HOW TO NAVIGATE THIS GUIDE

NAVIGATE TO DIFFERENT SECTIONS OF THE GUIDE BY CLICKING ON THE MAIN SECTIONS AT THE TOP OF EACH PAGE

WHEN YOU REACH THE END OF A MAIN SECTION, CONTINUE TO THE NEXT ONE BY EITHER SCROLLING DOWN, CLICKING ON THE GRAY ARROW IN THE TOP RIGHT CORNER OR CLICKING ON THE FOLLOWING MAIN SECTION

THE YELLOW LINES INDICATE THE TOPIC YOU ARE CURRENTLY VIEWING

SEARCHING FOR A WORD?

Press Ctrl+F on a PC keyboard (or Command+F on a Mac keyboard). Then, type what you are looking for into the box that appears in the upper right corner of your screen.

LOOKING FOR SOMETHING?

- Use the navigation at the top to jump from topic to topic but make sure to read each page within all sections, not just the first one.

- Use the links on each page to jump between different sections by clicking on underlined text for links both within this guide and to our intranet and other websites.

- While our Enrollment Portal is supported by all browsers, we recommend using Chrome for the best user-experience.

- Be sure to click on the provider logos on each page — we linked them, so you will automatically be forwarded to the appropriate website.

- If you prefer to review this Guide as a printed copy, simply go ahead and print this PDF by pressing Ctrl+P on a PC keyboard (or Command+P on a Mac keyboard).

NEW!

LOOK AND STYLE!

We’ve redesigned the Guide to make it easier to find the important information you need to make a choice during Open Enrollment, while still providing the in-depth details you need throughout the plan year.

WHAT’S NEW

This icon indicates highlights for 2019.
WHERE DO YOU WANT TO GO?
Click below!

START HERE
2 How to use this Guide
3 Home
4 Welcome
5 Fast Facts
6 Overview of Benefits
7 Eligibility
8 What Happens After You Enroll?
9 Active Enrollment
10 Qualifying Life Events

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19 Preventive Care
20 Get the Right Care
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WHAT’S IN THIS GUIDE
GET READY TO SAY **hello** TO 2019 OPEN ENROLLMENT

When it comes to planning for a healthy future for our retirees and their families, The Hershey Company takes pride in offering a benefits program that provides a wide range of valuable options to help you be well and access quality programs and benefit partners.

You have the opportunity to make thoughtful benefit elections for you and your family during Open Enrollment each year. Each year we carefully review our benefits and ask you do the same during Open Enrollment. For 2019, we are making some important changes that require your attention, so now is the perfect time to take a fresh look at the choices Hershey offers.

Explore this guide to learn more about your benefit options, so you understand what’s new and what’s changing and can make thoughtful health care decisions to get the coverage that is best-suited to the individual needs of you and your family.

---

You can make your benefit election during the 2019 Open Enrollment period — Wednesday, October 31, 2018 through November 14, 2018.
OPEN ENROLLMENT

FAST FACTS

WHO
Benefit-eligible U.S. pre-65 retirees

WHEN
Open Enrollment begins Wednesday, October 31 and ends at 11:59 pm EST Wednesday, November 14. Your elections will go into effect January 1, 2019.

HOW
Review your Benefits Enrollment Statement, which you received in the mail, to see the cost of each medical plan option. Mark your selections on the Benefits Enrollment Statement and return it to the HR Support Center by the date indicated on your retiree letter.

WHAT ELSE?
• Review and update your dependent information
• Review your election and be sure to make a copy of the Benefits Enrollment Statement for your records

NEED HELP?
Contact the HR Support Center at myHR@hersheys.com or call 1-800-878-0440 to ask questions and make informed health care decisions.

ENROLLMENT IS ACTIVE THIS YEAR!

★ You must actively select or waive benefits during this year’s Open Enrollment period. If you take no action you will be automatically defaulted to the medical plan option that most closely matches your current election or you will maintain waive status if you are not enrolled in a Hershey medical plan today. Take a look at page 9 to see how the default options work.

Don’t let your medical plan be chosen by default. Take action and enroll online before 11:59pm November 14, 2018.

The elections you make during this year’s Open Enrollment will be effective for the entire 2019 calendar year. You will not be able to change your elections until the next Open Enrollment period in 2019 unless you experience a Qualifying Life Event.

Please note: You will receive new ID card(s) from Highmark Blue Shield in late December, 2018 for the 2019 medical plan year.
HEALTH & WELFARE BENEFITS

Choice of Three Affordable Medical Plans:

- HRA1
- HSA
- HRA2

Prescription Drug Coverage
Voluntary Dental Plan
Voluntary Vision Plan

WELLBEING RESOURCES

Highmark Program:
- Member Advocacy
- Clinical Programs
- Health Management
- Blues on Call Health Coaching
- Sharecare NEW!

Preventive Exam
Sharecare Digital Health Companion
Tobacco Cessation Program
Healthcare Bluebook NEW!
(Available starting 10/01/2018)

ADDITIONAL BENEFITS

Best Doctors® (Free & Confidential) NEW Process!
Teladoc
ELIGIBILITY — WHO CAN I COVER?

As a U.S. pre-65 retiree, you are eligible to participate in the Hershey health and welfare benefits program. You may choose to cover the following dependents:

- Your spouse
- Your domestic partner
- Children up to 26 years of age, regardless of status — student, married or tax-dependent
- Unmarried, disabled dependent children of any age who depend on you fully for support

Review and Verify Your Dependents

If you add a dependent to your coverage for 2019, you must contact the HR Support Center (see Contact Information for details) and submit the required documentation (e.g., social security number, date of birth, marriage certificate) before enrolling in benefits. Failure to provide documentation could result in a delay or loss of coverage for that dependent.

If you knowingly cover an ineligible dependent, you could be required to repay claims that are paid for that ineligible dependent.

DOMESTIC PARTNERS — HEALTH & WELFARE BENEFITS

If you cover a domestic partner, you must demonstrate your domestic partner meets Hershey’s eligibility requirements. For more information about eligibility requirements, contact the HR Support Center as soon as possible.
WHAT HAPPENS AFTER YOU ENROLL?

You will receive a Benefits Confirmation Statement in the mail, only if you make a change for 2019. Check your statement carefully to confirm that it reflects your correct medical plan election for 2019. If you see an error, you must contact the HR Support Center at myHR@hersheys.com or 1-800-878-0440 immediately.

If you make any medical plan changes during Open Enrollment or upon enrolling as a newly eligible retiree, Highmark will issue a new ID card for you and your dependents. Any questions, contact the HR Support Center at 1-800-878-0440 or at myHR@hersheys.com.

HEALTH CARE REFORM AND THE INDIVIDUAL MANDATE

Under the Patient Protection and Affordable Care Act, most U.S. citizens must have medical coverage in 2019. It’s important to know that Hershey’s medical plans meet the minimum value requirements under the Affordable Care Act, are designed to satisfy the affordability requirements under the Affordable Care Act and satisfy the Individual Mandate requirements under the Affordable Care Act. Open Enrollment is your opportunity to enroll in a Hershey medical plan and ensure you and your family are covered in 2019.
Every pre-65 benefit-eligible retiree must actively enroll in benefits during Open Enrollment (October 31 through November 14, 2018).

Choosing medical benefits is one of the most important actions you make each year. Be sure to take time to review your options and then take action so you can get the coverage you want for 2019 — don’t let your medical plan be chosen by default.

If you take no action or do not make a new medical plan election you will be automatically defaulted to the medical plan option that most closely matches your current election.

Here’s how it will work:

<table>
<thead>
<tr>
<th>CURRENT ELECTION</th>
<th>If you take no action, you will be automatically mapped into this election effective January 1, 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ HSY PPO</td>
<td>HRA1 (the NEW medical option), at the same coverage level (e.g. individual, retiree +1) you elected for ‘18</td>
</tr>
<tr>
<td>☑ HSY HSA</td>
<td>HSA at the same coverage level you elected for ‘18</td>
</tr>
<tr>
<td>☑ HSY HRA</td>
<td>HRA2 at the same coverage level you elected for ‘18</td>
</tr>
<tr>
<td>☑ Waive</td>
<td>Waive (no Hershey medical coverage)</td>
</tr>
</tbody>
</table>

I need your attention!
HOW TO REPORT A QUALIFYING LIFE EVENT

If you are making a change as a result of a life event, please call the HR Support Center at 1-800-878-0440 or email at myhr@hersheys.com and provide any required supporting documentation. Remember, if you do not make changes within 31 days of the event, you must wait until the next Open Enrollment period to make changes.

QUALIFYING LIFE EVENTS — CAN I MAKE CHANGES TO MY COVERAGE DURING THE YEAR?

Once you make your benefits election for 2019, your medical, dental and vision elections will remain in effect for the full calendar year (January 1 through December 31). IRS regulations prohibit benefit changes during the year unless you experience a qualifying life event. That’s why it’s so important that you carefully review your benefit choices for 2019, so you can enroll in the plans that best meet your and your family’s needs.

If you experience a qualifying life event, you must report the benefit change and provide supporting documentation to the HR Support Center within 31 days of the life event. Any benefit change requested must be consistent with your qualified life event. Benefit change requests reported more than 31 days after the life event date will not be granted. Absent a second qualifying life event during that year, the requested changes can only be processed during the next Open Enrollment period.

Eligible qualifying life events include:

- Marriage
- Divorce or legal separation
- Birth or adoption of a child
- Death of a spouse or dependent
- Start or termination of a spouse's employment
- Completion and approval of domestic partner application
- Change from part-time to full-time employment (or vice versa) for you or your spouse
- Unpaid leave of absence for you or your spouse
- Significant change in medical coverage because of spouse’s employment
- Change in dependent status of your children
Say “hello” to Our Medical Plan Options

Offering a choice of medical plan options is important. Each of us has our own health care needs and preferences, and choosing a plan is a personal decision. For 2019, we are making some updates to our medical plan lineup, so it’s more important than ever to take a fresh look at which plan is right for you.

As announced during last year’s Open Enrollment, the HSY PPO will no longer be available beginning January 1, 2019. Rest assured, you still have a great selection of medical plan choices:

HRA1  HSA  HRA2

NEW!

All three plans are administered by Highmark, utilizing the same network of physicians, hospitals and other health care providers. They also cover the same benefits and services, including free preventive care if you visit an in-network provider and prescription drug coverage is automatically included as well. And don’t forget, regardless of the plan you choose, Hershey makes contributions to your savings account (either an HRA or HSA).

The plans differ by giving you a choice of the amount you pay monthly for coverage, your cost when you receive care and how and when you pay for your share of the cost for coverage, as all three options offer different premiums, deductibles and out-of-pocket maximums.

Be sure to review the next page to determine which of these options best suit your health care budget and needs.

DID YOU KNOW?

Regardless of the medical plan option you select, preventive care is always 100% covered by your plan. You do not have to pay deductibles or coinsurance when you receive preventive care from a participating in-network provider.

Do something for your health today and schedule a preventive screening!
<table>
<thead>
<tr>
<th>PLAN FEATURES</th>
<th>HRA1</th>
<th>HSA</th>
<th>HRA2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>IN-NETWORK</td>
<td>OUT-OF-NETWORK</td>
<td>IN-NETWORK</td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>$1,500 individual</td>
<td>$2,250 individual</td>
<td>$1,750 individual</td>
</tr>
<tr>
<td></td>
<td>$3,000 family</td>
<td>$4,500 family</td>
<td>$3,500 family</td>
</tr>
<tr>
<td>Annual OOPM</td>
<td>$2,200 individual</td>
<td>$4,400 individual</td>
<td>$2,500 individual</td>
</tr>
<tr>
<td></td>
<td>$4,400 family</td>
<td>$8,800 family</td>
<td>$5,000 family</td>
</tr>
<tr>
<td>Lifetime Maximum Benefit</td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>90% Company 70% Employee</td>
<td>80% Company 20% Employee</td>
<td>80% Company 20% Employee</td>
</tr>
<tr>
<td>Preventive Care (not subject to deductible)</td>
<td>100%</td>
<td>70% of MAC</td>
<td>100%</td>
</tr>
<tr>
<td>Office Visits</td>
<td>90%</td>
<td>70% of MAC</td>
<td>80%</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>90%</td>
<td>90% of MAC</td>
<td>80%</td>
</tr>
<tr>
<td>Emergency Care</td>
<td>90%</td>
<td>90% of MAC</td>
<td>80%</td>
</tr>
<tr>
<td>Deductible and OOPM Type</td>
<td>Embedded</td>
<td>Aggregate</td>
<td>Embedded</td>
</tr>
</tbody>
</table>

Medical plan costs will vary by the coverage option you select. Your Benefits Statement shows the cost of each medical plan option which includes the monthly “overage” amount shown in the Health Care Cost Sharing section on page 14, if applicable.
DON’T FORGET ABOUT HERSHEY’S SAVINGS ACCOUNTS

Each of our medical plans is paired with a savings account you can use to pay for eligible out-of-pocket health care costs. These accounts allow you to pay for eligible out-of-pocket expenses. Regardless of which plan you select, Hershey will make a contribution to your account. Check out the table below for more details.

<table>
<thead>
<tr>
<th>Type of account available</th>
<th>HRA1 (Health Reimbursement Account)</th>
<th>HSA (Health Savings Account)</th>
<th>HRA2 (Health Reimbursement Account)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hershey account funding</td>
<td>$500 individual only</td>
<td>$750 individual only</td>
<td>$300 individual only</td>
</tr>
<tr>
<td></td>
<td>$1,000 individual + 1</td>
<td>$1,500 individual + 1</td>
<td>$600 individual + 1</td>
</tr>
<tr>
<td></td>
<td>$1,500 family</td>
<td>$2,000 family</td>
<td>$900 family</td>
</tr>
<tr>
<td>Retiree contributions</td>
<td>Retiree cannot make contributions to the HRA.</td>
<td>Your (post-tax) Maximum Contribution (per year): $2,750/yr individual only $5,500/yr individual + 1 $5,000/yr family</td>
<td>Retiree cannot make contributions to the HRA.</td>
</tr>
</tbody>
</table>

1Because you are age 55 or older, you can contribute an additional $1,000 as a “catch-up” contribution to an HSA account.

Learn more about these accounts starting on page 31.
HEALTH CARE COST SHARING

If you are eligible for retiree medical coverage, you and Hershey share the cost of your coverage. Hershey’s retiree health care cost-sharing arrangement is designed to protect medical benefits for retirees while sustaining the financial well-being of the company. This is how retiree medical cost sharing works:

- Cost-sharing percentages are determined by age and years of service at retirement.
- Hershey pays its cost share based on a “cap” amount.
- You pay your cost-sharing percentage plus any amount over the “cap” or the “overage”.

The monthly costs for 2019 are set based on previous claims experience. The “overage” has been calculated to $0 for 2019. Therefore, there is no additional monthly overage for pre-65 retirees in 2019. You will only pay your monthly amount as referenced on your Benefits Enrollment Statement.

Note: If you are paying 100% of the retiree cost in the retiree medical program, the “overage” information does not apply to you. You are already paying the full cost.
KEY TERMS

We have defined some key terms to help you understand how the medical plans work:

**Deductible:**
The amount you pay before plan pays its portion of the costs for covered services subject to the deductible.

**Coinsurance:**
A fixed percentage you pay for your share of the cost of a covered health care service, after you meet the deductible.

**Out-of-Pocket Maximum (OOPM):**
The maximum amount you could pay — which includes your deductible and coinsurance — during a benefit period before your plan begins to pay 100% of the allowed amount for covered health care services.

**“Aggregate” and “Embedded”**
If you cover any family members, you need to understand how the deductible and out-of-pocket maximum are calculated. It’s important because the approach the plan uses makes a difference as to when you pay the full costs out-of-pocket, when you and the plan share the cost (in form of coinsurance) and when the plan starts paying the full expenses of covered health care services.

- **Under an embedded approach**, each person only needs to meet the individual deductible and out-of-pocket maximum before the plan begins paying its share for that individual. (And once two or more family members meet the family limits, the plan begins paying its share for all covered family members.) This applies to our HRA plans.

- **Under an aggregate approach**, there is one family limit that applies to the whole family. When one, or a combination of family members, has expenses that meet the family deductible or out-of-pocket maximum, it is considered to be met for all of you. Then, the plan will begin paying its share of eligible expenses for the whole family for the rest of the year. The HSA plan is an aggregate approach if you have EE + 1 or family coverage.
HOW THE MEDICAL PLANS WORK

While it’s important to choose benefits that best meet your needs, it’s equally important to understand how they work and use them wisely throughout the year. Regardless of which plan you choose, they generally work the same way.

Cost-Sharing % + “Overage”
You and Hershey share the cost of your retiree medical coverage. You pay your cost-sharing percentage each month plus the “overage”, if applicable.

Before you satisfy your deductible
You pay the full costs (including prescription drug costs for the HSA).

You pay

Once you satisfy your annual deductible
You pay coinsurance for each covered service and the plan pays the remaining balance.

Plan pays

If you reach your annual out-of-pocket maximum
The plan pays 100% of the cost for covered services for the rest of the year.

How can I save more?

• When you use in-network providers, you benefit from a negotiated discount.

• In-network preventive care is always 100% covered.

• Use the available funds in your HRA or HSA to pay for eligible health care expenses throughout the year.

Note: Highmark Blue Shield will automatically use available funds from your HRA first to pay your claims until your balance is exhausted.
PRESCRIPTION DRUG COVERAGE

When you enroll in a Hershey medical plan option, you are automatically enrolled in prescription drug coverage. The Hershey Company partners with Express Scripts as the prescription drug administrator. You will receive a separate prescription drug ID card that you must present at the pharmacy.

### IN-NETWORK

<table>
<thead>
<tr>
<th></th>
<th>HRA1</th>
<th>HSA</th>
<th>HRA2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>No deductible</td>
<td>Deductible is made up of a combination of medical and prescription costs</td>
<td>No deductible</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximums</strong></td>
<td>$1,500 individual, $3,000 family (Separate from medical plan)</td>
<td>Included under medical plan out-of-pocket maximum</td>
<td>$1,500 individual, $3,000 family (Separate from medical plan)</td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong> (retail and mail order)</td>
<td>80% generic, 60% brand</td>
<td>Pharmacy expenses count toward medical deductible; once the total deductible has been met, prescription benefits are covered at 80% generic, 60% brand</td>
<td>80% generic, 60% brand</td>
</tr>
</tbody>
</table>

| **No Cost Share — services covered 100% by the plan** | Women’s Health, Preventive Medications, Certain Generic and OTC Products, Smoking Cessation |

- If you purchase a brand-name drug that is not specified by your doctor or when a generic is available, you must pay the difference between the brand name and the available generic drug in addition to your coinsurance.
- Out-of-network pharmacies and prescription services are not covered.
- Drugs are paid at 100% after out-of-pocket maximum is met.

It is important to note, in the HSA plan, the deductible is made up of a combination of medical and prescription costs. For prescriptions, participants pay 100% of the discounted drug price until the medical deductible is met, then you pay 20% of the cost of a generic and 40% of the cost of a brand name drug until the out-of-pocket maximum is met.
CONVENIENCE. No need for monthly trips to the pharmacy; medications are delivered right to your door... and you can order refills by mail, phone or online using the Express Scripts member website or mobile application.

SERVICE. Your prescriptions are checked for accuracy and potential drug interactions by registered pharmacists who are available to answer questions 24 hours a day, every day.

IT'S EASY. Simply register or log in from the convenience of your computer or mobile device:

1. Go to Express-Scripts.com
2. Click on “Register Now”
3. Enter your information — be sure to have your member ID number, which is on the front of your ID card, or Social Security number ready — and create a log in.
The old adage is true... an ounce of prevention is worth a pound of cure. Preventive screenings are key to avoiding potential serious health conditions. When you and your doctor work as a team, you can receive early diagnosis and treatment of health issues that, if left untreated, could develop into more serious, costly, long-term conditions.

Regardless of the medical plan option you select, preventive care is always 100% covered by your plan. You do not have to pay, deductibles or coinsurance when you receive preventive care from a participating in-network provider.

Preventive care includes services such as annual physicals, gynecological annual exams, age/gender appropriate screenings, well child visits and immunizations. For the most up to date list of covered preventive care services, contact Highmark at 1-866-763-9474 or visit www.highmarkblueshpield.com.

DO SOMETHING FOR YOUR HEALTH TODAY
Schedule a preventive exam. It’s never too early or late to start improving your health and wellbeing.
GET THE RIGHT CARE — WHEN AND WHERE YOU NEED IT

Hershey medical plans cover eligible services from a variety of providers and facilities. In addition, we offer alternative methods to access care, like through Teladoc. The chart below outlines where you should go for care and what it costs.

<table>
<thead>
<tr>
<th></th>
<th>TELADOC</th>
<th>PHYSICIAN’S OFFICE</th>
<th>URGENT CARE</th>
<th>EMERGENCY ROOM (ER)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preventive Care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual physical, preventive exam, well-child care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Routine, Non-Emergency Care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colds, flu, asthma</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td><strong>Minor, Semi-Urgent Care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minor broken bones and minor burns</td>
<td></td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td><strong>Emergency Care</strong></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Allergic reactions, severe broken bones, serious burns, head injuries, chest pain</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

| **What You Pay**         |         | $40 or less        |             |                     |
| (after deductible)       |         | (when you participate in a Hershey medical plan) |             |                     |
|                         |         | HRA1: 10%; HSA: 20%; HRA2: 30% |             | (when you choose an in-network provider/facility) |

And remember, regardless of the medical plan option you select, preventive care is always 100% covered by your plan.
SAVE VALUABLE TIME AND MONEY WITH TELADOC!

If you enroll in a Hershey medical plan, you have access to Teladoc that provides you with 24/7 access to U.S. board certified physicians. Imagine being able to talk with a physician without having to make an appointment, take time off from work or wait for hours in a crowded doctor’s office full of sick people — it’s all possible with Teladoc.

Virtual doctor visits replace the need to visit a doctor’s office for non-emergency health conditions, provide around-the-clock, immediate care, advice and prescription medications when appropriate (note that some prescriptions may be limited).

Teladoc is an easy, convenient way to get medical care for non-emergency issues, such as:

- Sore throats
- Allergies
- Cold / Flu
- Ear infections
- Respiratory problems
- Prescriptions (if needed)
- And more

ELIGIBILITY & COSTS

You must be a participant in one of Hershey’s medical plans in order to receive services through Teladoc.

Teladoc consultations are $40 or less for all members. You will be required to pay the applicable cost for any prescriptions you receive through Express Scripts for this service.

Note that before you can use services through Teladoc, you need to register on their website, visit www.teladoc.com/enter or call 1-800-835-2362.

HOW TELADOC WORKS:

1. Set up your account online at www.teladoc.com/enter (you’ll need your Highmark medical ID card)

2. Request a Teladoc appointment online at www.teladoc.com/enter or by phone at 1-800-TELADOC (835-2362)

3. Typically you will receive an appointment the same day as your request. Complete the consultation with Teladoc’s licensed physicians

4. If necessary, the Teladoc physician will write routine prescriptions
NAVIGATE YOUR HEALTH CARE NEEDS WITH HIGHMARK’S ADVOCACY SERVICES

Hershey understands managing your benefits and health isn’t always easy. That’s why you have access to a resource of trained, dedicated specialists through your medical plan provider, Highmark, at no additional cost. Highmark’s advocates and health coaches will help you and your family resolve health care concerns and navigate complex health care issues by providing a single point of contact, simply call 1-866-763-9474.

Check out some of the key features and get the most out of your benefits:

- **Save money on care** — talk to Highmark’s advocates to learn how to choose the most cost-effective options to receive the care you need.

- **Understand your benefits** — talk to an advocate or health coach when you have questions about your benefits and want someone to help you make the best decisions about your care.

- **Make the most of Highmark’s website** — get support from Highmark’s advocates to benefit from many online tools and resources to help you manage your health and become an informed health care consumer.
NOT SURE WHICH PLAN IS RIGHT FOR YOU?

Choice is a good thing, but that also means there are many important factors to consider before you can make your personal selections.

All of our plans offer the same benefits and services — including fully covered in-network preventive care and prescription drug coverage. Where the plans differ is how and when you pay for services as all plan options offer different premiums, annual deductibles and out-of-pocket maximums.

Do you prefer lower premiums and pay more for health care services up front when you receive care?

If so, the HRA2 might be the best plan for you.

If you prefer more of a balance between premiums and out-of-pocket costs, take a look at the HSA plan option.

Or would you rather be able to anticipate your health care spending and pay more in premiums, so that you pay less out-of-pocket when you receive care?

In that case, the HRA1 might be the option for you.
FIND THE QUALITY CARE YOU DESERVE WITH HEALTHCARE BLUEBOOK

Lower quality medical care can lead to higher complications, unnecessary procedures and a higher chance of misdiagnosis — costing you more of your time and money. Healthcare Bluebook helps take the guesswork out of choosing a quality provider while also saving you money. This new benefit program can help you find the highest quality care at the best value based on your specific needs.

How it works

• When your doctor suggests a test or procedure, take a minute to do a simple search in Healthcare Bluebook.

• Access Healthcare Bluebook online by visiting healthcarebluebook.com/cc/Hershey and look for the color coded cost and quality ratings, so you can easily see a side-by-side comparison of available facilities and know where to go for the highest quality at the lowest costs.

USE YOUR MOBILE PHONE TO ACCESS HEALTHCARE BLUEBOOK

Download the free app from the Apple App store or Google Play. Then launch the “Bluebook” app on your phone and click My Employer Provides Bluebook. Lastly, enter your Company Code (Hershey) and any additional login information as prompted.

Once you’ve logged in, search for your procedure, review the price range shown on the color bar, then scroll down the page and review the list of facility options by quality and cost.

HAVE QUESTIONS ABOUT A HEALTH ISSUE?

Don’t forget about Highmark’s Care Management Program! Simply call 1-866-763-9474 to get in contact with a nurse. Flip to page 37 for more details on this benefit.
INTRODUCING SHARECARE — YOUR DIGITAL HEALTH COMPANION

Sharecare is your interactive, digital solution to help you manage your health and support you in living a healthy lifestyle. The health management platform, offered through our medical plan administrator, Highmark Blue Shield, will meet you wherever you are on your health journey, regardless of age, gender, and health conditions. Sharecare will be available starting on January 1, 2019. Check out the many features you can benefit from:

- **RealAge** — learn about your true age of the body you’re living in by completing the unique health risk assessment which will assess your health behaviors and existing conditions.

- **Green days** — keep track of your health behaviors that affect your RealAge and use the app as a motivational tool for sustained health improvements.

- **Personalized Content** — receive personalized news, articles, videos and more based on your RealAge results and topics or conditions you care about.

- **AskMD®** — learn more about a health condition and get expert advice on when and at what level you should seek medical care with AskMD, the sound medical advice at your fingertips.

DON’T MISS OUT!
Beginning January 2019, download the free app from the Apple App store or Google Play. Then launch the app on your phone. More information to come on how to link your Sharecare account to your health benefits account.
VOLUNTARY DENTAL AND VISION COVERAGE

You have the opportunity to sign up for dental only coverage or dental with vision coverage through United Concordia Insurance Company (UCIC) and Davis Vision (a UCIC affiliate).

Enrollment

This plan is available to all retirees, your spouse/domestic partner and any dependent children up to age 26. You can enroll during the following time periods:

- within 90 days of your retirement date
- within 90 days of your COBRA coverage ending
- during Open Enrollment.

To enroll, call 1-888-320-3316.

To find a participating dentist or to see if your dentist, or amended dentist, participates, please visit www.unitedconcordia.com/dental-insurance.

If you do not have access to the Internet, you can contact United Concordia’s customer service department between 8 a.m. and 6 p.m. ET at 1-866-851-7576. Be sure to mention that you are a Hershey retiree and that you are looking for a UCIC Alliance dentist.
DENTAL PLAN OVERVIEW

With the UCIC Flex dental plan, you can select a dental only plan or a dental and vision plan. The dental portion of both plans offers:

- **Preventive care covered at 100%** including routine exams, cleanings and bitewing x-rays.

- **Basic care covered at 70%** including fillings, certain x-rays, simple extractions, repairs to crowns, bridges and dentures, and palliative treatments. A six-month waiting period applies when enrolling more than 90 days following retirement.

- **A discount on Major care** (Class III) such as root canals, crowns, prosthetics, non-surgical and surgical periodontics, complex oral surgery and general anesthesia, along with certain non-routine services, if provided by an Advantage Plus amended dentist. (Class III services are not insured services and therefore do not require submitting a claim). The average discount is 31%.

**Alliance Network**

The dental plan gives you access to the Alliance Network, UCIC’s largest dental network which includes over 97,500 dentists. Most of the dentists are “amended” network dentists because they have agreed to accept allowances for non-covered services such as Class III services (crowns, bridges, implants, etc.) at discounted rates. When you receive a Class III service from an amended Alliance dentist, you’ll receive an average discount of 31%!

You can check to see if your dentist is an amended dentist or ask for a list of amended dentists in your area by calling United Concordia’s customer service department at **1-866-851-7576**.

Refer to the table on the next page for more details on the dental plan design.
## HERSHEY’S DENTAL PLAN FOR PRE-65 RETIREES

### BENEFIT CATEGORY

<table>
<thead>
<tr>
<th>RETIREE DENTAL PLAN DETAILS</th>
<th>IN-NETWORK</th>
<th>OUT-OF-NETWORK*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CLASS I — DIAGNOSTIC/PREVENTIVE SERVICES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exams; X-rays (Bitewings); Fluoride Treatments; Cleanings; Sealants</td>
<td>Plan pays 100% of MAC; member pays nothing</td>
<td>Plan pays 100% of MAC; member pays remainder of dentists charge</td>
</tr>
<tr>
<td><strong>CLASS II — BASIC SERVICES (Six-month waiting period applies to new entrants)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X-Rays (all others); Palliative Treatment; Basic Restorative; Space Maintainers; Simple Extractions; Repairs of Crowns, Inlays, Onlays, Bridges, Dentures</td>
<td>Plan pays 70% of MAC; member pays 30% of MAC</td>
<td>Plan pays 70% of MAC; member pays remainder of dentists charge</td>
</tr>
<tr>
<td><strong>CLASS III — MAJOR SERVICE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endodontic; Inlays, Onlays, Crowns; Prosthetics; Surgical and Nonsurgical Periodontics; Complex Oral Surgery; General Anesthesia</td>
<td>Average discounts of 31%* off dentist’s charge Must visit an Amended Dentist</td>
<td>No discount; member pays dentist’s full charge</td>
</tr>
<tr>
<td><strong>ORTHODONTICS, COSMETICS OR OTHER SERVICES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthodontic Diagnostic, Active, Retention Treatment; Bleaching, Veneers, Implants</td>
<td>Average discounts of 31%* off dentist’s charge Must visit an Amended Dentist</td>
<td>No discount; member pays dentist’s full charge</td>
</tr>
<tr>
<td><strong>Deductible (per person/per family)</strong></td>
<td>$25/$75 Class I and II only</td>
<td>None</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>$750</td>
<td>None</td>
</tr>
</tbody>
</table>

*The average 31% discount is based on UCIC charge data. Actual discounts will vary depending upon the procedure and the geographic region in which it is performed.*

*MAC = Maximum Allowable Charge*
OPTIONAL VISION COVERAGE

In addition to dental benefits, Davis Vision, a UCIC affiliate, is offering an optional insured vision plan that can only be selected alongside the dental plan. The vision plan covers the following items once every 12 months:

- Eye exam ($10 co-payment)
- One pair of eyeglasses (frames and lenses)
- Contact lenses in lieu of eyeglasses

To request a detailed information and enrollment packet for both plans, contact 1-888-320-3316.

For claims and customer service, contact United Concordia directly at 1-866-851-7576. Do not contact Hershey directly.

<table>
<thead>
<tr>
<th>VISION PLAN DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IN-NETWORK</strong></td>
</tr>
<tr>
<td><strong>Eye Examination</strong></td>
</tr>
<tr>
<td><strong>EYE GLASSES</strong></td>
</tr>
<tr>
<td><strong>Spectacle Lenses</strong></td>
</tr>
<tr>
<td><strong>Frames</strong></td>
</tr>
<tr>
<td>Every January 1, covered in full; any fashion or designer frame from Davis Vision’s collection* (value up to $160) OR $120 retail allowance toward any frame from provider, plus 20% off balance**</td>
</tr>
<tr>
<td><strong>CONTACT LENSES</strong></td>
</tr>
<tr>
<td><strong>Contact Lens Evaluation, Fitting &amp; Follow Up Care</strong></td>
</tr>
<tr>
<td><strong>Contact Lenses (in lieu of eyeglasses)</strong></td>
</tr>
</tbody>
</table>

* The Davis Vision Collection is available at most participating independent provider locations. Collection is subject to change.

** Additional discounts not applicable at Walmart, Sam’s Club or Costco locations.
### Optional Vision Coverage (continued)

<table>
<thead>
<tr>
<th>Lens Option</th>
<th>Without Davis Vision</th>
<th>With Davis Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scratch-Resistant Coating</td>
<td>$25</td>
<td>$0</td>
</tr>
<tr>
<td>Polycarbonate Lenses</td>
<td>$66</td>
<td>$0 – $30</td>
</tr>
<tr>
<td>Standard Anti-Reflective (AR) Coating</td>
<td>$83</td>
<td>$35</td>
</tr>
<tr>
<td>Standard Progressives (no-line bifocal)</td>
<td>$198</td>
<td>$50</td>
</tr>
<tr>
<td>Photochromic Lenses (i.e. Transitions®, etc.)*</td>
<td>$110</td>
<td>$65</td>
</tr>
</tbody>
</table>

* Transitions® is a registered trademark of Transitions Optical Inc.
Hello Tax-Savings

Hershey offers several savings accounts that you can use to pay for qualified expenses. As you evaluate which medical plan option will best meet your needs, don’t forget to consider the appropriate savings accounts that complement the medical option you select.

- **Health Reimbursement Account (HRA)** — for pre-65 retirees who enroll in the HRA1 or HRA2 medical plans
- **Health Savings Account (HSA)** — for pre-65 retirees who enroll in the HSA plan
HEALTH REIMBURSEMENT ACCOUNT (HRA)

The HRA is a company-sponsored health benefit account that provides upfront money that will be applied to eligible medical out-of-pocket costs. However, you will not be able to pay for any prescription drug costs with the funds credited to your HRA. This account is available to retirees enrolled in the HRA1 or HRA2 plans. Retirees cannot contribute to the HRA — only Hershey may contribute post-tax funds to your account. Current tax laws allow companies to set up and fund HRAs that can then be used for health care tax-free. If the company were to provide this money in any other way to the employee — it would be taxed. Your HRA doesn’t earn interest and there are no investment options, so your account will only grow with contributions from Hershey. If you do not use all the funds in one plan year, the balance will roll forward to the following plan year if you continue to enroll in a HRA eligible medical plan.

Available to retirees enrolled in:

- HRA1
- HRA2

CAN...
- be used for medical out-of-pocket costs
- only grow with Hershey tax-free contributions
- roll forward from year to year up to the deductible and rollover maximum

CANNOT...
- be used for prescription drug costs
- earn interest
- have investment options
HEALTH SAVINGS ACCOUNT (HSA)

The HSA plan is a high deductible health plan sponsored by Hershey that allows you to open and contribute to an individual, savings account (i.e., an “HSA”) which can be used to save for health care expenses in the current year and future medical expenses. The Hershey Company makes quarterly contributions to the HSA. Contributions are made at the beginning of the quarter. You can also make contributions on a post-tax basis.

Eligible expenses include charges for services covered by the HSA plan, as well as other services that are on the IRS list of tax-deductible health care expenses available at [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf). HSA funds used for ineligible health care expenses will be taxable and you will be subject to a 20% penalty if under age 65.

It is important to note, in the HSA plan, the deductible may be satisfied through either medical or prescription drug expenses that you incur, or a combination of the two (i.e., there are not separate deductibles for medical and prescription drugs). Please be aware there are fees associated with your HSA account by Highmark and their banking partner, PNC.

Funds may not be used to cover medical expenses for dependents who are not covered under the plan or are not your tax dependents, for example, domestic partners or children who may file their own taxes.

For member questions and assistance with your HSA or HRA, contact Highmark at 1-866-763-9474 or go online and visit [www.highmarkblueshield.com](http://www.highmarkblueshield.com).
### HOW THE ACCOUNTS COMPARE

<table>
<thead>
<tr>
<th></th>
<th>HRA</th>
<th>HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Who is eligible?</strong></td>
<td>When you are enrolled in the HRA1 or HRA2</td>
<td>When you are enrolled in the HSA</td>
</tr>
<tr>
<td><strong>Who Contributes?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>– You</td>
<td>Retirees cannot make contributions to this account</td>
<td>Your maximum contributions (per year):</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$2,750 (individual)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$5,500 (individual + 1)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$5,000 (family)</td>
</tr>
<tr>
<td>– Hershey</td>
<td>Hershey makes an annual contribution:</td>
<td>Hershey makes quarterly contributions:</td>
</tr>
<tr>
<td></td>
<td>$500/$300 individual only</td>
<td>$750 individual only</td>
</tr>
<tr>
<td></td>
<td>$1,000/$600 individual + 1</td>
<td>$1,500 individual + 1</td>
</tr>
<tr>
<td></td>
<td>$1,500/$900 family</td>
<td>$2,000 family</td>
</tr>
<tr>
<td><strong>What can I use the</strong></td>
<td>IRS-approved health care expenses (including medical, dental and vision)</td>
<td>IRS-approved health care expenses (including medical, dental, vision and prescription drugs)</td>
</tr>
<tr>
<td><strong>account for?</strong></td>
<td>Note: Your medical carrier will automatically use available funds from your HRA first to pay your claims until your balance is exhausted.</td>
<td></td>
</tr>
<tr>
<td><strong>Do my funds “roll-over” from year to year?</strong></td>
<td>Yes (if you elect to continue to enroll in the HRA1 or HRA2)</td>
<td>Yes (even if you choose another plan in the future)</td>
</tr>
<tr>
<td><strong>Does my account earn interest?</strong></td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Is there a debit card available for eligible expenses?</strong></td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

1 Because you are age 55 or older you can contribute an additional $1,000 as a “catch-up” contribution.

2 Retirees can only carry over those HRA funds from one year to another that do not exceed the medical plan’s deductible (combined with the seed they are receiving from Hershey in 2018) and up to the annual rollover maximum amount.
CHOOSING WHAT’S RIGHT FOR YOU AND YOUR FAMILY

Become a smart health care consumer and take advantage of the various tools and resources provided by The Hershey Company. And don’t forget to say hello to your doctor! It is an important part of your health and well-being to build a relationship with your physician.

Take your time and review your health care usage for the last few years:

- How many times do you usually need to see your primary care doctor or a specialist?
- Do you have chronic/ongoing medical needs?
- Have you ever hit your deductible?
- What are your annual pharmacy costs?
- Have you ever reached your medical or prescription drug out-of-pocket maximum?
- Do you know how much you pay out of your paycheck for your plan?

MAKE SURE YOU ARE PREPARED FOR A VISIT WITH YOUR DOCTOR:

1. Review your medical plan details before your visit.
2. Make sure you are prepared and know which health topics and questions you wish to talk about with your doctor.
3. Bring a family member with you for support.
4. Learn how to access your medical records, so you can keep track of test results, diagnoses, treatments plans and medications.
5. Know how to contact your doctor for follow-up questions.
ADDITIONAL HERSEY BENEFITS

Hershey also proudly offers the following additional benefits to help you make the most of your medical benefits.

**Best Doctors®:**

This confidential and free benefit helps you and your family to make informed medical decisions, from minor surgery to serious issues like cancer, heart conditions and more.

**In-Depth Medical Review** — provides an extensive review of your records and tests by a nationally recognized expert when a diagnosis of a condition is in question.

**New for 2019,** Highmark will be reviewing medical cases and sending the most complex cases and rare conditions automatically to Best Doctors for expert, second opinions, resulting in an easier process and less paperwork for you! For more information, discuss your unique situation with a Highmark advocate or health coach.

**HOW IT WORKS:**

- When you are experiencing a rare or complex condition, Highmark will review your case and submit to Best Doctors for a second expert opinion — there’s nothing you have to do!
- Your case will then be matched to the most appropriate medical expert.
- An expert physician will provide a personalized response.
Highmark’s Care Management Program

As part of your Highmark Blue Shield coverage you have access to one-on-one attention from your own Highmark nurse — someone to help you work better with your doctor, help you get needed follow-up care and more.

Your nurse can help you:

• Prepare for a hospital stay and follow your doctor’s care plan.
• Arrange for in-home care.
• Cope with injuries from an accident.
• Handle a serious or complex condition.
• Take control of chronic health conditions such as diabetes, heart disease, asthma and more.

Call 1-866-763-9474 to get in contact with a Highmark nurse!
<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>COMPANY</th>
<th>CONTACT INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>HR Support Center</td>
<td>The Hershey Company</td>
<td>1-800-878-0440</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:myHR@hersheys.com">myHR@hersheys.com</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>8:30 a.m. - 5:00 p.m. EST, Monday through Friday</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="http://www.hersheyretirees.com">www.hersheyretirees.com</a></td>
</tr>
<tr>
<td>Medical Plans</td>
<td>Highmark Blue Shield</td>
<td>1-866-763-9474</td>
</tr>
<tr>
<td>– HSA or HRA Accounts</td>
<td></td>
<td><a href="http://www.highmarkblueshield.com">www.highmarkblueshield.com</a></td>
</tr>
<tr>
<td>– Best Doctors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescription Drug</td>
<td>Express Scripts, Inc.</td>
<td>1-877-309-6408</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="http://www.express-scripts.com">www.express-scripts.com</a></td>
</tr>
<tr>
<td>Teladoc</td>
<td>Highmark Blue Shield (for Highmark participants only)</td>
<td>1-800-TELADOC (835-2362)</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="http://www.teladoc.com/enter">www.teladoc.com/enter</a></td>
</tr>
<tr>
<td>Voluntary Dental / Vision Program</td>
<td>United Concordia Insurance Company</td>
<td>For enrollment questions: 1-888-320-3316</td>
</tr>
<tr>
<td></td>
<td></td>
<td>For claims questions: 1-866-851-7576</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8 a.m. - 6 p.m. ET</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="http://www.unitedconcordia.com/dental-insurance">www.unitedconcordia.com/dental-insurance</a></td>
</tr>
<tr>
<td></td>
<td>Davis Vision</td>
<td>1-877-923-2847, client code 2231</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="http://www.davisvision.com">www.davisvision.com</a></td>
</tr>
<tr>
<td>Tobacco Cessation</td>
<td>Quit for Life</td>
<td>1-866-784-8454</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="http://www.quitnow.net/hersheys">www.quitnow.net/hersheys</a></td>
</tr>
</tbody>
</table>
**Questions about your Retiree Medical monthly bill**  
**WageWorks**  
1-877-502-6272  
www.wageworks.com

**Retiree Life Insurance**  
**MetLife**  
1-866-492-6983  
www.metlife.com/mybenefits

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For all required legal notices, please visit [www.hersheyretirees.com](http://www.hersheyretirees.com).

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**DON'T FORGET...** Open Enrollment starts **Wednesday, October 31** and ends **Wednesday November 14, 2018**. Take action to get the coverage you want for 2019!

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*All benefits are governed by plan documents. If any conflicts arise between this communication and any plan document, the plan document will prevail. Hershey and designated benefit plan administrators reserve the right to determine eligibility, to interpret, and to administer issues under the benefit programs. The Company reserves the right to amend or terminate benefit plans at any time.*