2018 Annual Enrollment Benefits Guide

Annual Enrollment is Nov. 1–15, 2017!

Learn about changes, your benefits options and make your elections
www.FarmCreditFoundations.com

Coverage Available to You and Your Dependents

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

My Benefits. My Life.
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The information provided in this Benefits Guide is intended to be a general summary of benefits provided by Farm Credit Foundations. In the event that any information is in conflict with the vendor contract or the policy, the contract or policy language will prevail. The employers participating in Farm Credit Foundations intend to provide these programs on an ongoing basis; however, they reserve the right to amend or terminate any program at any time. This guide provides highlights of your 2018 benefits. More information can be found on www.FarmCreditFoundations.com.
Welcome to 2018 Annual Enrollment

Annual Enrollment is **Nov. 1–15, 2017**, which is your opportunity to learn about new benefits changes, review your options and make elections for the coverage you need next year. Your benefit elections will go into effect on Jan. 1, 2018.

Use this guide and the tools and resources available on [www.FarmCreditFoundations.com](http://www.FarmCreditFoundations.com) to learn more about all the options available and make informed benefits decisions for 2018. For eligibility, special enrollment periods and life event changes, see pages 5 and 31.

**LEARN**
- Learn about key benefits changes for 2018
- Understand consumer-driven health plans (CDHPs) and how a Health Savings Account can work for you
- Estimate prescription drug expenses

**COMPARE**
- Compare the new plan options with coverage available through a spouse/domestic partner
- Determine upcoming health care needs
- Estimate how fast you might meet your deductible

**ELECT**
Make your elections during Annual Enrollment, Nov. 1–15.

**Don’t miss out!**

**Make your benefits elections Nov. 1–15, 2017**

To guide your decisions and enroll in benefits for you and eligible family members for 2018, go to [www.FarmCreditFoundations.com](http://www.FarmCreditFoundations.com).

**Our Commitment**

Foundations employers are committed to helping employees live well. Together, we share the responsibility for wellbeing.

Living well helps strengthen you, your family and your community. And to help you live well, your employer offers competitive, comprehensive benefits that provide safety, security and peace of mind. Through comprehensive Total Rewards and access to financial tools and more, our benefits demonstrate the belief that you and your family’s health and financial wellbeing are of primary importance. No matter where you are on life’s continuum, or what life transition you experience, the benefits provided help support your health care needs and guide you along the path to a more secure future.
Key Benefits Changes for 2018

Health care has become one of the largest expenses for employers—increasing 7 to 8 percent each year, with prescription drugs increasing at nearly twice that rate. Factors driving these increases include technological advances, administration and compliance, medical inflation, government health coverage, fully paid preventive care and an aging population.

New Medical Plan Options

The rapidly rising health care costs have led all employers to review plan options with an eye toward a more cost-effective and sustainable health benefits program—one that makes sense now and adapts to your future needs. So, with your and your family’s wellbeing in mind, we are replacing the current medical plans through Blue Cross and Blue Shield of Illinois (BCBSIL) in 2018 with two new options:

- Consumer Choice 1
- Consumer Choice 2

Also, all medical plan participants will be eligible for a Health Savings Account that offers triple tax savings.

New Value-Added Benefit Features

The plans also have new value-added features for 2018.

- New! Free Preventive Generic Prescriptions
- New! Virtual Medicine Visits

See pages 12 and 14 for more information.

Options to Help You Save in 2018

You have special tax-advantage ways to save in 2018 and pay for eligible health care expenses if you elect to participate in a Health Savings Account (HSA) and a Limited Purpose Health Care Flexible Spending Account (FSA).

- **HSA**: You can save pre-tax dollars to pay for eligible health care expenses (e.g., deductible) in 2018 or save your HSA for your future needs. There’s no use-it or lose-it requirement. For more information, see page 16.

- **Limited Purpose Health Care FSA**: You can elect to set aside additional pre-tax dollars to pay for out-of-pocket dental and vision expenses during the plan year. For more information, see page 17.

Attention Wisconsin Residents

You will have a new provider network through Blue Preferred POS Network. Visit [www.FarmCreditFoundations.com](http://www.FarmCreditFoundations.com) for information.
Eligibility

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

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

Eligible Dependents

Eligible dependents include:

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

*For plan purposes, a spouse means:
Common law spouse, legally married same-sex spouse or legally married opposite-sex spouse. Spouse does not include civil unions, registered partnerships or other legal relationships.

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

***For plan purposes, child(ren) means:
• Your own, legally adopted or stepchild(ren)
• Child(ren) of a domestic partner as long as your domestic partner is enrolled in coverage
• Child(ren) whose coverage is required by a Qualified Medical Child Support Order (QMCSO)
• Child(ren) other than the above with a court document granting guardianship
Your Benefits at a Glance

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

Employer-Subsidized Benefits
You and your employer share the cost of coverage
- Medical Coverage (pre-tax)
- Dental Coverage (pre-tax)
- Defined Contribution/401(k) Plan

Employer-Provided Benefits
Provided to you automatically and at no additional cost
- Basic Term Life and Accidental Death & Dismemberment (AD&D)
- Business Travel Accident
- Long-Term Disability (LTD)
- Healthy Returns wellness program

Optional Benefits
You pay the full cost, taking advantage of group rates
- Vision Plan (pre-tax)
- Optional Basic Employee Term Life and Accidental Death & Dismemberment (AD&D) Insurance
- Voluntary Accidental Death & Dismemberment (AD&D) Insurance
- Group Universal Life Insurance
  - Employee
  - Spouse
- Dependent Child(ren) Life
- Health Savings Account (pre-tax)
- Flexible Health and Dependent Care Spending Accounts (pre-tax)
New Medical Plan Options

Medical Plan Changes for 2018

As we have previously shared with you, new benefit changes and enhancements are coming your way for the 2018 plan year. Foundations employers are replacing the existing medical plan options with two consumer-driven health plans (CDHPs) that can be paired with a tax-advantage Health Savings Account (HSA) beginning Jan. 1, 2018. In terms of plan designs and premiums, the two new CDHP options are on average equivalent to what you are offered today.

This move will provide you with comprehensive, quality and industry-standard plan options that may help you save money. By pairing the CDHP with an HSA, you have access to an effective financial and savings tool that features tax-free contributions, growth and disbursements.

For 2018, you’ll have two all-new plans to choose from:

- Consumer Choice 1
- Consumer Choice 2

About the Plans

- Both plan options are on average equivalent to the plans offered today
  - The difference is how and when you pay for health care services
- Employees enrolled in a CDHP are eligible for an HSA that offers triple tax savings
- In addition you will have access to a:
  - Limited Purpose Health Care Flexible Spending Account (FSA) available for dental and vision expenses
  - Dependent Care FSA
- If you are on Medicare, IRS rules state you cannot contribute to an HSA

Consumer Choice 1 and Consumer Choice 2 are administered by Blue Cross Blue Shield of Illinois.

Attention Wisconsin Residents

You will have a new provider network called the Blue Preferred POS Network through Blue Cross Blue Shield. Visit www.FarmCreditFoundations.com for information.
How CDHPs Work

Consumer-driven health plans like Consumer Choice 1 and Consumer Choice 2 are:

**Similar to Preferred Provider Organization (PPO) plans (like the Standard and Premium)**

- Use any provider without a referral
- Discounted rates when you stay in-network
- Out-of-network coverage available at a higher out-of-pocket cost
- 100 percent coverage for in-network preventive care visits

**High Deductible Health Plans**

- Feature lower premiums (payroll contributions)
- You pay full cost of (non-preventive care) services until deductible is met

**Able to Be Paired with a Health Savings Account (HSA)**

- Gives you opportunity to save pre-tax dollars for eligible expenses
- See page 16 for details about HSAs
Medical Plan Comparisons

Both Consumer Choice 1 and Consumer Choice 2 are High Deductible Health Plans, meaning your premiums (payroll contributions) are lower, but you pay the full cost of all non-preventive care services until you meet the full deductible. That means the cost of the insurance is lower, but your costs are higher when you use the plan, up to the amount of your deductible.

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

<table>
<thead>
<tr>
<th></th>
<th>Consumer Choice 1</th>
<th>Consumer Choice 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In-Network Medical Plan Highlights</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Plan features</strong></td>
<td><strong>Consumer Choice 1</strong></td>
<td><strong>Consumer Choice 2</strong></td>
</tr>
<tr>
<td><strong>Deductible</strong>&lt;sup&gt;*&lt;/sup&gt;  (individual/family)</td>
<td>$1,500/$3,000</td>
<td>$3,450/$6,900</td>
</tr>
<tr>
<td><strong>Coinsurance</strong>&lt;sup&gt;*&lt;/sup&gt;</td>
<td>You pay 20%, plan pays 80%</td>
<td>No coinsurance, plan pays 100% after the deductible is met</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong> (individual/family)</td>
<td>$3,000/$6,000</td>
<td>$3,450/$6,900</td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong>&lt;sup&gt;*&lt;/sup&gt;</td>
<td>Subject to deductible</td>
<td></td>
</tr>
<tr>
<td><strong>Preventive Care</strong></td>
<td>You pay $0</td>
<td></td>
</tr>
</tbody>
</table>

*The plan pays 100% for in-network preventive care and certain preventive generic prescription drugs. Full family deductible must be met before plan starts to pay.
## Medical Plan Premiums for 2018

### Full-Time Monthly Medical Plan Premiums in 2018
(Employees Working 30+ Hours)

<table>
<thead>
<tr>
<th>Coverage Tiers</th>
<th>Consumer Choice 1 You Pay</th>
<th>Your Employer Pays</th>
<th>Consumer Choice 2 You Pay</th>
<th>Your Employer Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$39</td>
<td>$460</td>
<td>$0</td>
<td>$460</td>
</tr>
<tr>
<td>Employee + Spouse/Domestic Partner</td>
<td>$90</td>
<td>$957</td>
<td>$10</td>
<td>$957</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$83</td>
<td>$889</td>
<td>$9</td>
<td>$889</td>
</tr>
<tr>
<td>Family</td>
<td>$135</td>
<td>$1,386</td>
<td>$18</td>
<td>$1,386</td>
</tr>
</tbody>
</table>

### Benefit Terms to Know

**Deductibles:** One family member or a combination of family members can satisfy the family deductible; the full family deductible must be met before the plan begins paying coinsurance.

**Coinsurance:** Once the deductible is met the plan will cover your expenses (80 percent of in-network charges in Consumer Choice 1 or 100 percent of in-network charges for Consumer Choice 2).

**Annual Out-of-Pocket Maximums:** Once you meet the out-of-pocket maximum, the plan will pay 100 percent of eligible expenses.

**Office Visit Charges:** You are responsible for the entire office visit charge until you meet the deductible.

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**Check-up Time**

Make sure to schedule your annual routine physical exam with an in-network provider to check in on your health. The plan pays 100 percent for in-network preventive care.
Prescription Drugs

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

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

Understanding the True Cost of Your Prescriptions

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

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

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

If you’re currently enrolled in the Standard or Premium Plan, you may find the Cost Estimator particularly helpful in helping you budget for your prescription drug expenses in 2018 (e.g., determining how much pre-tax money you may want to set aside in the HSA).

<table>
<thead>
<tr>
<th>Generic Drugs $</th>
<th>Preferred Drugs $$</th>
<th>Non-Preferred Brand Drugs $$$</th>
<th>Specialty Pharmaceuticals $$$$</th>
</tr>
</thead>
<tbody>
<tr>
<td>A generic drug is identical, or bioequivalent, to a brand-name drug in dosage, safety, strength, quality, performance characteristics and intended use. You will pay the lowest out-of-pocket cost for generic drugs.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>These are prescription drugs that have been placed on a list of preferred drugs for a medical plan. Preferred drugs are brand-name drugs that are effective for treating specific conditions and are more cost-effective than equivalent non-preferred drugs.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Non-preferred drugs are prescription drugs that are not generic or on the list of preferred drugs. Typically, non-preferred brand-name drugs are the most expensive and/or have a comparable drug that is either generic or on the preferred list.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Specialty pharmaceuticals are drug therapies developed to treat a wide range of complex chronic conditions, but generally serve a relatively small population of patients, most of whom have progressively severe diseases. Specialty medications can only be dispensed by CVS Caremark specialty pharmacies.</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
### 2018 Prescription Drug Coverage Chart

<table>
<thead>
<tr>
<th>Type</th>
<th>Retail (30-Day Supply)</th>
<th>Retail 90 (90-Day Supply at selected retail pharmacies)</th>
<th>Maintenance Choice (90-Day Supply at CVS pharmacies only)</th>
<th>Mail Order (90-Day Supply)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Generic</strong>*</td>
<td><strong>Consumer Choice 1</strong></td>
<td>You pay 100% of the cost, up to the plan deductible, and then 20% coinsurance up to the annual out-of-pocket maximum.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Preferred Brand</strong></td>
<td><strong>Consumer Choice 2</strong></td>
<td>You pay 100% of the cost, up to the plan deductible, and then the plan pays 100% because you will have also met your annual out-of-pocket maximum.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Non-Preferred Brand/Specialty</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lifestyle Drugs</strong></td>
<td>100% of Discounted Price</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

*Certain generic only preventive care prescriptions may be covered at $0 copayment.

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**New! Save on Preventive Care Prescriptions**

Preventive care is important for keeping you healthy today and tomorrow, and prescription medication that helps treat chronic conditions is a big key for your health.

For 2018, we've partnered with CVS Caremark on a new program that will cover certain drugs classified as “preventive care prescriptions” at no cost, regardless of whether the deductible has been met. These include drugs that treat chronic conditions such as high blood pressure, high cholesterol, etc. To see which drugs are on the list, visit [www.FarmCreditFoundations.com](http://www.FarmCreditFoundations.com).

Currently in the Standard or Premium Plans? You’ll no longer have a copayment for prescription drugs under the new plans and your payment will apply toward the deductible.

**TIPS**

Other Ways to Save on Prescription Drugs

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

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

Diabetic Supplies and Disease Management

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

CVS Caremark’s Specialty Pharmacy

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

- **Specialty pharmaceuticals** are drug therapies developed to treat a wide range of complex chronic conditions and progressively severe long-term diseases that affect a small population. (Some exceptions include RSV, infertility and Hepatitis C).

- **Specialty Guideline Management (SGM)** is a program that helps to ensure appropriate utilization for specialty medications based on evidence-based medicine guidelines and consensus statements. Patient progress is continually assessed to determine whether appropriate therapeutic results are achieved.

Log on to [www.FarmCreditFoundations.com](http://www.FarmCreditFoundations.com) to access CVS Caremark for more information about these programs, including a list of specialty drugs for prescribed therapies.
New Value-Added Benefit Feature

In addition to the new, free preventive generic prescription drug benefit mentioned on page 12, we’re pleased to announce that we’re also introducing a brand new benefit for 2018—virtual medicine visits.

New! Virtual Medicine Visits—Skip the Waiting Room

Whether you’re at home or traveling, you and your covered family members can speak with a board-certified physician 24/7 without setting foot in a doctor’s office beginning in 2018. How? Through MDLIVE* with U.S. Board-certified doctors and pediatricians with an average of 15 years of experience.

With this brand new benefit, you can:

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

Visit www.MDLIVE.com/bcbsil to learn more

* Access to MDLIVE may, or may not, be available, depending on your location.
Preventive Care Services

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

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

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

Use In-Network Providers and Save

One of the best ways to save on health care costs is to “stay in-network.” Not sure what that means? A network is a group of health care providers that includes doctors, specialists, dentists, hospitals and other facilities. These providers have a contract with Blue Cross Blue Shield of Illinois to provide services at a lower rate. (This rate is usually lower than what a doctor would charge if you weren’t a member of BCBSIL.) The difference in cost for in-network services versus out-of-network services can be significant, so you’ll save with an in-network provider.
Tax-Advantage Accounts

Health Savings Account (HSA)

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

With an HSA, you can make contributions through payroll deductions up to IRS annual limits, which, for 2018 are:

- $3,450 for individual coverage.
- $6,900 for family coverage.
- $1,000 catch-up contributions for participants age 55 or older.

Additionally:

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

Full list of qualifying expenses can be found in IRS Publication 502 on [www.irs.gov](http://www.irs.gov).

### Other Important Information to Know

- **HSAs are available only** when you’re enrolled in a high deductible plan, such as Consumer Choice 1 and Consumer Choice 2.
- **If you already have an HSA** through PayFlex, you can continue to contribute to that HSA.
- For more information about HSAs, see “Tax Advantage Accounts” at right.

### Features of an HSA

**Tax-free three ways**

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

**CONTRIBUTIONS THROUGH PAYROLL DEDUCTIONS UP TO IRS ANNUAL LIMITS**

WHEN YOUR ACCOUNT BALANCE REACHES $1,000

YOU CAN INVEST THOSE DOLLARS

Debit card to conveniently pay for eligible expenses

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

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

### Consider a Lump Sum HSA Contribution

You can make a lump sum contribution to your HSA anytime throughout the year. Consider making a lump sum contribution to your HSA in January of each year!
FSAs and HSAs
IRS rules state you cannot have both an HSA and a General Purpose Health Care Flexible Spending Account (FSA) at the same time. You can, however, elect a Limited Purpose Health Care FSA.

Exclusions

<table>
<thead>
<tr>
<th>HSAs and FSAs</th>
<th>HSAs and Medicare</th>
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</thead>
<tbody>
<tr>
<td>You cannot use both a Health Savings Account and a General Purpose Health Care Flexible Spending Account at the same time. See “Limited Purpose Flexible Health Care Spending Account” section below.</td>
<td>While IRS rules state you cannot contribute to an HSA when you’re on Medicare, if you have an HSA, you can continue to use the funds.</td>
</tr>
</tbody>
</table>

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

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

Limited Purpose Health Care Flexible Spending Account
If you enroll in Consumer Choice 1 or Consumer Choice 2 and have a Health Savings Account, you cannot use a General Purpose FSA, but you can have a Limited Purpose Health Care Flexible Spending Account. This pre-tax account allows you to save up to $2,600 (current 2017 IRS limit) per calendar year for non-medical reimbursable expenses such as dental or vision charges not covered under a group plan.

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

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

As with a General Purpose FSA, IRS rules state that any funds not used during the plan year will be forfeited.
Employees with No HSA or Hawaii Residents:
You Can Participate in a General Purpose Health Care Flexible Spending Account

If you live in Hawaii or have coverage through a spouse and do not have an HSA, you may contribute up to $2,600 (current 2017 IRS limit) per calendar year to the Health Care Flexible Spending Account. IRS rules state that any funds not used during the plan year will be forfeited.

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

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

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


Receive reimbursement for claims by submitting a claim on [www.payflex.com](http://www.payflex.com).

Flexible Spending Accounts—Claims Substantiation Requirement

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

The Dependent Care Flexible Spending Account reimburses you for expenses associated with the care of a dependent while you and/or your spouse work or attend school. You may contribute up to $5,000 a year to this account. If you are married and file income taxes separately, your contributions to the Dependent Care Account are limited to $2,500 annually. If you are married and file income tax jointly, the total amount both you and your spouse can contribute combined to a Dependent Care account is $5,000, under IRS rules.

Your eligible dependents include:

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

Eligible dependent care expenses include:

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

Important Tax Information

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

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

- **Basic Plan**
  Provides benefits for diagnostic, preventive and basic care (including exams, cleanings, fillings and X-rays).

- **Comprehensive Plan**
  Provides all of the above, plus offers coverage for a more extensive range of dental care including orthodontia.

For dental plan monthly premiums, see page 29.

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<thead>
<tr>
<th>Dental Plan Options Summary</th>
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<tbody>
<tr>
<td><strong>Basic Plan</strong></td>
</tr>
<tr>
<td>Deductible Per Person/Family</td>
</tr>
<tr>
<td>Preventive/Diagnostic</td>
</tr>
<tr>
<td>Basic Services</td>
</tr>
<tr>
<td>Major Services</td>
</tr>
<tr>
<td>Annual Benefit Maximum*</td>
</tr>
</tbody>
</table>

| **Comprehensive Plan**     |
| Deductible Per Person/Family | $100/$300 |
| Preventive/Diagnostic       | 100% (Not Subject to Deductible) |
| Basic Services              | 80% (After Deductible) |
| Major Services              | 50% (After Deductible) |
| Annual Benefit Maximum*     | $1,500 Per Person |
| Orthodontia                 | 50% (After Deductible) |
| Orthodontia Lifetime Maximum| $2,000 Per Person |

*NOTE: The Annual Benefit Maximum includes cleanings.
Preventive Services

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

Basic Services

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

Major Services

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

Network Savings

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

Locate Network Providers

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

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

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

The vision plan covers:

- **Exam**—Once every 12 months
- **Frames**—Once every 24 months (child(ren) once every 12 months); $180 allowance
- **Eyeglass lenses**—Once every 12 months
- **Contact lenses**—Once every 12 months; contact lens benefit is not available in the same year that frames and lenses are purchased; $180 allowance
- **Laser vision surgery**—Discounts available through network providers. Go to www.vsp.com for more information.
- **Discounts**—Available for frames, lenses and contacts if purchased in-network more frequently than the plan allows. Go to www.vsp.com for more information.

For Vision Plan monthly premiums, see page 29.

Submitting a Claim

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

How Your Life Insurance Amount Is Determined
Total compensation is equal to your current base salary plus all prior year variable pay. As a new employee, your total compensation is your current base salary.

To make changes during Annual Enrollment, request additional coverage, complete evidence of insurability or elect/change your beneficiary, Minnesota Life provides a secure website at www.LifeBenefits.com. This secure portal protects the privacy of your information while ensuring your benefits information is available.

Term Life Insurance and AD&D Insurance Options

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

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

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

TIPS

Be Protected
The life and disability insurance you have will automatically roll over each year unless you request a change. Annual Enrollment is good time to determine if you have enough coverage or may want to apply for more, given your current circumstances.
Optional Basic Employee Term Life and AD&D Insurance Coverage

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

Plan Maximums

<table>
<thead>
<tr>
<th>Maximum Coverage</th>
<th>Employer-Paid Basic &amp; Employee-Paid Optional Basic Employee Term Life Insurance</th>
<th>Employer-Paid AD&amp;D &amp; Employee-Paid AD&amp;D Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$1,500,000</td>
<td>$1,500,000 (combined, per insured person)</td>
</tr>
</tbody>
</table>

For Optional Basic Employee Term Life and AD&D monthly premiums, see page 30.

Evidence of Insurability

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

Child Term Life Insurance

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

For Child Term Life Insurance monthly premiums, see page 30.
Group Universal Life Insurance (GUL) Coverage

Employee Coverage

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

Coverage for Your Spouse

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

For GUL monthly premiums, see page 30.

Cash Value Account

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

Voluntary Accidental Death & Dismemberment Insurance

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

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

<table>
<thead>
<tr>
<th>Family Status</th>
<th>Spouse</th>
<th>Child(ren)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse Only</td>
<td>60%</td>
<td>NA</td>
</tr>
<tr>
<td>Spouse and Dependents</td>
<td>50%</td>
<td>15%</td>
</tr>
<tr>
<td>Dependents Only</td>
<td>NA</td>
<td>20%</td>
</tr>
</tbody>
</table>

For Voluntary AD&D insurance monthly premiums, see page 30.
Review and Update Your Beneficiaries

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

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

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

Long-Term Disability (LTD) Insurance

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

Because long-term disability benefits are tax-free upon receipt, an after-tax deduction will be taken from your paycheck, and your employer will “cancel out” your deduction with a reimbursement on the same paycheck.
Retirement/401(k)

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

Access Your Earnings Statement

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

TIPS

Get the Full Match

Don’t leave money on the table. Contribute 6 percent of your eligible pay to receive the full employer dollar-for-dollar match.

Time for a 401(k) Check-up

Although you are not required to make any 401(k) changes, Annual Enrollment is a good time to review all of your benefit options. While you can make changes to your 401(k) contributions throughout the year, now may be a good time to make sure your investments are still aligned with your retirement goals.

TIPS

Save to the Max

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

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

**Online**
- You may enter your beneficiary designation online by logging onto the website at mylife.jhrps.com.

**Telephone**
- You may also provide your beneficiary election information by calling the John Hancock Participant Service Center at 1-800-294-3575. Participant Service Center Representatives are available from 9 a.m. to 10 p.m. (Eastern) on New York Stock Exchange business days.

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### 401(k) Plan Highlights

Employees hired Jan. 1, 2007 or later or do not participate in a defined benefit pension plan

<table>
<thead>
<tr>
<th><strong>To Enroll</strong></th>
<th>Go to John Hancock’s website mylife.jhrps.com or call the Participant Service Center at 1-800-294-3575 Monday through Friday from 9 a.m. to 10 p.m. (Eastern)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fixed Employer Contribution</strong></td>
<td>Fixed employer contribution = 3%</td>
</tr>
<tr>
<td><strong>Employer-Matching Contribution</strong></td>
<td>Employer Match = $1 for $1 match on the first 6% you save of eligible compensation</td>
</tr>
<tr>
<td><strong>Maximum Employer Contribution</strong></td>
<td>9% (3% fixed employer contribution and 6% matching contribution)</td>
</tr>
<tr>
<td><strong>Minimum Deferral Amount</strong></td>
<td>1%</td>
</tr>
<tr>
<td><strong>Maximum Deferral Amount</strong></td>
<td>75%</td>
</tr>
</tbody>
</table>

#### Contribution Options
- Pre-tax contributions—Reduce your taxable income. Subject to taxation upon withdrawal.
- After-tax contributions—Pay taxes on contributions now (investment earnings subject to taxation upon withdrawal).
- Roth 401(k)—In addition to elective pre-tax and after-tax 401(k) contributions, you are able to designate some or all of your elective contributions as after-tax Roth 401(k) contributions. While both the pre-tax contributions and the after-tax Roth 401(k) contributions are subject to the Internal Revenue Service contribution limits, this feature provides another valuable option to save for your future. Qualified distributions of any Roth portion of your account are tax-free.

#### Vesting
- 25% each year on anniversary date; fully vested after 4 years

#### Loans
- Maximum of 2 (1 general purpose and 1 home loan, or 2 general purpose)
## Medical Plan and Other Benefits Premiums

### Medical

<table>
<thead>
<tr>
<th>Coverage Tiers</th>
<th>Consumer Choice 1</th>
<th></th>
<th>Consumer Choice 2</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>You Pay</td>
<td>Your Employer Pays</td>
<td>You Pay</td>
<td>Your Employer Pays</td>
</tr>
<tr>
<td>Employee Only</td>
<td>$39</td>
<td>$460</td>
<td>$0</td>
<td>$460</td>
</tr>
<tr>
<td>Employee + Spouse/Domestic Partner</td>
<td>$90</td>
<td>$957</td>
<td>$10</td>
<td>$957</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$83</td>
<td>$889</td>
<td>$9</td>
<td>$889</td>
</tr>
<tr>
<td>Family</td>
<td>$135</td>
<td>$1,386</td>
<td>$18</td>
<td>$1,386</td>
</tr>
</tbody>
</table>

### Dental

<table>
<thead>
<tr>
<th>Coverage Tiers</th>
<th>Basic</th>
<th></th>
<th>Comprehensive</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>You Pay</td>
<td>Your Employer Pays</td>
<td>You Pay</td>
<td>Your Employer Pays</td>
</tr>
<tr>
<td>Employee Only</td>
<td>$5</td>
<td>$20</td>
<td>$19</td>
<td>$20</td>
</tr>
<tr>
<td>Employee + Spouse/Domestic Partner</td>
<td>$16</td>
<td>$32</td>
<td>$46</td>
<td>$32</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$19</td>
<td>$40</td>
<td>$53</td>
<td>$40</td>
</tr>
<tr>
<td>Family</td>
<td>$29</td>
<td>$54</td>
<td>$79</td>
<td>$54</td>
</tr>
</tbody>
</table>

### Vision

<table>
<thead>
<tr>
<th>VSP Plan</th>
<th>You Pay*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$12.18</td>
</tr>
<tr>
<td>Employee + Spouse/Domestic Partner</td>
<td>$19.12</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$21.04</td>
</tr>
<tr>
<td>Family</td>
<td>$33.95</td>
</tr>
</tbody>
</table>

*Your employer pays $0.
### Optional Basic Employee Term Life and AD&D Monthly

<table>
<thead>
<tr>
<th>Optional Basic Employee Term Life and AD&amp;D</th>
<th>Monthly Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$0.135 per $1,000</td>
</tr>
</tbody>
</table>

### Child Term Life Insurance

<table>
<thead>
<tr>
<th>Child Term Life Insurance Coverage</th>
<th>Monthly Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>$5,000</td>
<td>$0.50</td>
</tr>
<tr>
<td>$10,000</td>
<td>$1.00</td>
</tr>
<tr>
<td>$15,000</td>
<td>$1.50</td>
</tr>
<tr>
<td>$20,000</td>
<td>$2.00</td>
</tr>
<tr>
<td>$25,000</td>
<td>$2.50</td>
</tr>
</tbody>
</table>

### Group Universal Life (GUL) Insurance

<table>
<thead>
<tr>
<th>Group Universal Life (GUL) Insurance Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
</tr>
<tr>
<td>-----</td>
</tr>
<tr>
<td>Under 25</td>
</tr>
<tr>
<td>25–29</td>
</tr>
<tr>
<td>30–34</td>
</tr>
<tr>
<td>35–39</td>
</tr>
<tr>
<td>40–44</td>
</tr>
<tr>
<td>45–49</td>
</tr>
</tbody>
</table>

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

### Voluntary AD&D Insurance Cost

<table>
<thead>
<tr>
<th>Voluntary AD&amp;D Insurance Monthly Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only Coverage</td>
</tr>
<tr>
<td>Family Coverage</td>
</tr>
</tbody>
</table>

Special Enrollment Periods and Life Events

Special Enrollment Periods

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

Qualified Status Change (Life Events)

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

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

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

What if I have a qualified status change?

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

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

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

For more information about a qualified status change, see the “Life Events” section on [www.FarmCreditFoundations.com](http://www.FarmCreditFoundations.com).

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

<table>
<thead>
<tr>
<th>Resource</th>
<th>Website or Email</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Farm Credit Foundations Website</td>
<td><a href="http://www.FarmCreditFoundations.com">www.FarmCreditFoundations.com</a></td>
<td>N/A</td>
</tr>
<tr>
<td>Farm Credit Foundations Benefits</td>
<td><a href="mailto:benefits@farmcreditfoundations.com">benefits@farmcreditfoundations.com</a></td>
<td>1-800-892-7924</td>
</tr>
<tr>
<td>Blue Cross Blue Shield of Illinois (medical plan)</td>
<td><a href="http://www.bcbsil.com/foundations">www.bcbsil.com/foundations</a></td>
<td>1-866-563-8366</td>
</tr>
<tr>
<td>CVS Prescription Benefits Manager (prescription drugs)</td>
<td><a href="http://www.caremark.com">www.caremark.com</a></td>
<td>1-800-565-5827</td>
</tr>
<tr>
<td>Delta Dental of Kansas</td>
<td><a href="http://www.deltadentalks.com">www.deltadentalks.com</a></td>
<td>1-800-234-3375</td>
</tr>
<tr>
<td>John Hancock Retirement Plan Services</td>
<td>mylife.jhrps.com</td>
<td>1-800-294-3575</td>
</tr>
<tr>
<td>MDLIVE (virtual medicine)</td>
<td><a href="http://www.MDLIVE.com/bcbsil">www.MDLIVE.com/bcbsil</a></td>
<td>1-888-676-4204</td>
</tr>
<tr>
<td>Minnesota Life</td>
<td><a href="http://www.lifebenefits.com">www.lifebenefits.com</a></td>
<td>1-800-843-8358</td>
</tr>
<tr>
<td>PayFlex (Health Savings Account)</td>
<td><a href="http://www.payflex.com">www.payflex.com</a></td>
<td>1-800-284-4885</td>
</tr>
<tr>
<td>StayWell (Healthy Returns)</td>
<td>healthyreturns.online.staywell.com</td>
<td>1-855-719-1909</td>
</tr>
<tr>
<td>VSP (vision)</td>
<td><a href="http://www.vsp.com">www.vsp.com</a></td>
<td>1-800-877-7195</td>
</tr>
</tbody>
</table>

## Legal Notices

For legal notices that relate to Farm Credit Foundations benefits offerings, please visit FarmCreditFoundations.com and click on the "Resources" tab where these notices are posted for your review.
Annual Enrollment is Nov. 1–15, 2017!