



Savanna Energy Services



Your 2017 Guide to Benefits



Benefits at a Glance

Copay: A fixed dollar amount you must pay for a specific service, such as an office visit or emergency room.

Coinsurance: The percentage of the covered medical expenses that you are required to pay.

Deductible: The amount you must pay in a calendar year for certain covered medical services before the plan makes payments.

Out-of-pocket maximum: The most you are required to pay in a calendar year before the plan pays covered medical expenses. Deductibles and copays apply to the out-of-pocket maximum.

Medical and Prescription Drugs - UnitedHealthcare (UHC)	Medical - Choice Plu\$	Medical - Choice
Dental - UHC	<ul style="list-style-type: none"> Higher paycheck deductions and lower deductible than the Choice Plan Lower copays for prescriptions than the Choice Plan 	<ul style="list-style-type: none"> Lower paycheck deductions and higher deductible than the Choice Plu\$ Plan Higher copays for prescriptions than the Choice Plu\$ Plan
Vision - EyeMed	<ul style="list-style-type: none"> No charge for certain preventive drugs and network preventive care (annual checkups, well woman exams, routine immunizations) 	
Life and AD&D - Sun Life	<ul style="list-style-type: none"> \$50 individual deductible, \$150 family deductible \$1,500 out-of-pocket maximum per covered person No charge for network preventive care (routine exams, X-rays and cleanings) You pay a percentage of the cost for basic, major and orthodontia services \$1,500 orthodontia lifetime maximum per covered person 	
Short-Term Disability- Sun Life	<ul style="list-style-type: none"> \$10 copay for in-network eye exam every 12 months Covers lenses or contacts every 12 months Covers frames every 24 months 	
Long-Term Disability- Sun Life	<ul style="list-style-type: none"> Savanna will provide coverage of two times your base pay (excluding overtime and extra pay) at no cost to you Purchase additional coverage for yourself, your spouse and your children 	
401(k) Retirement Plan - Fidelity	<ul style="list-style-type: none"> Receive 60% of your base pay (excluding overtime and extra pay) for up to 13 weeks Receive 60% of your base pay (excluding overtime and extra pay) until you're no longer disabled or reach Social Security normal retirement age Contribute through pretax payroll deductions Savanna will match 100% of the first 5% of your pay you contribute to your account 	

The information contained herein is being provided to help you better understand the benefit plans, policies and options available to you. Details of each benefit plan are provided in and governed by the terms of more detailed plan documents and insurance contracts. This is only a summary of benefits and may not reflect the benefit plans in effect for all employees in all circumstances. We have done our best to accurately reflect the benefits in effect under the plans; however, the administration of the plans and payment of benefits are governed by the official plan documents and/or insurance policies. If the information in this summary is inconsistent with the plan provisions contained in the plan documents, insurance contract or state or federal regulations, the plan documents, insurance contracts, state or federal regulations will prevail. The company reserves the right to change or discontinue the benefit plans at any time and without notice. This summary is not intended as a contract of employment or a guarantee of current or future employment.

Savanna Energy proudly offers a comprehensive, competitive benefits package to you and your family. We reward you for your contributions to our company with access to high-quality health care coverage, financial protection from unforeseen events and tools to save for your future.

This guide includes helpful information about your coverage options. We hope it is a helpful resource for you and your family to make an informed decision on your benefits.

Contents

Eligibility	2
Medical Plans	3
Prescription Drug Coverage.....	5
Dental Coverage	6
Vision Coverage	7
Income Protection Plans	8
Additional Benefits	8
Employee Assistance Program.....	9
Retirement Savings Plan	9





Eligibility

You are eligible to participate in the Savanna Energy Services benefits if you are an active, full-time employee scheduled to work at least 30 hours per week. Most coverage begins on the first of the month, following 30 days of service. However, your life and AD&D benefits begin on your hire date. You can enroll in the 401(k) plan on the first of the month, following two months of service.

If you enroll for coverage, you may also cover your eligible family members, including your:

- Legal spouse
- Unmarried children (including natural, adopted and stepchildren), up to age 26
- Unmarried grandchildren up to age 26 who can be claimed by you for tax purposes
- Children of any age who are mentally or physically disabled and dependent on you for at least half of their financial support
- Children for whom you are required to provide health care coverage through a Qualified Medical Child Support Order (QMCSO) or other court or administrative order.

You may be required to provide proof of your dependents' eligibility. For more details about eligibility, contact human resources (HR) to request a summary plan description.

Family Status Changes

If you have a change in family status, like having a baby or getting married, you must notify HR within 31 days of the event to make changes to your benefit elections. If you do not, you will not be able to change your elections until the next annual enrollment period. Any changes must be directly related to the event, and documentation of the qualifying event will be required.

Qualifying family status changes include, but are not limited to:

- Marriage, divorce, legal separation or death of a spouse
- Birth, adoption, placement for adoption, death or change in custody of a child or dependent
- A change in your or your spouse's employment that affects your benefits eligibility
- A change in your or your dependent's residence that affects eligibility
- Receiving a court order, such as a qualified medical child support order
- Your dependent no longer meets the eligibility requirements
- Eligibility for Medicare, Medicaid or CHIP (for you or your dependents)

Medical Plans

You may choose between two medical plans through UnitedHealthcare (UHC). Both plans allow you to choose any provider. Both plans also charge nothing for network preventive care (e.g., annual checkups, well woman exams, routine immunizations).

Covered services are the same with both plans. However, the plans differ on the amount you pay in employee contributions, deductibles and out-of-pocket expenses. With the Choice Plan, you pay less in paycheck deductions and have a higher deductible to reach before the plan helps you pay for your health care expenses. The Choice Plu\$ Plan has higher paycheck deductions in exchange for a lower deductible and out-of-pocket maximum.

Virtual Visits for Convenient Care

You can see and talk to a doctor from your smartphone, tablet or computer 24/7 for less than the cost of an office visit. Medical care is at your convenience for many of your non-emergency needs. Doctors will also prescribe medicine you can pick up at your local pharmacy. Log in to www.myuhc.com to begin.

Medical Provisions	Choice Plu\$ Plan		Choice Plan		
	Network	Non-Network	Network	Non-Network	
You Pay					
Annual Deductible					
• Individual	\$750	\$1,500	\$1,500	\$3,000	
• Family	\$1,500	\$3,000	\$3,000	\$6,000	
Copays					
• Preventive care	\$0 (no deductible)	40% ¹	\$0 (no deductible)	40% ¹	
• Virtual Visits	\$20	N/A	\$20	N/A	
• Primary care office visit	\$25	40% ¹	\$25	40% ¹	
• Specialist office visit	\$50	40% ¹	\$50	40% ¹	
• Emergency room	\$200 (waived if admitted)	\$200	\$200 (waived if admitted)	\$200	
• Urgent Care	\$75	\$75	\$75	\$75	
Coinsurance for Most Other Services	20% ¹	40% ¹	20% ¹	40% ¹	
Out-of-Pocket Maximum²					
• Individual	\$2,750	\$4,500	\$4,500	\$6,000	
• Family	\$5,500	\$9,000	\$9,000	\$12,000	
		Your Costs		Your Costs	
Pretax Paycheck Deductions (Monthly)					
• You		\$171.00		\$148.00	
• You and your spouse		\$360.00		\$310.00	
• You and your child(ren)		\$317.00		\$275.00	
• You and your family		\$488.00		\$422.00	

¹ The percentage you pay after you've reached your deductible. You're responsible for 100% of the cost before you reach your deductible.

² Your out-of-pocket maximum includes the amount you pay toward your deductible (including medical and prescription drug copays).



Choice Plan Health Reimbursement Account (HRA)

If you select the Choice Plan HRA, Savanna Energy will help you pay for covered health care expenses by placing \$250 into your HRA if you choose individual coverage or \$500 if you cover any dependents.

Your Copays (You pay)

Copays are the fixed dollar amount you must pay for a specific service. If you visit a doctor's office, emergency room or urgent care clinic, you'll be responsible for a copay. Most other services require you pay 100% of the cost until you reach your deductible.

Your Deductible (You and Savanna share the cost)

The deductible is the amount you must pay in a calendar year for covered services before the plan begins to make payments. Before you reach your deductible, you are responsible for 100% of the cost for services that don't require a copay. If you participate in the Choice Plan, the HRA will help you reach your in-network deductible by automatically paying for the first \$250 if you enroll in individual coverage and the first \$500 if you cover any family members. Your account will be automatically set up if you enroll in the Choice Plan.

Your Coinsurance (You pay)

After you've used all of your HRA funds (\$250/individual, \$500/family) and paid additional out-of-pocket expenses to reach your in-network deductible, you will only be responsible for 20% of the cost for most services. Copays do not apply toward reaching your deductible.

Your Out-of-Pocket Maximum (You are finished paying)

The out-of-pocket maximum is the most you are required to pay in a calendar year before the plan pays for all covered medical expenses. Deductibles and copays apply towards the out-of-pocket maximum.

Prescription Drug Coverage

Both medical plans include prescription drug coverage through OptumRx, UHC’s in-house pharmacy benefits manager. You can get a 31-day supply of medication at retail pharmacies or 90-day supply of maintenance medications through the mail order pharmacy.

Important Plan Rules

- If you purchase a prescription from a non-network pharmacy, you pay the difference between what the non-network pharmacy charges and the amount you would have paid for the same prescription at a network pharmacy.
- Certain medications may be subject to various clinical programs, including prior authorization, step therapy and quantity limits. These requirements help ensure the safety and appropriate use of certain drugs.

To find out if these rules apply to a specific drug, please visit www.optumrx.com or call OptumRx at 1-866-633-2446.

Mail Order Pharmacy

Prescription Drug	Choice Plu\$ Plan	Choice Plan ¹
Retail – up to 31-day supply		
• Generic	\$10 copay	\$20 copay
• Preferred brand	\$30 copay	\$40 copay
• Non-preferred brand	\$50 copay	\$75 copay
Mail Order – up to 90-day supply		
• Generic	\$25 copay	\$50 copay
• Preferred brand	\$75 copay	\$100 copay
• Non-preferred brand	\$125 copay	\$187.50 copay

¹ Prescription drug copays are not eligible expenses for the HRA.

- The mail order pharmacy can save you money, especially if you have prescriptions you regularly fill for an ongoing condition.
- You receive the added convenience of home delivery.
- Ask your doctor to write your prescription for a 90-day supply to make the most of your mail order prescription drug benefits.

Generic Medications

Ask your doctor if a generic option is available. You can save up to 80% by using generic medications instead of brand-name drugs. Generics are just as safe and effective as their brand-name counterparts.

Emergency Room Versus Urgent Care

Save trips to the ER for true emergencies. You can visit an urgent care center for non-life threatening ailments like cold or flu, a broken finger, and infections. It will cost less money and you will receive the same level of care, often without a wait. Visit myuhc.com to find an urgent care center near you.

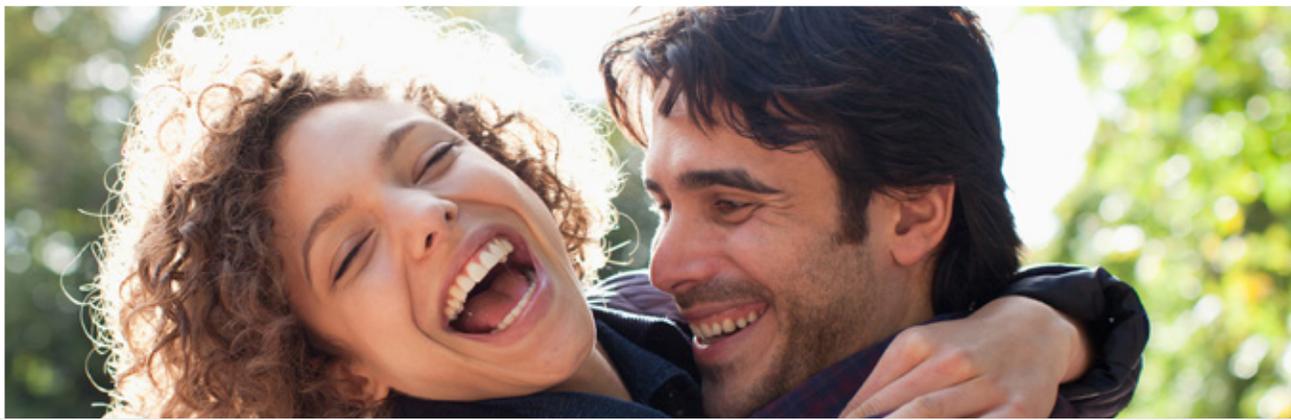


Dental Coverage

Savanna offers dental coverage through UHC that encourages preventive dental care. You may choose any dental provider, but you can save money if you visit UHC network dentists.

Dental Plan	Network and Non-Network ¹
Calendar Year Deductible (individual/family)	\$50/\$150
Diagnostic and Preventive Care <ul style="list-style-type: none"> • Routine exams • Cleanings • X-rays • Fluoride treatments 	\$0 (deductible waived)
Basic Services <ul style="list-style-type: none"> • Fillings • Extractions • Periodontics 	20% (after deductible)
Major Services <ul style="list-style-type: none"> • Oral surgery • Crowns • Dentures 	50% (after deductible)
Maximum Annual Benefit	\$1,500 per covered person
Orthodontia (available to adults and children)	50% (no deductible) \$1,500 lifetime maximum per covered person
Pretax Paycheck Deductions	Your Costs
<ul style="list-style-type: none"> • You 	\$9
<ul style="list-style-type: none"> • You and your spouse 	\$18
<ul style="list-style-type: none"> • You and your child(ren) 	\$22
<ul style="list-style-type: none"> • You and your family 	\$33

¹ Dental expenses are not eligible for the HRA.



Vision Coverage

Savanna's vision plan through EyeMed has a network of preferred providers for vision services and supplies. Using EyeMed's network of providers can help save you money on your eye care needs.

Vision Plan Provisions	Network ¹	Non-Network ¹
Routine Annual Eye Exam (every 12 months)	\$10 copay	Full cost, with up to \$35 reimbursement
Lenses (every 12 months) <ul style="list-style-type: none"> • Single • Bifocal • Trifocal • Standard progressive • Premium progressive 	\$10 copay \$10 copay \$10 copay \$10 copay \$10 copay, \$120 allowance, then 20% off of overage	Up to \$25 reimbursement Up to \$40 reimbursement Up to \$60 reimbursement Up to \$85 reimbursement Up to \$85 reimbursement
Lens Options: <ul style="list-style-type: none"> • Standard polycarbonate 	\$0 copay	Up to \$28 reimbursement
Frames (every 24 months)	\$140 allowance, then 20% off of overage	Up to \$56 reimbursement
Contact Lenses (every 12 months, instead of glasses) <ul style="list-style-type: none"> • Conventional • Disposable 	\$155 allowance, then 15% off of overage \$155 allowance	Up to \$109 reimbursement Up to \$109 reimbursement
Your Costs		
Pretax Payroll Deductions <ul style="list-style-type: none"> • You • You and your spouse • You and your child(ren) • You and your family 	Monthly \$8.41 \$15.95 \$16.77 \$24.64	

¹ Vision expenses are not eligible for the HRA.



Income Protection Plans

Our income protection plans through Sun Life help financially protect you against unforeseen events.

Short-Term Disability (STD) Coverage

If you temporarily cannot work because of a non-work-related illness or injury, you will receive 60% of your weekly pay, excluding overtime and extra pay, up to \$1,500 per week for up to 13 weeks. Benefits begin immediately for injury or after seven continuous days of sickness.

Long-Term Disability (LTD) Coverage

If you're unable to work for an extended period, you will receive long-term disability (LTD) benefits equal to 60% of your monthly pay up to \$6,000 per month until you recover or reach the Social Security retirement age. LTD benefits begin after your STD benefit period ends.

Life and Accidental Death and Dismemberment (AD&D) Insurance

Savanna provides basic life and AD&D insurance coverage at no cost to you. If you would like more protection than the basic plans offer, you may purchase supplemental coverage for yourself, your spouse and your children. You must purchase supplemental coverage for yourself to be able to elect coverage for your dependents.

Plan	Available Coverage Amounts
Basic life insurance	Two times your base pay, excluding overtime and extra pay
Basic AD&D insurance	Two times your base pay, excluding overtime and extra pay (or a portion of the benefit if you are seriously injured in an accident)
Supplemental life insurance	Guarantee Issue: \$100,000, \$10,000 increments up to seven times your annual base pay or \$500,000, whichever is less
Supplemental AD&D insurance	Minimum: \$10,000, Guarantee Issue: \$100,000, \$10,000 increments up to seven times your annual base pay or \$500,000, whichever is less
Spouse life insurance	\$5,000 increments up to \$250,000 or 50% of your employee supplemental life coverage, whichever is less
Spouse AD&D insurance	Equal to your spouse life coverage amount, up to \$250,000
Child life insurance (Children six months and older)	\$5,000 or \$10,000

Additional Benefits

8

Identity Theft Protection

The Identity Theft Protection program can help you take back control of your credit should your identity ever get stolen. An anti-fraud expert will be assigned to your case and will work with you to order new cards, correct your credit score and notify the appropriate financial institutions and government agencies. If your identity is ever compromised, call 1-877-409-9597 for assistance.

Emergency Travel Assistance

Savanna offers you Emergency Travel Assistance, through Assist America, to give you peace of mind when traveling. If you are traveling more than 100 miles away from home, medical professionals can help you: fill prescriptions, find a pre-qualified hospital or doctor, organize emergency medical evacuations.

The plan will pay 100% of the services provided. Your plan offers coverage at no additional cost to you. To request assistance, call 1-800-872-1414 within the U.S. or 609-986-1234, if you are abroad.

Employee Assistance Program

We understand balancing your work and personal life can be difficult. Savanna offers a free resource to help you cope with daily challenges that might affect your health, family life and desire to excel at work. The Magellan employee assistance program (EAP) provides you and your eligible family members up to six confidential counseling sessions per year. Depending on the situation, you may be referred to a professional in your community or to other resources. The EAP can help with:

- Legal and financial issues
- Family or relationship problems
- Workplace conflicts
- Depression or anxiety
- Quitting tobacco, alcohol or drug abuse
- Child or elder care
- Losing weight and living healthier

Visit www.magellanhealth.com/member or call 1-800-424-4039 to talk to an EAP representative to learn more about this free program.

Savanna provides this service at no cost to you. However, any costs or copays beyond this program will be your responsibility.

Enhanced Customer Care

UnitedHealthcare offers Advocate4Me. This enhanced customer care helps solve your issues concerning:

- finances
- benefits and claims
- pharmacy
- doctor and hospital searches
- wellness
- and much more

You will get a health care specialist best able to provide the support you need. Visit myuhc.com to begin.

Retirement Savings Plan (Administered by Fidelity)

Savanna provides a 401(k) retirement savings plan to help you reach your retirement savings goals.

You may contribute to the 401(k) plan through pretax payroll deductions. If you are age 50 or older and you are already contributing the maximum amount allowed by the plan, you are eligible to make an additional catch-up contribution.

The plan allows you to roll over funds from other retirement plans, take loans and withdrawals, and make changes to your account at any time of the year.

Eligibility

You are eligible to participate in the 401(k) plan on the first of the month, following two months of service.

Company Match

Savanna will help you save with a dollar-for-dollar match of the first 5% of your pay you contribute to your account.

Vesting

You own 100% of your contributions and company matching contributions.

If you have questions about the 401(k) plan, you may contact Fidelity at 1-800-835-5097 and speak to a retirement service representative or log on to www.netbenefits.com.

Help is just a call away!

Call 1-800-424-4039 to speak to a trained Magellan counselor.

Important Contacts

Savanna Benefits Department	Savanna	1-855-456-9990	benefits@savannaenergy.com
Medical and Prescription Drug	UnitedHealthcare	1-866-633-2446	www.myuhc.com
Care24 Nurse Line	UnitedHealthcare	1-866-869-6358	
Dental	UnitedHealthcare	1-877-816-3596	www.myuhc.com
Vision	EyeMed	1-866-939-3633	www.eyemed.com
Life and AD&D	Sun Life	1-800-247-6875	www.sunlife.com
STD and LTD	Sun Life	1-800-247-6875	www.sunlife.com
Employee Assistance Program	Magellan	1-800-424-4039	www.magellanhealth.com/member
401(k) Retirement Plan	Fidelity	1-800-835-5097	www.netbenefits.com
Emergency Travel Assistance	Assist America	1-800-872-1414	medservices@assistamerica.com



311 6th Ave. SW Suite 800
Calgary, Alberta T2P 3H2, Canada