



2021 Benefits Enrollment

for Full-time & Eligible* Part-time Team Members and Associates
(*working a minimum of 10 hours average per week)

Our Total Rewards package supports you and your family, while remaining sustainable into the future. Detailed Benefits information is available on our benefits website, TractorBenefits.com (Password: #Benefits) or by calling the Benefits Center. When you're ready, make your elections on Benefitplace (enroll.tractorbenefits.com - company code: tsc).

ENROLLMENT TIMELINE



Day 1

of employment -
Welcome to TSC or
Petsense!



Day 30

Last day to enroll
in Benefits on
enroll.tractorbenefits.com



**Coverage
effective**

on the 1st day of
the month after 30
days of employment



If you have questions or if you need assistance completing your enrollment, please contact

THE BENEFITS CENTER
1-855-681-2386

(M-F, 8 am – 8 pm ET)



MEDICAL & PHARMACY PLAN CHOICES AND PREMIUMS

		GOLD HDHP	SILVER HDHP	BRONZE HDHP
Annual Deductible	Per Person	\$2,800	\$2,800	\$5,250
	Per Family	\$5,600	\$5,600	\$10,500
Annual Out-of-Pocket Max	Per Person	\$4,100	\$5,600	\$6,900
	Per Family	\$8,200	\$11,200	\$13,800
Preventive Health Care Services (In-Network)		100%	100%	100%
All Other Covered Services		85% after deductible	70% after deductible	70% after deductible
Company HSA Contribution (Jan, Apr, Jul, Oct)	TM/Associate Only	\$125 quarterly	\$125 quarterly	\$75 quarterly
	TM/Assoc. + Dependent(s)	\$250 quarterly	\$250 quarterly	\$150 quarterly
Prescription Drug Coverage				
Lower Cost Generic Medications after deductible	30 Days @ Retail	85%	70%	70%
	90 Days @ Retail *	85%	70%	70%
	90 Days @ Mail Order	85%	80%	80%
Mid-Range Cost-Preferred Brand Medications after deductible	30 Days @ Retail	85%	70%	70%
	90 Days @ Retail *	85%	70%	70%
	90 Days @ Mail Order	85%	80%	80%
Higher Cost Non-Preferred Brand Medications after deductible	30 Days @ Retail	60%	50%	50%
	90 Days @ Retail *	60%	50%	50%
	90 Days @ Mail Order	67%	67%	67%
Specialty Drugs	Filled through OptumRx/Briova	50%	50%	50%
Preventive Medications		Deductible does not apply to designated preventive medications		
Bi-weekly Tobacco Use Surcharge (all forms of tobacco use **)	TM/Assoc. OR Spouse	+\$25	+\$25	+\$25
	TM/Assoc. AND Spouse	+\$50	+\$50	+\$50
BI-WEEKLY PREMIUMS	Single	\$83.35	\$51.30	\$23.62
	TM/Assoc. Plus Spouse	\$175.03	\$107.72	\$49.60
	TM/Assoc. Plus Child(ren)	\$150.03	\$92.34	\$42.52
	Family	\$250.05	\$153.89	\$70.86

* Maintenance medications must be filled at Walgreens or via Mail Order

** Use of e-cigarettes/vape devices is not currently included in TSC's tobacco use surcharge policy. TSC and Petsense reserve the right to amend the policy as new information becomes available pertaining to healthcare risks associated with e-cigarettes/vape devices. If you are trying to quit smoking, please refer to our Tobacco Cessation Program on TractorBenefits.com for assistance.

OTHER BENEFITS



Dental Plan
Basic/Comprehensive



**Employee Stock
Purchase Plan**



Hospital Indemnity



Vision Plan



**Employee
Assistance Fund**



Accident Insurance



Health Savings Account
Make changes anytime



**Employee
Assistance Program**



Critical Illness



401(k) Plan
Make changes anytime



Long-term Disability



Life Insurance



**Accidental Death &
Dismemberment**



Short-term Disability



Spouse/Child Life

 = Full-time only benefit



MEDICAL PLAN SPOUSE ELIGIBILITY

A working spouse who is eligible for medical plan coverage through his/her own employer is NOT eligible for medical plan coverage through TSC or Petsense. Your spouse is eligible for coverage if he/she is any of the following: Not employed; Self employed; Employed by Petsense or Tractor Supply; or Employed but not eligible for medical plan coverage through their employer. Legal spouses (regardless of employment status) are eligible for dental, vision, and supplemental voluntary benefits.



DEPENDENT VERIFICATION

When you enroll your legal spouse and/or children for medical, dental, or vision benefits for the first time, you are required to submit dependent documentation to verify your dependents are eligible for coverage (such as marriage certificate or birth certificate). Dependent documentation may be uploaded to Benefitsolver.com during the enrollment process. For assistance with the Dependent Verification process contact the **Benefits Center at 1-855-681-2386**.



READY TO ENROLL?

1

Review plan choices & details on TractorBenefits.com
(Password: #Benefits)

2

Visit enroll.tractorbenefits.com
sign in/register to enroll!
(Company Key: "tsc")

3

Make elections and enroll your dependents on enroll.tractorbenefits.com

YOU MUST RECEIVE A CONFIRMATION NUMBER!

Team Members/Associates wishing to enroll for Benefits must do so on [Benefitplace](https://Benefitplace.com) within their first 30 days of employment (elections cannot be accepted after 30 days).

