

A photograph of two young girls with long, wavy hair standing on a rocky riverbank. One girl is standing and looking towards the water, while the other is crouching and reaching into the water with a stick. The background is a lush green forest with trees and foliage. The scene is bright and sunny.

2020 Open Enrollment

October 17 – November 15, 2019

*Dixie has great Benefits;
let's talk about it!*



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FABRICA
FINE CARPETS & RUGS

Masland

DIXIE HOME 

Masland
contract

 Atlas

Masland
hospitality



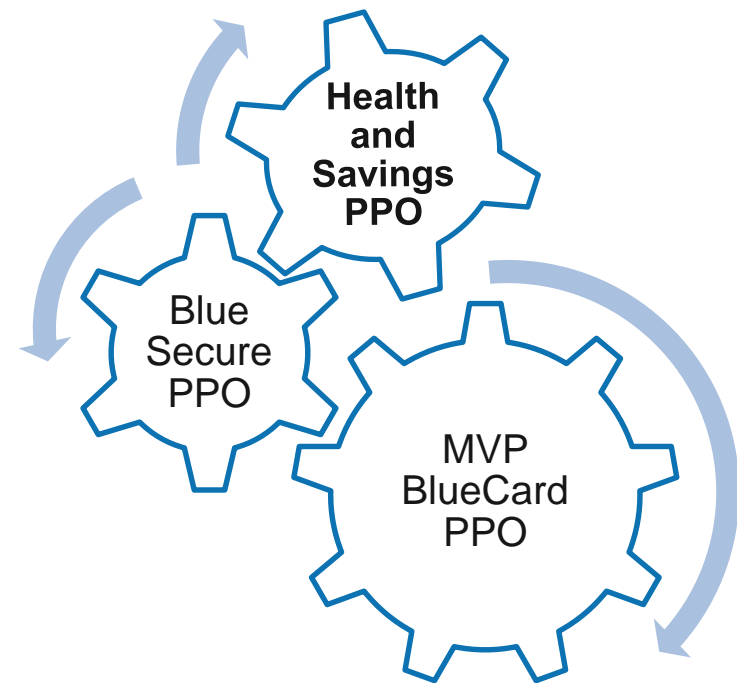
What's changing?

- Moving dental coverage to Delta Dental
- Larger network – less balance billing
- Plan design **remains the same**
- No change in medical premiums

Dixie's medical insurance plans



- **Dixie offers 3 plans:**
 - **Health and Savings (BCBSAL) PPO**
 - Traditional Blue Secure (BCBSAL) PPO plan
 - MVP (BCBSAL) PPO plan



Weekly Medical Premiums

Your choice of plan. . .

No change in medical premiums!

2020 Weekly Premiums	Health & Savings Plan	Blue Secure Plan	Minimum Value Plan
Associate only	\$ 27.25	\$ 52.00	\$ 21.50
Associate + Spouse	\$ 60.50	\$ 111.25	\$ 50.00
Associate + Child(ren)	\$ 57.50	\$ 101.50	\$ 47.50
Family	\$ 68.25	\$ 133.50	\$ 56.50

Semi-Monthly Medical Premiums

No change in medical premiums!

Your choice of plan. . .

2020 Semi-Monthly Premiums	Health & Savings Plan	Blue Secure Plan	Minimum Value Plan
Associate only	\$ 59.00	\$ 112.75	\$ 46.50
Associate + Spouse	\$ 131.00	\$ 241.00	\$ 108.25
Associate + Child(ren)	\$ 124.50	\$ 220.00	\$ 103.00
Family	\$ 147.75	\$ 289.25	\$ 122.50



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2020 Medical Plan Summary



BlueCross BlueShield
of Alabama

The Dixie Group 2020 Plan Offerings



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- **Blue Secure PPO Plan**
 - \$1000 in-network associate only deductible
 - \$2000 in-network family deductible
 - Covered at 100% after \$250 copay for most benefit services (refer to plan guide for more detailed information)
- **Health & Savings PPO Plan with Health Savings Account**
 - \$1600 in-network associate only deductible
 - \$4000 in-network family deductible
 - Covered at 80% after individual deductible is met
 - Much lower premiums than Blue Secure
 - Health Savings Account

2020 Employer Contribution (HSA) to help off-set deductible






2020 Associate Cost Sharing



In-Network	Health & Savings PPO Plan	Blue Secure PPO Plan
CALENDAR YEAR DEDUCTIBLE	Individual \$1,600 Family \$4,000	Individual \$1000 Family \$2000
OUT-OF-POCKET MAXIMUM	Individual \$3,400 Family \$7,000	Individual \$6,000 Family \$12,000

Note: For **2020**, the individual deductible slightly increases from \$2,700 to **\$2,800** for the family and associate + spouse / child(ren) plans. The **\$2,800** individual deductible must be met before 80% coinsurance applies. All cost-sharing amounts (deductible, copayment and coinsurance) for covered in-network services apply to the calendar year out-of-pocket maximum.





Your 2020 Health Plan Options

	Health & Savings PPO Plan	Blue Secure PPO Plan
 <p>PHYSICIAN VISITS Primary Care Physician and Specialist</p>	Covered at 80% Subject to calendar year deductible	Covered at 100% After \$40 physician copay \$60 specialist physician copay.
 <p>OUTPATIENT SURGERY</p>	Covered at 80% Subject to calendar year deductible	Covered at 100% After \$250 hospital copay
 <p>EMERGENCY ROOM</p>	Covered at 80% Subject to calendar year deductible	Covered at 100% After \$250 hospital copay
 <p>INPATIENT HOSPITAL CARE</p>	Covered at 80% Subject to calendar year deductible	Covered at 100% After \$250 per day hospital copay days 1-5 for each admission
 <p>PRESCRIPTION DRUGS</p>	Covered at 100% after deductible subject to the following copays: Tier 1 Drugs: \$15 copay Tier 2 Drugs: \$50 copay Tier 3 Drugs: \$75 copay	Tier 1 Drugs: \$15 copay Tier 2 Drugs: \$50 copay Tier 3 Drugs: \$100 copay Tier 4 Specialty Drugs: \$250 copay

Your 2020 Health Plan Options

BlueCross BlueShield
of Alabama



	Health & Savings PPO Plan	Blue Secure PPO Plan
 <p>MATERNITY CARE</p>	Covered at 80% Subject to calendar year deductible	Covered at 100% Subject to calendar year deductible
 <p>OCCUPATIONAL, PHYSICAL AND SPEECH THERAPY – limited to a combined maximum of 30 visits per year</p>	Covered at 80% Subject to calendar year deductible	Covered at 80% Subject to calendar year deductible
 <p>DIAGNOSTIC LAB Physician Benefits</p>	Covered at 80% Subject to calendar year deductible	Covered at 100% After \$10 copay per procedure
 <p>ROUTINE IMMUNIZATIONS AND PREVENTIVE SERVICES Listed at AlabamaBlue.com/ Preventive Services</p>	Covered at 100% No copay or deductible	Covered at 100% No copay or deductible

In-Network Services Subject To \$1,000 Calendar Year Deductible.

Surgery & Anesthesia – Covered at 100% subject to calendar year deductible



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Blue Secure PPO Plan

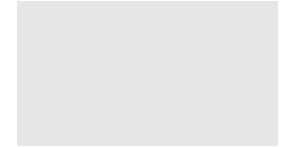


BlueCross BlueShield
of Alabama

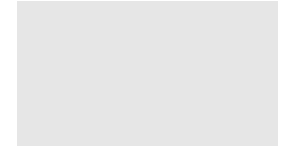
Blue Secure PPO Plan



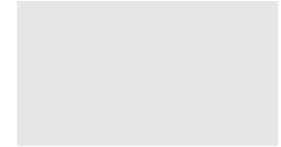
- Primary care physician copayment **\$40**
(not subject to deductible)
- Specialist physician copayment **\$60**
(not subject to deductible)



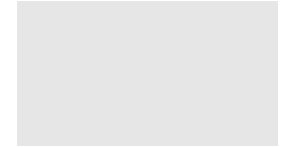
- Inpatient hospital (Including Maternity)
 - in-network hospital copay (days 1-5) is \$250 per day per admission
 - **Remains 100%** of the allowed amount after hospital copay



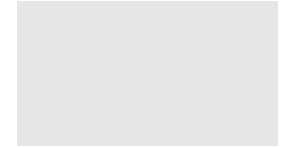
- In-hospital doctor visits and consultations in-network **100% of the allowed amount** subject to calendar year deductible



- Outpatient surgery (including Ambulatory Surgery Centers) in-network facility copay is \$250 **(not subject to deductible)**
- Emergency Room (Medical Emergency) in-network facility copay is \$250 **(not subject to deductible)**



- Emergency Room (Accident) in-network hospital copay is \$250 (**not subject to deductible**)
- Emergency Room Physician in-network physician copay is \$60 (**not subject to deductible**)



- Outpatient diagnostic lab, x-ray & pathology in-network hospital copay is \$250 (**not subject to deductible**)
- Surgery and anesthesia in-network services **100%** of the allowed amount subject to calendar year deductible

- Cat scan, MRI, PET/SPECT, ERCP, angiography/arteriography, cardiac cath/arteriography, colonoscopy, UGI endoscopy, in-network services is \$250 copay per procedure **(not subject to deductible)**

Summary for 2020

- Maternity care in-network services 100% subject to calendar year deductible
- Diagnostics x-ray (includes maternity ultrasounds) in-network services 100% of the allowed amount after \$10 copay per procedure

Preventive Services



Many in-network preventive services and screenings are **100% covered** by your new health plan – **no copay or deductible**:

- **Well Child Care**
- **Immunizations**
- **Cholesterol check**
- **Mammograms**
- **Age and Gender Specific Tests and Screenings**
- **PSA**
- **Colorectal Screenings**
- **Annual Adult Physical Exams**

See your benefit booklet for more details.



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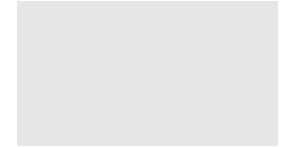
How do deductibles, coinsurance and copays work for Blue Secure PPO Plan?



- The individual in-network deductible for medical services is \$1,000 (one time per year)
 - The **family** in-network deductible for medical services is an additional \$1,000
$$\$1,000 + \$1,000 = \$2,000$$
-

The deductible applies to very few medical services:

- **Maternity Care** – 9 months of maternity care—including delivery/hospitalization
- **Inpatient Hospital Doctor Visits**
- **Surgery & Anesthesia**
- **Certain Therapy Procedures**



- The individual in-network out-of-pocket is \$6,000
- The family in-network out-of-pocket is \$12,000



Must you pay the \$1,000 individual deductible for primary care office visit?





No!

You will only pay \$40
copayment per visit!



Must you pay the \$1,000 individual deductible for specialist office visit?





No!

You will only pay \$60
copayment per visit!



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





No!

**Preventive care in-network
services covered at
100% - no copay or deductible!**

When is the \$1,000 deductible required?



- Surgery & Anesthesia
- Maternity Care
 - 9 months of maternity care—including delivery/hospitalization
- Inpatient Hospital Doctor Visits

Please refer to Summary Plan Description (SPD) for more detailed information.



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!



What primary care physicians and practitioners are in the lowest tier of copay?

- There are many doctors and practitioners with a primary care specialty. An office visit to any of the following kinds of health care professionals will be in the lowest tier of copays (**\$40 primary care physician copay per visit**):

General practice
Nurse practitioner
Internal medicine
OB/GYN, nurse practitioner

Pediatrics
Family practice
Physician assistant
Geriatrics



A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions. There are also specialty hospitals and specialty pharmaceuticals.

There are many physician specialists. An office visit to any of the following kinds of physician specialists will be in the higher tier of copays (**\$60 specialist physician copay per visit**):

Cardiologist
ENT
Infectious Disease
Ophthalmologist
Urologist
Rheumatology

Dermatologist
ER Physician
Nephrologist
Orthopedic
Pulmonary
Gastroenterologist

Endocrinologist
General Surgeon
Oncology
Podiatrist
Psychiatrist



Teladoc[®]

Healthcare. When and where you need it.

- 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.
- They'll be connected within minutes.

- Teledoc provides service guarantee to get someone connected within the hour or the visit is free.
- It's free to enroll and the cost is \$40 per visit for those enrolled in Blue Secure, and \$45 per visit for those enrolled in Health & Savings Plan or MVP Plan. Participants can pay by credit card, prepaid debit card or PayPal.

Teladoc's Physicians



Board-certified Internal medicine, family practice, emergency medicine or pediatrics

State-licensed In their respective states

Experienced An average of 20 years of practice

U.S. residents U.S. residents, living and working in the United States

Credentialed The first and only telehealth company in the US to have provider credentialing process certified by NCQA

97%

**Teladoc physician
satisfaction rate**



Getting Started

It's quick and easy to set up your Teladoc account. Set up your account :----- so when you need care, **a doctor is just a call or click away**. Get started by following the steps below.

Get started by following the steps below.

1

REGISTER

You can register your account by phone, web or mobile app. You will need basic information about yourself such as your name, date of birth, name of employer, and BCBS health plan ID.

- Call 1-855-477-4549 and a member services agent will register your account over the phone
- Visit **Teladoc.com/Alabama** and click "Set Up Account"
- Download the app and click "Activate account"



2

COMPLETE MEDICAL HISTORY

Once you register, you will need to complete your medical history which provides Teladoc doctors with the information they need to make an accurate diagnosis. Much like the paperwork you complete at a doctor's office, the medical history details past conditions, medications, allergies, as well as information about your family's medical history.

3

REGISTER MINOR DEPENDENTS (UNDER 18)

Be sure to register your eligible dependents under the age of 18. Once logged in to your account:

- Go to the "My Family" tab
- Click "Add Dependents"
- Enter required information
- Follow the instructions to register and complete minors' medical history
- Add adult consenters if you wish to designate another adult who can request a consult for your minor dependent

Adult dependents 18 and older must set up their own account (register and complete medical history).



Maximizing *your*
HEALTH SAVINGS



Health Savings Account (HSA)

Health Savings Account



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Dixie Group Cares!

Associate
\$250

Associate
+ Spouse
\$400

Associate+
Child(ren)
\$400

Associate+
Family
\$650



Health Savings Account (HSA) –

Company Basic Contribution for 2020

Dixie will contribute to the Health Savings Account (HSA) on behalf of the associates who elect the Health & Savings Plan.

- ✓ Individual only Company Basic Contribution **\$250**
- ✓ Associate + Spouse and/or Child(ren) Company Basic Contribution **\$400**
- ✓ Family Company Basic Contribution **\$650**

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

Dixie Matching Contribution Case Studies



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Dixie matches \$1 for \$1 of associate savings up to a maximum amount.

Case #1: Associate-Only

Company Match \$250 Maximum

EE Contribution \$250 + Company Basic \$250 + Company Match \$250

Total Contribution Amount = **\$750**, associate contributed **\$250**

Case #2: Associate + Spouse/Child(ren)

Company Match \$400 Maximum

EE Contribution \$400 + Company Basic \$400 + Company Match \$400

Total Contribution Amount = **\$1,200**, associate contributed **\$400**

Case #3: Associate + Family

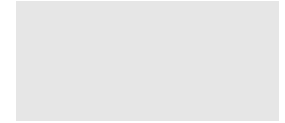
Company Match \$650 Maximum

EE Contribution \$650 + Company Basic \$650 + Company Match \$650

Total Contribution Amount = **\$1,950**, associate contributed **\$650**

Note: Company Matching Contributions will be deposited in three (3) installments: April, August and November.

Company Matching Contribution



The Company Matching Contributions will be deposited in three (3) installments:

April, August and November



Money into HSA

- Associate only Company Match - **\$83.33**
- Associate + Spouse/Child(ren) Company Match-**\$133.33**
- Associate + Family Company Match - **\$216.67**

Health Savings Accounts Basic Rules & Annual Contribution Limits:

Don't leave
money
on the **TABLE** for the IRS

Put money into your HSA

Individual	Family
\$3,500	\$7,000

2019

Individual	Family
\$3,550	\$7,100

2020

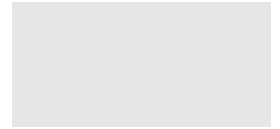
Catch-up contribution,
age 55+: \$1,000

Any HSA funds used for ineligible expenses are subject to income tax and a 20% IRS tax penalty.

Health Savings Accounts Basic Rules & Annual Contribution Limits:



Tier	2020 IRS Contribution Limits (EE + ER contributions)	Company Contributions	2020 Maximum contribution amounts that you can contribute after Dixie's contributions
Associate only	\$ 3,550.00	Company Basic \$250 + Company Match \$250	\$ 3,050.00
Associate + Spouse / Child(ren)	\$ 7,100.00	Company Basic \$400 + Company Match \$400	\$ 6,300.00
Family	\$ 7,100.00	Company Basic \$650 + Company Match \$650	\$ 5,800.00



The old way vs. the new strategy

TRADITIONAL HEALTH PLAN



Higher monthly premium
Lower deductible

VS.

HSA-QUALIFIED HEALTH PLAN



Lower monthly premium
Higher deductible



Money into HSA

Medical Plan Cost Comparison – Associate



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**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
Premium Savings	\$0	\$1,287.00
Health Savings Account – Annual Employer Contribution	N/A	\$250.00
Additional Matching Contribution – Maximum Amount	N/A	\$250.00
Premium Savings + Dixie's Annual HSA Contribution + Additional Matching Contribution	\$0	\$1,787.00

Medical Plan Cost Comparison – Family



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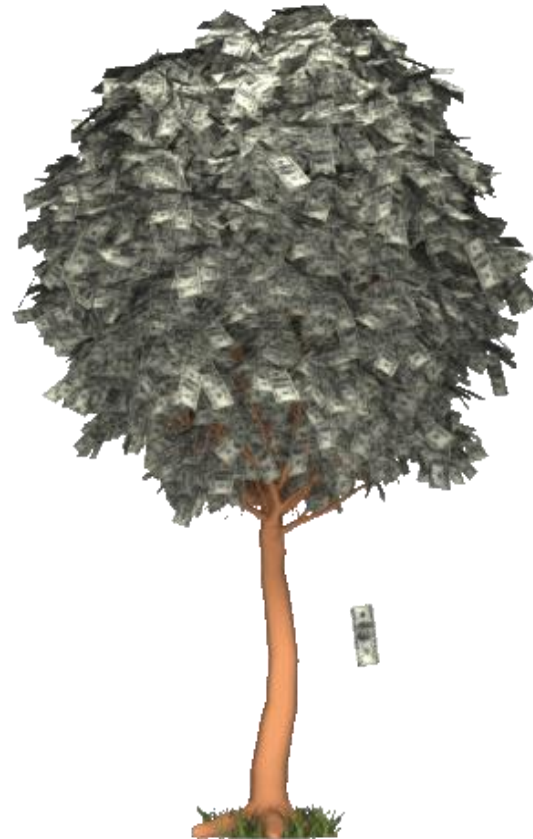


Lower Premiums/ Employer Funding

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

Health Savings Account

- Associate-owned bank account
- Funded by associate and/or Dixie
- Must be enrolled in a qualified Health Savings Plan
- Contributions can be made through pre-tax payroll deposits and deductions
(Note: Contributions to your HSA will be subject to state taxes in **California** and **New Jersey**)
- Unused funds carry over from year-to-year
- 100% of the money is always yours



HSA 101 – Who can have an HSA?

To be eligible for an HSA you must meet the following criteria:

- ✓ Be covered under a qualified Health Savings Plan and not also be covered under any other health plan
- ✓ **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.
- ✓ Not Medicare eligible (Part A – hospital insurance) age 65



Use your HSA for qualified medical expenses

HSA funds can be used for a variety of qualified medical, dental and vision expenses, including:

- Birth control
- Chiropractor
- Contact lenses
- Dental treatment
- Prescription eyeglasses
- Hearing aids
- Lab work
- Medical supplies
- Physical exams
- Prescriptions
- Orthodontia
- Radiology
- Stop-smoking programs
- Surgery (non-cosmetic)
- Therapy and more....



Health Savings Account (HSA)

How it works

At the doctor's office...



1

Receive
service

2

Provider bills
health plan

3

Health plan
sends EOB

4

Provider
sends invoice

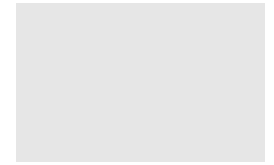
5

Pay invoice
with HSA



HealthEquity

Health Care Reform



- While non-dependent adult children may be covered under the Dixie Health & Savings PPO Plan, HSAs still follow IRS dependent definition
 - Under age 19
 - Age 19 – 24 and a full time student
 - Over 24 and disabled
 - Eligible to be listed as dependent on tax return

Things to Know About Your HSA



- To receive the Company's HSA contribution, you must elect the Health Savings account (HSA) during the enrollment process.
- As part of the identification process, HealthEquity may request additional information from you in accordance with the USA Patriot Act. **If you don't submit the requested information by the deadline indicated, your account will be closed.**

HSA Plan Example



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Single Coverage — Associate Only

Meet Donna! Her health expenses throughout the year are usually low. Other than getting her annual check-up, she typically has few medical expenses. Since she does not usually spend much on health care, Donna likes the idea of receiving funding from Dixie to meet her other health care needs during the year.

Donna takes advantage of 100% In-Network covered preventive care by getting her well-woman check-up. Additionally, she has one other office visit and fills one prescription every 90 days from Tier 2 at a retail pharmacy.



HSA Plan Example



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Year One

Donna's HSA Contributions

Dixie's contribution	\$ 250
Additional Matching Contribution	\$ 250
Donna's Contribution (\$100 per month x 12 months)	\$1,200
Total HSA funds available	\$1,700

Donna's Annual Medical Expenses

Tier 2 prescriptions (4 refills)	\$ 750
In-Network office visit	\$125
Annual check-up (preventive care is paid by the plan at 100%)	\$0
Total expenses	\$ 875

Donna's Totals

HSA funds available	\$1,700
Annual deductible satisfied	\$875
This amount counts toward her out-of-pocket maximum	

With the HSA Plan, Donna can pay for her \$875 in expenses by using her HSA. The **\$825** remaining in her HSA after her expenses paid will be available for future eligible medical expenses.



**Employer HSA Contributions
+ Premium Savings \$1,787**



**BlueCross BlueShield
of Alabama**

Dental Plan



What's changing?

- Moving dental coverage to Delta Dental
- Larger network
- Plan design **remains the same!**
- No change in medical premiums!

2020 Weekly Dental Premiums



No change in dental premiums!

Associate only	Associate + Spouse	Associate + Child(ren)	Family
\$2.75	\$5.25	\$5.50	\$6.00

Semi-Monthly Dental Premiums



No change in dental premiums!

Associate only	Associate + Spouse	Associate + Child(ren)	Family
\$7.50	\$14.50	\$14.50	\$17.00







2020 Associate Cost Sharing



CALENDAR YEAR DEDUCTIBLE	\$75 Per Member Maximum of 3 deductibles per Family
OUT-OF-POCKET MAXIMUM	\$2,000 Per Member each calendar year

Your Dental Plan Benefits



		PLAN PAYS
	DIAGNOSTIC AND PREVENTIVE Exams and Cleanings	Covered at 100% UCR No deductible
	RESTORATIVE Fillings and Root Canals	Covered at 80% Subject to the deductible
	SUPPLEMENTAL Oral Surgery and Anesthesia	Covered at 100% No deductible
	PROSTHETIC Crowns	Covered at 80% Subject to the deductible
	PERIODONTIC Gum Disease	Covered at 80% Subject to the deductible
	ORTHODONTIC Coverage for dependent children up to age 26	Covered at 50% Subject to the deductible Lifetime maximum \$1,250



Vision Plan

2020 Vision Premiums

No change in vision premiums!



2020 Weekly Premiums

Associate only	Associate + 1	Family
\$1.15	\$2.19	\$3.20

EyeMed vision coverage Frame benefit frequency once every **12 months**

2020 Semi-Monthly Premiums

No change in vision premiums!



2020 Semi-Monthly Premiums

Associate only	Associate + 1	Family
\$2.50	\$4.74	\$6.94

What's in it for me?

Options. It's simple really. We're dedicated to helping you see clearly – and that's why we've built a network that gives you lots of choices and flexibility. You can choose from thousands of independent and retail providers to find the one that best fits your needs and schedule. No matter which one you choose, our plan is designed to be easy-to-use and help you access the care you need. Welcome to EyeMed.



Benefits Snapshot	With EyeMed	Out-of-Network Reimbursement
Exam with dilation as necessary (Once every 12 months)	\$0 Co-pay	Up to \$35
Frames (Once every 12 months)	\$0 Co-pay; \$140 allowance; 20% off balance over \$140	Up to \$48
Single Vision Lenses (Once every 12 months)	\$25 Co-pay	Up to \$25
Or		
Contacts (Once every 12 months)	\$0 Co-pay; \$135 allowance; plus balance over \$135	Up to \$95



Frequency

Examination

Lenses or Contact Lenses

Frame

Once every 12 months

Once every 12 months

Once every 12 months

EyeMed Summary of Benefits



SUMMARY OF BENEFITS

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Exam With Dilation as Necessary	\$0 Co-pay	Up to \$35
Retinal Imaging	Up to \$39	N/A
Frames	\$0 Co-pay; \$140 allowance; 20% off balance over \$140	Up to \$48
Standard Plastic Lenses		
Single Vision	\$25 Co-pay	Up to \$25
Bifocal	\$25 Co-pay	Up to \$40
Trifocal	\$25 Co-pay	Up to \$60
Standard Progressive Lens	\$90	Up to \$40
Premium Progressive Lens	\$90, 80% of charge less \$120 allowance	Up to \$40
Lens Options (paid by the member and added to the base price of the lens)		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate	\$40	N/A
Standard Polycarbonate - Kids under 19	\$40	N/A
Standard Anti-Reflective Coating	\$45	N/A
Polarized	20% off retail price	N/A
Other Add-Ons and Services	20% off retail price	N/A
Contact Lens Fit and Follow-Up (Contact lens fit and two follow up visits are available once a comprehensive eye exam has been completed)		
Standard Contact Lens Fit & Follow-Up	Up to \$40	N/A
Premium Contact Lens Fit & Follow-Up	10% off retail	N/A
Contact Lenses		
Conventional	\$0 Co-pay; \$135 allowance; 15% off balance over \$135	Up to \$95
Disposable	\$0 Co-pay; \$135 allowance; plus balance over \$135	Up to \$95
Medically Necessary	\$0 Co-pay, Paid-in-Full	Up to \$200
Laser Vision Correction		
Lasik or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A

Important Reminder



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- **Working Spouse Rule:** Dixie's Medical Plan includes a provision that benefits-eligible Dixie associates may only cover a spouse as a dependent, if the spouse does not have medical plan coverage offered with their employer. If your spouse is offered health insurance through his or her employer, you may not cover him or her on the Dixie group health insurance plan.
- **Dependent Eligibility:** Associates will be required to certify new dependents eligibility for benefits enrollment or benefits will not be approved. Please forward supporting documentation to your local Human Resources department.

REMINDER



Human Resources website. . .



We are pleased to introduce our intranet portal and enhancements to the Human Resources website. The purpose is to provide benefits information on the website, where it's accessible and easy to navigate. For those with VPN access, the intranet has been set as your web default page when you select Internet Explorer. You may also visit the following links, <http://mydixie> or www.thedixiegroup.com to access all of the necessary resources you need to make the best choices for your 2020 benefits. From the main menu select Human Resources, and then click Open Enrollment.

You can view the Human Resources website to:

- Read the Summary of Benefits and Coverage
- View the Enrollment presentation
- Access enrollment form
- View the 2020 Benefits Guide
- And more!



Note you will need to enter the following username (DixieGroup#1) and password (Dixie123Group) to view Open Enrollment for 2020 benefits directly from the Dixie website.

Thank you for your time!

Should you have any questions, please let us know



All employees electing the HSA must complete a new election form for payroll deductions



This is a passive enrollment. If you are making changes or adding coverage, complete enrollment form and return to HR.



All forms must be turned in no later than **November 15 by 5:00 p.m.**



Questions?

Thank you for your time.