw-Hyatt Legal Plan
Highlights

Newly eligible associates and eligible associates (excluding Locum) during open enrollment have the opportunity to utilize a legal services benefit offered by Hyatt Legal Plans, a Metlife company.

The plan covers representation for many personal services for you and your eligible dependents. You may receive office consultations and/or telephone advice for virtually any personal legal matter. This gives you the opportunity to discuss with an attorney legal issues that are not specifically excluded matters, even if the matter is not fully covered.

How to Use Legal Services

Do one (1) of the following:

• Go to www.legalplans.com:
  1) Click “enter here” under “employees/members”
  2) Click “click here” under “current member”
  3) Enter the last four digits of SSN and home zip code

• Call the Hyatt legal plan client service center at 800-821-6400.

The Client Service Representative who answers your call will:

• Verify your eligibility for services
• Make an initial determination of whether and to what extent your case is covered (the plan attorney will make the final determination of coverage)
• Give you a Case Number that is similar to a claim number (you will need a new Case Number for each new case you have)
• Give you the telephone number of the plan attorney most convenient to you; and answer any questions you have about your Legal Plan.

Next, call the plan attorney and identify yourself as a legal plan member referred to them by Hyatt Legal Plans. Request an appointment for a consultation. Be prepared to give them your Case Number, the name of the legal plan you belong to and the type of legal matter you are calling about. Evening and Saturday appointments are available. You may choose an out-of-network attorney. In a few areas, where there are no Participating Law Firms, you will be asked to select your own attorney. In both circumstances, Hyatt Legal Plans will reimburse you for these non-plan attorneys’ fees based on a set fee schedule.

What Services are Covered

You and your eligible dependents are entitled to receive certain personal legal services. The available benefits are very comprehensive, but there are limitations and other conditions that must be met. Please take time to read the description of benefits carefully.

Advice and Consultation

Office Consultation and Telephone Advice

This service provides the opportunity to discuss any personal legal problems with an attorney that are not specifically excluded. The attorney will explain the participant’s rights, point out options and recommend a course of action.
• **Consumer protection** – consumer protection matters, personal property protection, small claims assistance
• **Debt matters** – debt collection defense, identity theft defense, personal bankruptcy
• **Family law** – name change, prenuptial agreement, protection from domestic violence
• **Immigration assistance**
• **Will and estate matters** – living wills, power of attorney, probate

Contact Hyatt Legal Plans for more information on covered services and exclusions.

**Duration of Plan Benefit***

If an associate experiences a status change that results in a loss of benefit eligibility, the MetLaw benefit will continue through the end of the month in which the associate moved to Locum status or separated employment from the practice*. If you are moving from full-time to part-time status within the practice and are participating, the plan will continue.

*If you wish to continue your legal plan benefit after retiring or separating employment, you must apply for portable enrollment within 30 days of your last day of employment. For assistance with the application process, call Hyatt's Client Service Center at 800-821-6400.

**Note:** This is a plan and not a discount program. If you enroll in the plan, you cannot drop it until open enrollment. If you do not enroll at the time you are eligible, you will have to wait until open enrollment to add this benefit.

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Optimum Wellness Plan® (OWP) for Banfield Associates

Background

Providing pets with the highest quality medicine starts with a strong foundation of preventive care. Our goal is to educate our clients about the value of preventive care to ensure their pets stay healthy throughout their lifetime. Optimum Wellness Plans® are a foundation of our practice and our way of offering clients a convenient, affordable option for high-quality comprehensive health care, through every stage of a pet’s life. This care is also more convenient because clients can drop their pet off at the hospital.

One way we encourage enrollment in wellness plans is by offering a discount program for all Banfield associates. All Banfield associates are ambassadors to their families and friends for pet preventive care. Associates are more likely to refer their family and friends to Banfield if they have first-hand experience with our high-quality, convenient and affordable care.

This benefit is designed to encourage Banfield associates to use our hospitals, build and strengthen relationships with our practice, understand the value of wellness plan services, and recommend our hospitals to family and friends.

Scope

This benefit program applies to all eligible Banfield associates upon date of hire.

Eligibility is defined as:

- All full-time and part-time associates
- Locum, interns, externs, and student ambassadors are not eligible for the Banfield associate wellness plan benefit

Compliance

These discounts are provided as a benefit to the associates employed with the practice. The benefits are strictly for the use and/or consumption by active associates for pets the associate has financial responsibility for, unless specifically indicated. Associates will sign an agreement acknowledging that they received benefits, plan services, restrictions, and taxable fringe benefits.

Hospitals may have increased demands for services, particularly in areas that are heavily populated with Banfield associates. Hospitals will work to accommodate the business and service needs for associates and their pets.

An associate’s wellness plan enrollment and updates must be handled by an associate other than themselves. Violations of the agreement and/or this policy may result in disciplinary action, up to and including termination.

Benefits

Full-time and part-time associates are eligible to receive up to three free wellness plans at the following levels:

Adult Plans
- Active Prevention (Basic Plus)
- Special Care (Optimum)

Juvenile Plans
- Early Care
- Early Care Plus

- Associates may purchase additional plans above the three free associate wellness plans at a 20 percent discount off of the plan’s price if paid up front (one annual payment). A 20 percent discount, in addition to the plan level’s standard discount, will be applied on non-wellness plan services for all purchased (and free) plans.
• One time membership fee waived for free and purchased plans.
• Associates will receive a 20% increase on the normal wellness plan discount for non-wellness plan services, depending on the plan level. (Normal plan discount + 20% = associate discount).
  - Active Prevention discount: 35%
  - Special Care discount: 40%
  - Early Care discount: 25%
  - Early Care Plus discount: 30%

Restrictions & Taxation

Restrictions
The following restrictions apply to associate wellness plans:
• Plan level must be chosen at time of enrollment
• Plans may not be upgraded or downgraded during the plan year
• If associates wish to order or cancel their own plan(s), this should be done by the Practice Manager.
• Plans may not be canceled, with the exception of deceased pets (contact the Hospital Support Team for an administrative cancellation, 800-838-6738 x7805 or HSTInbox@banfield.net)
• Plans are not auto-renewed and therefore must be re-enrolled on an annual basis
• Wellness plan options cannot be added to any of the three free associate wellness plans
• There is no refund of taxes paid upon associate termination

Taxation
Under IRS regulations, 80 percent of the value of the plan provided to associates is treated as taxable compensation for purposes of federal, state, and local taxes. Banfield will include the amount of the taxable benefit in your income reported on Form W-2. At the time of enrollment, the appropriate FICA taxes (Social Security and Medicare) will be withheld for the level of plan you selected.

Contact Numbers
For policy questions: P&O Benefits Hotline 888-246-6767
For enrollment assistance: Hospital Support Team 800-838-6738 ext. 7805 (hospitals only)

Enrolling in an Associate Wellness Plan
Associates eligible to receive the free wellness plans must have the "Associate" option selected in the Discount dropdown of the Client screen in PetWare before the wellness plan discount will apply. Once this option is selected the wellness plan will automatically apply the correct discount before the plan is enrolled.

Associates will be asked for their FIDO ID and full name. This information will be added to and verified by PetWare to ensure associate eligibility for the benefit.
• Associate must be present in order for the plan to be enrolled
• Associates must present a valid, clear, photo ID (government issued ID is not required so long as the picture and the name are present and identifiable)
• The last name in PetWare must match the last name on the associate’s FIDO account (e.g., the name listed on the paystub)

Associate plans will expire at the end of the plan year.

Enrolling Additional Pets
Associates may purchase additional plans above the three free associate wellness plans.
• For annual payments: Associates will receive a 20% discount off of the plan’s price and the membership fee will be waived
• For monthly installments: The membership fee will be waived; no additional discount off the plan price applies

A 20 percent discount, in addition to the plan level’s standard discount, will be applied on non-wellness plan services for all purchased plans.

Converting a Wellness Plan to Receive Associate Benefits

If a new associate already has a pet or pets on wellness plans, they will become eligible for the free plan(s) once employed with Banfield. The Hospital Support Team (800-838-6735 ext. 7805) will be able to perform an administrative cancellation to convert the wellness plan. Hospitals will receive P&L credit if an adjustment is required.

Associate Separation From the Practice

When associates leave the practice, their plan(s) remain in effect until the end of the plan year. These associates may re-enroll as a client and have the membership fee waived if re-enrollment is completed within 90 days of plan expiration.

Under no circumstances should former associates be given the Associate wellness plan discount.

Canceling an Associate Wellness Plan

Plans received through the associate benefit program are full 12-month contracts, specific to the particular pet enrolled. No plans are to be canceled early in order for a different pet to be enrolled. At the end of the 12-month contract period, you may take one pet off of a wellness plan and enroll a different pet.

Deceased Pets

Associate plans may be canceled only in the case of a deceased pet (preferably a Practice Manager). To cancel the wellness plan, the Hospital Support Team (HST) must be contacted by the hospital (preferably a Practice Manager) to perform an administrative cancellation. The patient file must be noted accurately in order for HST to administratively cancel the wellness plan.

• CTS associates must contact the hospital to advise of a pet passing away (if this happened outside of the hospital) so that the team can mark the file appropriately and contact HST for an administrative cancellation

Since taxes are incurred at the beginning of the plan year, no refunds will be issued for plan cancellations. The taxes are also non-transferrable to a new pet, should a new plan be enrolled.

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About the Banfield Foundation™

The Banfield Foundation is a 501(c)3 non-profit organization committed to improving the well-being of pets and communities. Our mission is to elevate the power of the human-animal bond, strengthen the pet welfare community, provide disaster relief for pets and advance the science of veterinary medicine through fostering innovation and education. We also offer support for emergency and preventive veterinary care and provide grants to pet-related non-profit organizations in order keep pets healthy, happy and in loving homes.

Programs Your Donation Supports

- Banfield Foundation Optimum Wellness Plans—a free annual preventive care plan for qualifying pet owners in financial need. These plans include four annual examinations as well core vaccines, deworming and some early screening diagnostics.
- Pet Advocacy Grants—these grants fund non-profit partners and programs that keep pets with their families, examples of grants include covering temporary shelter, animal helplines, disaster preparedness and providing much needed pet services including food and medical care.
- Veterinary Assistance Grants—these grants fund non-profit partners and programs that help struggling pet owners cover the cost of pet medical care, both preventive and emergency as well as medications.
- Disaster Relief—in addition to being ready to respond with financial support in local communities, we also support the American Humane Association’s Red Star Emergency Rescue Program, specifically the Northeast Recue vehicle that responds to disaster incidents as well hording and neglect cases.
- Much more—we are currently developing programs and hope to announce details soon!

The Banfield Better Together Fund

The well-being of our associates has always been a top priority for Banfield and we believe it’s our responsibility as a business and a corporate citizen to provide special support when they need it most. With more than 16,000 associates caring for pets in more than 950 hospitals in 42 states as well as Washington, DC and Puerto Rico, it’s inevitable that some will be impacted by a natural or manmade disaster or other emergency situation. Over the years, we’ve heard from many associates looking for ways to help colleagues when disaster strikes — the Banfield Better Together Fund is designed to do just that in a sustainable, targeted way that will ensure the fund serves associates and their families for years to come.

If an associate is impacted by a federal- or state-declared disaster – or has experienced hardship due to other qualifying situations – they can fill out an application for a tax-free financial grant ranging, on average, between $500 and $3,000. The Banfield Better Together Fund will help pay for essential living expenses such as housing, utilities, food, clothing and other basic necessities not otherwise covered by insurance. Once an application is submitted, the Grant Selection Committee comprised of 15 associates from various Banfield departments and markets — will review and determine eligibility based on qualification and circumstances. All grant-funding decisions are made solely by Banfield associates.

By making a donation to the Banfield Better Together Fund, you are not only providing aid to associates in the aftermath of disasters, but you are also demonstrating that as Banfield associates, we truly are better together.

For more information on the fund, visit Banfield.com/BetterTogetherFund.
Make Your Dollars Go Further

The Banfield Foundation relies on donor support to make its programs possible. Banfield Pet Hospital has generously committed to match associate donations dollar-for-dollar up to $50,000. Every dollar you give helps us to maximize our impact and fulfill our mission of improving the well-being of pets and communities.

Paycheck Donations Are Easy

To sign up for the convenience of automatic paycheck deductions, visit the Charitable Contributions page on Fetch. ([https://intranet.banfield.net/pages/charitable-donations.aspx](https://intranet.banfield.net/pages/charitable-donations.aspx)).

Questions

The Banfield Foundation welcomes your questions! If you’re making a decision about whether or not to give—or how your dollars will be used—please contact Kim Van Syoc at kim.vansyoc@banfield.com.
Discounts

Associates are eligible to use all of the following benefits upon date of hire.

**PetSmart Store Discount**

Every Banfield associate receives 15 percent off qualifying merchandise and services at PetSmart superstores. This discount is for the benefit of Banfield associates only and does not include family or friends. To receive the discount, please follow the process below.

1. Identify yourself as a Banfield associate to the PetSmart cashier before they begin the transaction. The PIN Pad may prompt you, but know that you should not enter your phone number. The PetSmart cashier will bypass the phone number entry for Banfield associates and continue with the transaction. Please note, you do not need to enter your phone number or present your PetPerks Rewards Card at check out because your PetPerks benefits will automatically be applied to your purchase.

2. The PetSmart cashier will prompt you to enter your six-digit FIDO ID number on the PIN pad. You must only use your FIDO ID number to receive your Banfield associate PetSmart discount when you make purchases. Your FIDO ID number is also the number portion of your FIDO log in (e.g., the 1234 in AA_1234). If your FIDO ID number is fewer than six digits, you will need to add enough zeros to the front of the number to create a six-digit number (e.g., 001234). **For assistance obtaining your FIDO ID number, please contact your line manager or the Help Desk at 800-394-6117, Option 2** Using an FIDO ID number other than your own is prohibited.

3. You enter the EPIN “BANF” (2263) on the PIN Pad.

4. Present your government-issued ID (e.g., driver’s license, military ID, Social Security Card) when requested by the PetSmart cashier. The cashier needs an ID to match the name on the register screen before applying the discount.

Every Banfield associate is also eligible for one Puppy, Beginner, Intermediate, Advanced, or Click-A-Trick Pet Training class at no cost. Additional classes can be purchased at a 15 percent discount.

To participate in your free Pet training class, you will be required to contact a PetSmart store manager for enrollment procedures and to confirm space availability. Associates may not participate in training classes while on duty and the class may not interfere with your work schedule.

Please review our policy for PetSmart purchases in the Resource Library on Fetch.

**Royal Canin Discount Feeding Program**

All Banfield associates (with the exception of Puerto Rico) can order discounted Royal Canin diets online at my.royalcanin.com. The program provides up to 50 percent off the manufacturer suggested retail price and orders can be delivered directly to associates’ homes.

Note: The full functionality of Royal Canin’s website may not be available if using Internet Explorer from within Banfield’s firewalls. For best results, use Google Chrome, Mozilla Firefox, Microsoft Internet Explorer 11, or Apple Safari.

If you have questions regarding the online order process, contact Royal Canin Customer Care at 888-213-4486.
Mars, Inc. Discounts - Currently not available in Puerto Rico

Every Banfield associate is eligible for discounts off Mars, Inc. products as follows:

- M&M World and Ethel’s confections = 30%
- MY M&M personalized candies = 20%
- Flavia products (excluding Drink Stations) = 20%
- CocoaVia and Circu products = 20%

Here’s how you can take advantage of these discounts:

To place your order online:

1) Go to the appropriate website
   - M&M World and My M&Ms – www.mymms.com
   - Ethel’s Confections – www.ethelschocolatelounge.com
   - Flavia – www.myflavia.com
   - CocoaVia and Circu – www.cocoavia.com

2) Create an account using your Banfield email address
   - The first time you do this, you will need to log off and then log back in in order place your order

3) Contact the Mars, Inc. customer care center at 800-848-3606 immediately after placing your order to ensure that the discount has been applied

Note – After the initial account set up, you will be able to place an order every time you log in using the account.

To place your order in a retail store:

1) Bring your business card, current pay stub, or badge
2) Identify yourself to the CSR as a Mars associate and present your ID
3) The CSR will apply the discount

If you have any questions about these discounts, please contact the Benefits team at 888-246-6767.

PerkSpot

PerkSpot is a one-stop-shop for exclusive discounts at some of your favorite national and local merchants. The variety of discounts range from movie tickets to gym membership discounts and more.

How to get the discounts:

1) Visit [https://banfield.perkspot.com](https://banfield.perkspot.com) to sign up.
2) Click Create an Account.
3) Provide your name, email, gender, location and create a password.
4) Click Register

Note – The PerkSpot website is best viewed using Internet Explorer 11, Google Chrome, Mozilla Firefox or Apple Safari. The full functionality of the PerkSpot website may not be available from within Banfield’s firewalls.

KinderCare

Banfield Pet Hospital associates save 10 percent on standard tuition rates for full- and part-time care at KinderCare Learning Centers, Champions Before- and After-School Programs and participating CCLC Child Care Centers.

The tuition savings program includes children ages 6 weeks to 12 years for whom you have legal custody. Ages served may vary by location.

Only one recurring tuition savings may be applied to a family’s account. Families who qualify for more than one tuition savings offer will be allowed to choose the best one for them.
How to get the discount – To enroll at any time:
1) Visit [www.careiseverywhere.com](http://www.careiseverywhere.com) or call 877-914-7683 to find a participating center or site near you.
2) Schedule a tour with the Center or Site Director.
3) Mention this program and confirm center or site participation and classroom eligibility upon enrolling.
4) Bring identification to verify employment with Banfield.

Enterprise Rent-A-Car Discount Program

All associates are eligible to rent at the same fixed rate* Banfield pays as a corporate account through Enterprise Rent-A-Car. With over 5,700 locations in North America, there is sure to be an Enterprise location within 15 miles of you. They will even pick you up!

**To receive Banfield’s corporate rates online:**
1) Log on to [www.enterprise.com](http://www.enterprise.com)
2) Enter location, dates, times, and car rental class
3) Enter ID number: NA46023 into “optional” field
4) Enter BAN

Reservations for one-way service and all other reservation can also be made by calling 800-261-7331

*NOTE: If renting a car for personal use, any damage to the rental car will not be covered under Banfield’s national corporate account. You should make sure your personal auto insurance covers physical damage to a rental car OR purchase coverage at the time of rental. Otherwise, you will be personally responsible for the cost of any damage.*

*Rates will vary based on location. Regular retail rates may be more economical than the Banfield corporate rate.*

AT&T

Banfield and AT&T Wireless have a corporate relationship that provides all associates with special benefits on AT&T cellular service for new and existing users.

- Special offers are valid on custom website below
- Refurbished Phones available
- 23% Monthly Service Discount
- 20% Equipment or promotional pricing (excludes Apple branded products)
- 20% Accessory Discount – Premier online purchases (excludes Apple branded products)

**To receive the discount:**
1) Call 800-331-0500
3) Or, visit an AT&T retail store

**Reference the following:**
- Foundation Account Number – 86515
- Foundation Account Name – Medical Management International (MMI)

*Note – You will be asked to provide a current paystub or access badge in retail stores.*

If you are an existing AT&T customer and are not taking advantage of these discounts, go to [www.att.com/wireless/medicalmanagement](http://www.att.com/wireless/medicalmanagement) and select “Employee Discount Program” in the bottom right of the landing page to register your current wireless number. You will be prompted to enter your email address and mobile number (if you are in a FamilyTalk plan, list the anchor line); then prompted to confirm the last four digits of the SSN and billing zip code. You’ll receive a confirmation email that you’re enrolled.
Lenovo Computer Discount Program - Currently not available in Puerto Rico

Banfield is pleased to offer participation in Lenovo Discount Program. Discounts and monthly specials will vary. Associates may visit www.lenovo.com/Banfield to obtain quotes and place orders. There is no need to login or enter a contract number, just follow the link above and start shopping.

Dell Computer Discount Program - Currently not available in Puerto Rico

Banfield is pleased to offer participation in Dell Computer Corporation’s Employee Purchase Program. Associates may visit www.dell.com/eppbuy to obtain quotes and place orders. When prompted, you will need to reference MMI’s company member ID #PS19842569.

Alternatively, Banfield associates can call Dell’s Employee Purchase Plan Sales Line at 800-934-1652.

Pacific Northwest Federal Credit Union

Pacific Northwest Federal Credit Union is part of a nationwide credit union network (CU Service Centers). Associates all across the United States can sign up and bank online with Pacific Northwest Federal Credit Union. If you prefer to utilize your banking services in person you can visit a local credit union that is a part of the network and access your funds. Visit them online at www.pnwfcu.org or Portland, OR associates may call 503-256-5858 and all other associates may call 800-444-5858.

Also visit CU Service Centers online at www.cuswirl.com to find a credit union service center in your area. You may also call toll-free at 888-CUSWIRL (287-9475) for a complete listing of locations and hours of operation.

MetLife Auto and Home Insurance Discounts*

Associates have access to a unique voluntary benefit at discounted group rates from MetLife Auto & Home®. Through this program, you will have the opportunity to apply to purchase auto and other property and liability insurance.

The program offers you more than quality insurance – additional benefits include special group rates, hassle-free payment options including payroll deduction and personalized service.

You may apply for coverage by phone, anytime during the year. For information and free no-obligation quotes, please call a MetLife Auto & Home insurance consultant toll-free at 1-800-GET-MET8 (1-800-438-6388), or visit www.metlife.com/mybenefits and enter your company’s name as Banfield Pet Hospital, click Get a Quote Now and reference code A16.

Canine Genetic Analysis™ (CGA)

Canine Genetic Analysis™ (CGA) (previously known as Canine Breed Analysis powered by Wisdom Panel®) is the next-generation in veterinary DNA tests. The CGA is a powerful, all-in-one genetics and breed analysis test offering:

- 140+ genetic disease tests to identify potential breed-related health risks associated with a dog's genetic ancestry
- MDR1 (multidrug resistance gene-1 mutation) testing
- A predicted canine weight profile
- Enhanced breed detection back to the great-grandparent level (200+ breeds) to help determine how best to fee, train, and exercise the dog based on their breed mix

Associates receive a 20 percent discount on CGA when they register online at www.wisdompanel.com using their Banfield email address. After registering for an account, an associate can request an in-home test kit to be mailed to their home and follow three simple steps to receive the CGA report:

1) Collect dog’s DNA using the sample collection kit provided
2) Activate the kit online and receive an activation code
3) Mail in test sample
**Education Discounts**

**University of Phoenix**
Want to enhance your educational, professional and personal life through higher education? Look no further because we have partnered with the University of Phoenix to offer an exclusive associate discount to help you achieve your goals.

**What benefits do you receive?**
Through our partnership, you are eligible to receive the following benefits:

- Six percent savings on the cost of tuition
- Access to the Credit Recommendation Guide to help students transition completed training and development courses into elective credit through the Prior Learning Assessment process
- Access to innovative education technologies including electronic textbooks and course materials, a comprehensive online library, and intuitive writing and math tools
- A personalized Graduation Team comprised of dedicated advisors to support you from enrollment to graduation.

**Currently enrolled at the University of Phoenix?**
If you are currently enrolled at the University of Phoenix, you can apply your savings to tuition and fees going forward by:

1. Accessing your University of Phoenix eCampus site
2. Selecting the Account tab, then select the Employers/Tribal Academic Partnership Program
3. Selecting Banfield Pet Hospital from the drop-down menu
4. Completing the required fields, then click submit

**About the University of Phoenix**
The University of Phoenix offers a learning environment that’s designed to support working adults so you can enhance your personal and professional career goals through flexible, rigorous coursework on a schedule that fits your lifestyle. To learn more about the University of Phoenix, explore degree programs or chat with a university representative, go to our University of Phoenix dedicated resource page at www.phoenix.edu/banfield

**Additional educational offerings – PENN FOSTER**
We also have a partnership with Penn Foster that gives all associates 10 percent off any educational offering. Penn Foster, which has more than 150 career-related programs, is an accredited institution that offers self-paced, online education. To enroll in one of Penn Foster’s programs and use your associate discount, call 1-800-233-0259 (no code required). Learn more at www.pennfoster.edu.

**Questions**
If you have any questions about your benefits plan or our partnership with the University of Phoenix, contact benefitsteam@banfield.net.

*The discounts listed in this policy are the only vendor discounts authorized for Banfield associates. Associates are not eligible for any other third-party discounts not listed here. Violations of this policy may result in disciplinary action, up to and including separation of employment.*

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*Not available in Puerto Rico.*