

# 2020 BENEFITS GUIDE



T H E   D I X I E   G R O U P

# Table of Contents

Welcome to Your Benefits Program.....	3
Who is Eligible? .....	3
Medical Benefits .....	4
Health & Savings PPO Medical Benefits.....	5
Medical Plan Comparison.....	6 - 8
Prescription Benefits.....	9 - 10
Dental .....	11
Vision.....	12
Life Insurance.....	13
The Dixie Group 401 (K) Retirement Savings Plan.....	14 - 15
Contacts.....	16
Weekly Benefit Cost.....	17
Semi-Monthly Benefit Cost .....	18

*This booklet summarizes the key features of your benefit plans. It is only intended to provide the highlights of your benefits; see your plan document for full details. If any conflict ever arises between this booklet and the actual plan document, the terms of the plan document will govern in all cases. The Dixie Group reserves the right to change, modify, or terminate the benefit plans at any time. This booklet is not a contract for purposes of employment or payment of benefits.*

# Welcome to Your Benefits Program

We hope this benefits guide will help you review the benefit plans offered by The Dixie Group and help you make the best choices for you and your family. This guide does not include all plan details, but highlights benefits you will need to consider when making your healthcare elections.

## Who is Eligible?

### Eligible Dependents

As you become eligible for these benefits, so do your eligible dependents. In general, eligible dependents include your legal spouse, and children up to age 26. Children may include natural children, stepchildren, legally adopted children, foster children, or children for whom you are legal guardian.

### Changes In Benefit Elections

During this Open Enrollment period, you can make changes to your medical, dental and/or vision plan elections for the plan year beginning January 1, 2020.

Outside of Open Enrollment, you can make limited changes during the year due to a qualified status change; however, you must notify Human Resources within 30 days of any status change. Examples of a qualified status change include marriage, divorce, birth or adoption of a child, or death of a spouse or dependent.

### Associate Contributions

Please see pages 15 and 16 of this guide for information on associate costs.

### Important Working Spouse Rule for the Blue Cross Blue Shield of Alabama Dixie PPO Plans

The Company has a working spouse rule that requires your employed spouse to carry primary individual medical insurance through their employer if medical coverage is available and your spouse qualifies for their employer's group coverage. However, if you desire to cover your spouse on one of Dixie's PPO Plans, you must complete a "Working Spouse Rule Confirmation Form" to certify your spouse's information regarding employment and availability of medical plan benefits. Forms are available in the Human Resources Department.

# Medical Benefits



## 2020 Medical Plan Options

The Dixie Group is pleased to offer the following Medical Plans for the 2020 Plan Year:

- Blue Cross Blue Shield of AL - Health & Savings PPO Plan with Health Savings Account (HSA)
- Blue Cross Blue Shield of AL - Blue Secure PPO
- Blue Cross Blue Shield of AL - MVP PPO

## How the Health & Savings PPO Plan Works

The Health & Savings PPO plan offers freedom of choice in accessing care. You are not required to select a PCP and you can access different physicians and specialists at your own discretion. The Health & Savings PPO plan (HSP) has an employer-funded spending account available to help you meet the deductible. After meeting the deductible, most benefits are paid on a percentage basis rather than flat dollar copays.

First, use your Savings Account to pay for medical care and prescriptions. Remember that unused funds roll-over from year to year and are yours to keep.

After you have used all of your funds, or if you choose not to use the savings account to pay for covered services, you will be responsible for the remainder of your deductible. Once your deductible is satisfied, you will pay a percentage of the cost (your coinsurance) until your annual out-of-pocket maximum is reached.

Once your annual out-of-pocket maximum is reached, the plan will pay 100% of the cost of covered services.

### Blue Cross Blue Shield of AL Health & Savings PPO

(800) 292-8868

## How the Preferred Provider Organization (PPO) Plans Work

A PPO is a network of doctors and health care facilities that offer discounted rates to plan members. You can go to any doctor or health care facility, either in or out-of-network, including specialists. If you go out-of-network, your out-of-pocket costs will be higher. Please visit [www.alabamablue.com](http://www.alabamablue.com) for available doctors, medical groups and hospitals for each plan.

### Blue Cross Blue Shield of AL Blue Secure PPO & MVP PPO

(800) 292-8868

# Health & Savings PPO Medical Benefits

HSA Advantages	HSA Rules
<p><b>A Unique Opportunity to Save Tax-Favored Money.</b> The money you contribute to your HSA is exempt from all federal taxes - and it stays this way as long as you spend it on qualified health care expenses. (State income tax applies in California, and New Jersey.)</p> <p><b>The Money in Your HSA Always Belongs to You.</b> Any money you haven't spent at the end of the plan year will stay in your account. This includes any money The Dixie Group contributes to your account.</p>	<p>You can contribute money to an HSA if:</p> <ul style="list-style-type: none"> <li>You are enrolled in a qualified health savings plan</li> <li>You are not covered by any other medical plan, unless it is also a qualified health savings plan</li> <li>Medicare Eligibility - Turning 65 often means automatic eligibility and sometimes automatic enrollment in Medicare. Once you are enrolled in any part of Medicare, you will not be eligible to contribute to an HSA in months following your Medicare effective date.</li> <li>Not Medicare eligible (Part A—hospital insurance) age 65</li> <li>You cannot be claimed as a dependent on another person's tax return</li> </ul> <p>These are just the general guidelines. Please consult a tax professional for more information.</p>

## Important Components of the Health & Savings PPO Plan

### Health Savings Account (HSA)

If you enroll in this plan, you have an opportunity to open an HSA, which lets you set aside tax-favored money to pay for qualified health care expenses.

***If you open an HSA through HealthEquity, The Dixie Group will make the following basic annual contribution to your account:***

- \$250 for Associate coverage
- \$400 for Associate + Spouse and/or Child(ren) coverage
- \$650 for Associate + Family coverage

**Please Note:** 50% of the Company Basic Contribution will be deposited in January. The remainder (50%) of the Basic contribution will be deposited in July.

In addition to The Dixie Group's contribution, you may also contribute to your HSA through payroll deductions. Pre-tax contributions can be made to your HSA up to the calendar year limits set by the U.S. Treasury and the Internal Revenue Service (IRS). The maximum funding set by the IRS (combined employee and employer contributions) for 2020 is:

- \$3,550 for single coverage\*
- \$7,100 for self + 1 or more covered\*

## The Dixie Group Offers an Additional Matching Contribution!

- Associate only \$250 Maximum  
For a total amount of \$750
- Associate + Spouse \$400 Maximum  
For a total amount of \$1,200
- Associate + Child(ren) \$400 Maximum  
For a total amount of \$1,200
- Associate + Family \$650 Maximum  
For a total amount of \$1,950

**Please Note:** The Company Matching Contributions will be deposited in three (3) installments: April, August, and November. Please contact HR for additional information.

Please note that if you use the money in your HSA for something other than qualified health care expenses, you will have to pay income tax on that withdrawal, as well as an additional 20% penalty tax if you are under age 65.

\*Employees age 55 or older may contribute an additional \$1,000 into their HSA account. In order to be eligible for the catch-up contribution, you must be at least age 55 prior to December 31, 2020. If you are eligible, you may contribute the full additional \$1,000 during the plan year.



# Medical Plan Cost Comparison



**Lower Premiums/  
Employer Funding**

	Blue Secure Plan	Health & Savings Plan
Weekly Premiums	\$52.00	\$27.25
Associate Only Premiums (Annualized)	\$2,704.00	\$1,417.00
<b>Premium Savings</b>	<b>\$0</b>	<b>\$1,287.00</b>
Health Savings Account – Annual Employer Contribution	N/A	\$250.00
Additional Matching Contribution – Maximum Amount	N/A	\$250.00
<b>Premium Savings + Dixie's Annual HSA Contribution + Additional Matching Contribution</b>	<b>\$0</b>	<b>\$1,787.00</b>



**Lower Premiums/  
Employer Funding**

	Blue Secure Plan	Health & Savings Plan
Weekly Premiums	\$133.50	\$68.25
Family Premiums (Annualized)	\$6,942.00	\$3,549.00
<b>Premium Savings</b>	<b>\$0</b>	<b>\$3,393.00</b>
Health Savings Account – Annual Employer Contribution	N/A	\$650.00
Additional Matching Contribution – Maximum Amount	N/A	\$650.00
<b>Premium Savings + Dixie's Annual HSA Contribution + Additional Matching Contribution</b>	<b>\$0</b>	<b>\$4,693.00</b>



# Medical Plan Comparison

The chart below shows the highlights of your Blue Cross Blue Shield of AL Health & Savings PPO medical plan benefits. Please see the Summary of Benefits and Coverage for complete information on the plan's benefits, exclusions, and limitations.

Blue Cross Blue Shield of AL	Health & Savings PPO Plan	
	In-Network (What you pay:)	Out-of-Network (What you pay:)
Calendar Year Deductible	No cross application of deductibles <sup>2</sup>	
For self-only coverage, no benefits, except preventive care, are paid by the plan until medical expenses paid by the individual equal the deductible amount. For family coverage, no benefits, except preventive care, are paid by the plan to a family member until that individual family member meets the individual deductible amount.  <b>Note:</b> \$2,800 individual deductible for the family and associate + spouse / child(ren) plans must be met before 80% coinsurance applies.	\$1,600/member \$3,200/member + spouse or child(ren) \$4,000/family	\$3,200/member \$8,000/family
Physician Office Visit	20% after deductible	50% after deductible
Hospitalization	20% after deductible	50% after deductible
Physician Services - Surgery & Anesthesia	20% after deductible	50% after deductible
Physician Services - Maternity	20% after deductible	50% after deductible
Emergency Room	20% after deductible	20% after deductible
Diagnostic Tests & X-Rays	20% after deductible	50% after deductible
Advanced Imaging (CT/PET/SPECT Scans, MRIs)	20% after deductible	50% after deductible
Mental Health/Substance Abuse (Outpatient)	20% after deductible	50% after deductible
Lifetime Maximum	Unlimited	
Calendar Year Medical Out-of-Pocket Max	\$3,400/individual; \$7,000/family	\$6,800/individual; \$14,000/family
Retail Prescriptions (Up to 30 day supply)  Covered at 100% after deductible subject to copays	After medical deductible is satisfied <sup>3</sup>  \$15 Tier 1; \$50 Tier 2; \$75 Tier 3	Not Covered
Mail Order Prescriptions (Up to 90 day supply)	Not Covered	

# Medical Plan Comparison

The chart below shows the highlights of your Blue Cross Blue Shield of AL Dixie Blue Secure and Dixie MVP PPO medical plan benefits. Please see the Summary of Benefits and Coverage for complete information on each plan's benefits, exclusions, and limitations.

Blue Cross Blue Shield of AL	Blue Secure		Dixie MVP PPO	
	In-Network (What you pay:)	Out-of-Network (What you pay:)	In-Network (What you pay:)	Out-of-Network (What you pay:)
Calendar Year Deductible	\$1,000/member \$2,000/family	\$2,000/member \$4,000/family	No cross application of deductibles <sup>1</sup> \$2,000/member \$4,000/family	
Physician Office Visit Specialist Office Visit	\$40 copay \$60 copay (deductible waived)	50% after deductible	40% after deductible	50% after deductible
Hospitalization	\$250/day copay for Days 1-5 (deductible waived)	20% after \$1,200 per admit deductible	40% after deductible	50% after deductible
Physician Services - Surgery & Anesthesia	No charge after deductible	50% after deductible	40% after deductible	50% after deductible
Physician Services - Maternity	No charge after deductible	50% after deductible	40% after deductible	50% after deductible
Emergency Room	\$250 copay (deductible waived)	\$250 copay after deductible	40% after deductible	40% after deductible
Diagnostic Tests & X-Rays	\$10 copay (deductible waived)	50% after deductible	40% after deductible	50% after deductible
Advanced Imaging (CT/PET/SPECT Scans, MRIs)	\$250 copay (deductible waived)	50% after deductible	40% after deductible	50% after deductible
Mental Health/Substance Abuse (Outpatient)	\$40/visit \$60/visit - Specialist (deductible waived)	50% after deductible	40% after deductible	50% after deductible
Lifetime Maximum	Unlimited		Unlimited	
Calendar Year Medical Out-of- Pocket Max	\$6,000/individual; \$12,000/family	No out-of-pocket maximum	\$4,000/member \$8,000/family	No out-of-pocket maximum
Retail Prescriptions (Up to 30 day supply) Covered at 100% after deductible subject to copays	\$15 Tier 1; \$50 Tier 2; \$100 Tier 3; \$250 Tier 4	Not Covered	After medical deductible is satisfied <sup>2</sup> \$15 Tier 1; \$50 Tier 2; \$75 Tier 3	Not Covered
Mail Order Prescriptions (Blue Secure)	\$37.50 Tier 1; \$125.00 Tier 2; \$250.00 Tier 3; Not Covered Tier 4		Not Covered	

<sup>1</sup> In-network charges will not apply to the out-of-network deductible, and out-of-network charges will not apply to the in-network deductible

<sup>2</sup> You must satisfy the medical deductible before the prescription drug copays will apply

<sup>3</sup> Blue Secure - An Associate does not have to meet the \$1,000 calendar year deductible before prescription benefits are covered.



# Blue Secure Prescription Benefits

Covered at 100% of the allowed amount, subject to the following copays for a 30-day supply for each prescription:

Tier 1 Drugs:	\$15 copay per prescription
Tier 2 Drugs:	\$50 copay per prescription
Tier 3 Drugs:	\$100 copay per prescription
Tier 4 Drugs:	\$250 copay per prescription

**Generic Drugs are mandatory when available and may be classified in any Tier**

Must you pay the \$1,000 individual deductible before prescription benefits are covered?



**No!**

You will only pay the prescription drug copayment based on tier coverage!

# MVP Prescription Benefits

IN-NETWORK	
PRESCRIPTION DRUG BENEFITS (Includes Mental Health Disorders and Substance Abuse)	
Covered at 100% after deductible subject to the following copays for a 30-day supply for each prescription:	
Tier 1 Drugs:	\$15 copay per prescription
Tier 2 Drugs:	\$50 copay per prescription
Tier 3 Drugs:	\$75 copay per prescription

**Generic Drugs** are mandatory when available and may be classified in any Tier



# Dental

**Delta Dental**  
800-932-0783  
[www.deltadental.com](http://www.deltadental.com)  
Group Number: 20279



Your dental benefits at Dixie Group are provided by Delta Dental. This dental plan is a PPO (similar to your medical plan), in that you may visit any provider that you choose, however, you will most likely see increased benefit levels if you go to a provider in network.

To find a provider in the network, visit [www.deltadental.com](http://www.deltadental.com).

	<b>Dixie's Indemnity Dental Plan Choice of Any Dentist</b>
Calendar Year Deductible	\$75/individual \$225/family
Calendar Year Maximum Benefit	\$2,000/member
Preventive Services (cleanings, x-rays, simple extractions, etc.)	Plan pays 100% of UCR* with no deductible
Basic Services (fillings, x-rays, crowns, etc.)	Plan pays 80% of UCR* after deductible
Major Services (dentures, bridges, etc.)	Plan pays 50% of UCR* after deductible Also, non-surgical treatment for TMJ limited to \$2,000 maximum annual benefit
Orthodontia Services	Plan pays 50% of the Preferred Dental Schedule, subject to deductible. Limited to lifetime maximum of \$1,250 Children and Adults

\*Usual, customary, and reasonable charges

# Vision



**EyeMed**

(866) 299-1358

Dixie's vision coverage through EyeMed is available to our associates and their dependents.

The voluntary EyeMed vision plan is designed to help you maintain healthy eyesight by providing coverage for vision exams, eyeglass frames and lenses, and contact lenses. Under this plan, you're free to go to in-network or out-of-network providers - but you'll get a higher level of benefits, and enjoy greater convenience, if you go to a vision care provider in the EyeMed network. If you decide to go to an out-of-network provider, you will pay the entire bill up front, and then file a claim with EyeMed. The plan will reimburse you for your out-of-network services up to the allowances shown below.

The following table highlights some of the most common vision services and supplies covered by our plan. For more details, please see the EyeMed vision plan benefit summary.

	EyeMed Vision Plan	
	In-Network	Out-of-Network Reimbursement Amount
Exam (once every 12 months)	\$0 copay	Up to \$35
Frames (once every 12 months)	\$140 retail allowance; 20% off balance over \$140	Up to \$48
Std. Plastic Lenses (once every 12 months) - Single Vision - Bifocal - Trifocal	\$25 copay \$25 copay \$25 copay	Up to \$25 Up to \$40 Up to \$60
Contact Lenses (once every 12 months*) - Conventional	\$0 copay; \$135 allowance; 15% off balance over	Up to \$95
- Disposable Standard contact lens fit & follow-up	\$135 Up to \$40	Up to \$95 N/A

\* In lieu of eyeglass lenses and frames

# Life Insurance

The Dixie Group's Basic Life coverage is insured by Lincoln Financial. This coverage is provided by The Dixie Group at no cost to you.

## **Full Time Commission Sales Associates**

Coverage begins effective on date of hire. The Dixie Group, Inc. will provide term life insurance that equals 2 times your annual earnings (base salary + commission), rounded to the next higher \$1,000; subject to a maximum of \$860,000.

## **Full Time Salaried and Nonexempt Associates**

Coverage begins effective on date of hire. The Dixie Group, Inc. will provide basic term life insurance that equals two times your basic annual earnings, rounded to the next higher \$1,000; subject to a maximum of \$860,000.

## **Full Time Hourly Associates**

Coverage begins after 90 days of employment. The Dixie Group, Inc. will provide term life insurance that equals one and one-half times your basic annual earnings. Rounded to the next higher \$1,000; subject to a maximum of \$50,000.

You will also receive company-paid coverage for your dependents equal to \$2,000 for your spouse, and \$2,000 for each of your children up to age 26.

Please note this benefit excludes the following facilities: Saraland and Atmore.

Please make sure your beneficiary designation is up to date, especially if you've had a change in your family status, such as marriage or divorce.

Refer to the summary plan description for detailed information regarding reduction of benefits after age 70.

# Important Information

## **Summaries of Benefits and Coverage**

As part of the Affordable Care Act (ACA), Summaries of Benefits and Coverage (SBCs) were created to provide easy-to-understand descriptions of the medical plan coverage available to you. They are designed to help you better understand, compare and evaluate your medical plan choices. The SBCs for your Medical Plans and Notices about your Associate Rights are available on the HR website. If you have any questions about The Dixie Group's benefits coverage, please contact The Dixie Group's HR Department.

# Teledoc

Healthcare just got a whole lot easier! Teledoc health services is a benefit available to medical plan participants. Participants and covered dependents seeking non-urgent care on demand can connect with board-certified doctors 24 hours a day using their phone, tablet or computer. It's free to enroll and the cost per visit is \$40 for Blue Secure and \$45 for Health and Savings and MVP Plans. Participants can pay with their HSA (health savings account) card, credit card, prepaid debit card or PayPal.

It's quick and easy to set up your Teladoc account. You can register your account by phone, web or mobile app. You will need basic information about yourself as your name, date of birth, name of employer, and BCBS health plan ID. Once you register you will need to complete your medical history. Be sure to register your eligible dependents under the age of 18. Adult dependents 18 and older must set up their own account.

- Call (855) 477-4549 and a member service member will register your account over the phone
- Visit [Teladoc.com/Alabama](https://teladoc.com/Alabama) and click "Set Up Account"



# The Dixie Group 401 (K) Retirement Savings Plan



## A great way to plan for your future

Get the most from your retirement plan

### The Dixie Group 401(k) Retirement Savings Plan

**Dixie Matching Contribution**  
(Effective 1/1/2020 - 12/30/2020)

What Is The Match Formula?

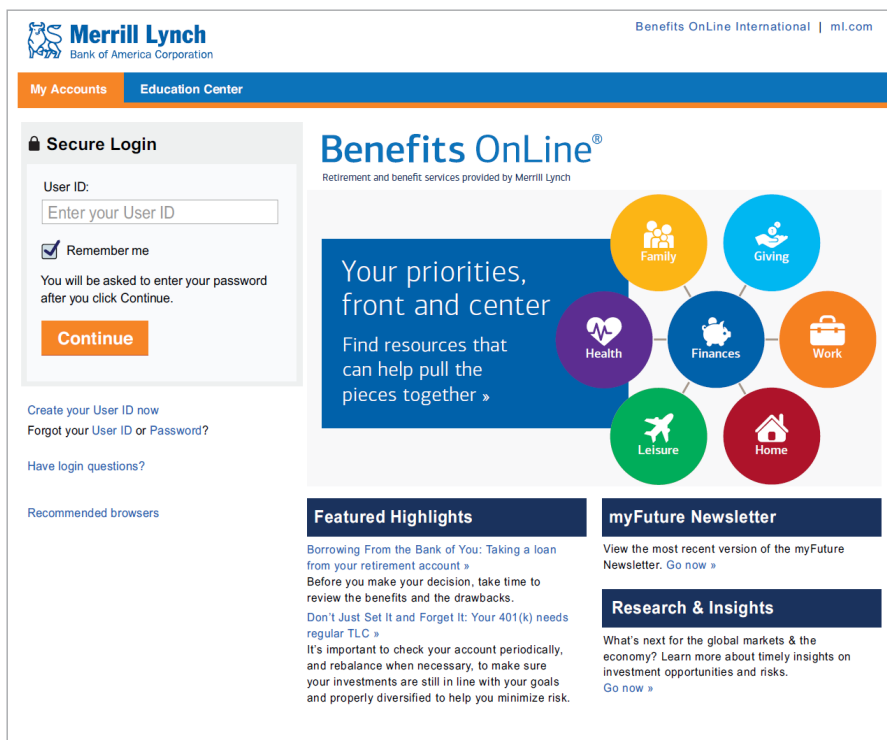
- \$.50 Match Per Dollar Deferred
  - Up to a Maximum of 6% of Pay Deferred
- You May Defer up to 70% if you wish, **subject to IRS regulations.**

Example: You Defer \$2,400 - Full Match = \$1,200

<b>Full Match</b>	Company Must Earn At Least <u>6%</u> return On Year Beginning Investment (ROI)	<b>\$1,200.00</b>
<b>2/3 Match</b>	Company Must Earn At Least <u>3%</u> return On Year Beginning Investment (ROI)	<b>\$800.00</b>
<b>1/3 Match</b>	Guaranteed Portion Of The Match	<b>\$400.00</b>

# The Dixie Group 401 (K) Retirement Savings Plan

Plan for your future...and much more



Merrill Lynch  
Bank of America Corporation

Benefits OnLine International | ml.com

My Accounts Education Center

**Secure Login**

User ID:

☒ Remember me

You will be asked to enter your password after you click Continue.

**Continue**

Create your User ID now  
Forgot your User ID or Password?  
Have login questions?

Recommended browsers

**Benefits OnLine®**  
Retirement and benefit services provided by Merrill Lynch

Your priorities, front and center  
Find resources that can help pull the pieces together »

Family Giving Health Finances Work Leisure Home

**Featured Highlights**

Borrowing From the Bank of You: Taking a loan from your retirement account »  
Before you make your decision, take time to review the benefits and the drawbacks.  
Don't Just Set It and Forget It: Your 401(k) needs regular TLC »  
It's important to check your account periodically, and rebalance when necessary, to make sure your investments are still in line with your goals and properly diversified to help you minimize risk.

**myFuture Newsletter**

View the most recent version of the myFuture Newsletter. [Go now »](#)

**Research & Insights**

What's next for the global markets & the economy? Learn more about timely insights on investment opportunities and risks.  
[Go now »](#)

## Use Benefits OnLine to:\*

- Enroll in your plan.
- Check your balance.
- Track investment performance.
- Review your transactions and account statements.
- Chart your rate of return.
- Research your investment choices.
- Change your investments and contribution rate.
- Go green! Choose online delivery for your plan communications.
- Find tips and tools about investing and retirement.

\* Certain features may not be available for your plan.

[www.benefits.ml.com](http://www.benefits.ml.com)



## To enroll or log on

To get started with Benefits OnLine at [www.benefits.ml.com](http://www.benefits.ml.com), click the link **Create your User ID now** on the Welcome page and then follow the prompts to create a User ID and password for your account.

## Please keep in mind

- Passwords are case sensitive — be sure to enter lower case and capital letters properly.
- Avoid using personal information such as your name and/or birth date.

# Contacts

Benefit	Group Number	Carrier	Phone	Website
<b>Medical</b>				
Dixie Blue Secure PPO	39961	Blue Cross Blue Shield of AL	(800) 292-8868	<a href="http://www.alabamablue.com">www.alabamablue.com</a>
Dixie MVP PPO	22338	Blue Cross Blue Shield of AL	(800) 292-8868	<a href="http://www.alabamablue.com">www.alabamablue.com</a>
Dixie Health & Savings PPO	22385	Blue Cross Blue Shield of AL	(800) 292-8868	<a href="http://www.alabamablue.com">www.alabamablue.com</a>
<b>Dental and Vision</b>				
Dixie Dental Plan	20279	Delta Dental	(800) 932-0783	<a href="http://www.deltadental.org">www.deltadental.org</a>
Dixie Vision Plan	9737123	EyeMed	(866) 299-1358	<a href="http://www.eyemedvisioncare.com">www.eyemedvisioncare.com</a>



## Weekly Benefit Cost

Carrier	Coverage	Weekly Cost	
Medical Coverage			
Blue Cross Blue Shield of AL	Dixie Blue Secure PPO	Associate Only	\$52.00
		Associate + Spouse	\$111.25
		Associate + Children	\$101.50
		Associate + Family	\$133.50
Blue Cross Blue Shield of AL	Dixie MVP PPO	Associate Only	\$21.50
		Associate + Spouse	\$50.00
		Associate + Children	\$47.50
		Associate + Family	\$56.50
Blue Cross Blue Shield of AL	Dixie Health & Savings PPO	Associate Only	\$27.25
		Associate + Spouse	\$60.50
		Associate + Children	\$57.50
		Associate + Family	\$68.25
Dental Coverage			
Delta Dental	Dixie Dental Plan	Associate Only	\$2.75
		Associate + Spouse	\$5.25
		Associate + Children	\$5.50
		Associate + Family	\$6.00
Vision Coverage			
EyeMed	Vision Plan	Associate Only	\$1.15
		Associate + One (1)	\$2.19
		Associate + Family	\$3.20

# Semi-Monthly Benefit Cost

Carrier	Coverage	Semi-Monthly Cost	
Medical Coverage			
Blue Cross Blue Shield of AL	Dixie Blue Secure PPO	Associate Only	\$112.75
		Associate + Spouse	\$241.00
		Associate + Children	\$220.00
		Associate + Family	\$289.25
Blue Cross Blue Shield of AL	Dixie MVP PPO	Associate Only	\$46.50
		Associate + Spouse	\$108.25
		Associate + Children	\$103.00
		Associate + Family	\$122.50
Blue Cross Blue Shield of AL	Dixie Health & Savings PPO	Associate Only	\$59.00
		Associate + Spouse	\$131.00
		Associate + Children	\$124.50
		Associate + Family	\$147.75
Dental Coverage			
Delta Dental	Dixie Dental Plan	Associate Only	\$7.50
		Associate + Spouse	\$14.50
		Associate + Children	\$14.50
		Associate + Family	\$17.00
Vision Coverage			
EyeMed	Vision Plan	Associate Only	\$2.50
		Associate + One (1)	\$4.74
		Associate + Family	\$6.94



Contributors: The Dixie Group  
Human Resources Dept.

#### Restricted Rights

The information contained in this document is proprietary and confidential to The Dixie Group.

No part of this document may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying and recording, for any purpose without the express written permission of The Dixie Group.

This document is subject to change without notice. The Dixie Group does not warrant that the material contained in this document is error-free. If you find any problems with this document, please report them to The Dixie Group Human Resources in writing.

The Dixie Group reserves the right to terminate, suspend, withdraw, or modify the benefits described in this document, in whole or in part, at any time for any reason. No statement in this or any other document, and no oral representation, should be construed as a waiver of this right.

This is not a legal document. Please refer to the Summary Plan Descriptions for detailed information. This document is not intended to cover every option in detail. Complete details are in the legal documents, contracts, and administrative policies that govern benefit operation and administration.

If there should ever be any differences between the summaries in this guide and the legal documents, contracts and policies, the legal documents, contracts and policies will be the final authority.

Neither the Plan, the Summary Plan Descriptions, nor your coverage under the Plan, give you any right to continue your employment with The Dixie Group, nor will they interfere in any way with your right or The Dixie Group's right to terminate your employment at any time for any reason, which right is hereby expressly reserved.

Copyright 2020 The Dixie Group. All rights reserved.



T H E   D I X I E   G R O U P

## BENEFITS GUIDE



