2017 Benefits Plan Overview



CX, through all of its benefit partners, offers you a benefit program that allows choice and flexibility. FCX Performance strives to encourage the continuous improvement of team members' physical and mental well-being through education and initiatives that increase personal confidence and professional productivity, boost morale and reduce healthcare costs.

Enrollment for eligible team members (working 30 or more hours per week) must be completed within the first 30 days of employment. Benefits become effective for eligible team members 30 days after employment. Dependents are eligible for medical, dental and vision up to age 26. Dependents are eligible for voluntary life up to age 19, or age 26 for full-time students. Your spouse is eligible for medical coverage unless your spouse works full-time and is eligible for medical coverage through his or her own employer.

Options selected upon becoming eligible remain in place through the end of the plan year (December 31st). New team members have thirty (30) days from their date of eligibility to select benefits. Team members who do not elect benefits within thirty (30) days may do so during the next available annual open enrollment period. Options selected during annual open enrollment remain in

place for the full plan year. The plan year for FCX is January 1st through December 31st.

POWER IS FEEFORK

The Internal Revenue Service (IRS) states that eligible team members may only make elections to the plan once a year at open enrollment. FCX typically holds Open Enrollment in the month of November, for a January 1st effective date. This means that your benefit choices are binding through December 31st of each year. The following circumstances are some of the reasons you may change your benefits during the year:

- Marriage
- Death of a Spouse/Dependent
- Divorce
- Birth & Adoption
- Loss of Dependent Status
- Loss of Spouse's job where coverage is maintained through a spouse's plan

These special circumstances often referred to as qualified events, or life status changes, will allow you to make plan changes any time during the year in which they occur, as long as consistent with the event. For any allowable changes, you must inform the HR Department within 30 days of the event to avoid lapse in coverage. All other changes are deferred to open enrollment.

Medical Benefits UMR

The FCX medical plans are designed to provide you and your family with access to high quality and affordable healthcare. Three plans are available through UMR: a PPO Gold plan, an HSA Silver plan and a PPO Bronze plan.



The medical plans cover a broad range of healthcare services and supplies, including prescriptions, office visits and hospitalizations. The plans are designed to share costs with you in a variety of ways. Please refer to the summary for specific details concerning plan design.



Medical Benefits



Medical Benefits Description	Gold Plan		Silver Plan		Bronze Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible						
Team member Only	\$1,500	\$2,000	\$1,600	\$3,000	\$2,500	\$3,000
Team member + Family	\$3,000	\$4,000	\$3,200	\$6,000	\$5,000	\$6,000
Annual Out-of-Pocket Maximum						
Team member Only	\$3,000	Unlimited	\$2,500	\$5,000	\$5,000	\$6,000
Team member + Family	\$6,000	Unlimited	\$5,000	\$10,000	\$10,000	\$12,000
Coinsurance	80%	60%	90%	60%	70%	50%
HSA Fund Amount	unt N/A		\$600 (\$150 at the beginning of each quarter— 1st, 2nd, 3rd & 4th; see eligibility rules below**)		N/A	
Office Visits						
Preventive	100%	60% after deductible	100%	60% after deductible	100%	50% after deductible
Primary Care Physician	\$25/\$30 copay*	60% after deductible	90% after deductible	60% after deductible	70% after deductible	50% after deductible
Specialist	\$50/\$60 copay*	60% after deductible	90% after deductible	60% after deductible	70% after deductible	50% after deductible
Urgent Care	80% after deductible	60% after deductible	90% after deductible	60% after deductible	70% after deductible	50% after deductible
Emergency Room	80% after deductible	60% after deductible	90% after deductible	60% after deductible	70% after deductible	50% after deductible
Inpatient/Outpatient Services	80% after deductible	60% after deductible	90% after deductible	60% after deductible	70% after deductible	50% after deductible
Lab & X-Ray Services	80% after deductible	60% after deductible	90% after deductible	60% after deductible	70% after deductible	50% after deductible

^{*}Lower copay applies to visits to premium designated Primary Care Physicians and Specialists

NEW Pharmacy Provider CVS/caremark*



Prescription drug coverage is included when you elect a medical plan option through FCX. Effective January 2017, CVS Caremark will be the new pharmacy provider for FCX team members, but not the only pharmacy you are allowed to use to fill prescriptions. You can go to the pharmacy of your choice as long as it is in the Caremark network. If you have specific questions about your prescription drug coverage, please contact CVS/Caremark at 1 (888) 607-4287 or by visiting www.caremark.com

Medical Benefits Description	Gold Plan		Silver Plan		Bronze Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Prescription Drug - Rx	\$200 Deductible		Medical Deductible Applies		No Deductible	
Generic	\$10 copay		\$7 copay after deductible		\$10 copay	
Preferred Brand	\$30 copay		\$30 copay after deductible		\$30 copay	
Non-Preferred Brand	\$45 copay		\$45 copay after deductible		\$45 copay	
Mail Order Services	2x retail		2x retail after deductible		2x retail	
Rx Out of Pocket Maximum			(Integrated with Medical)			
Individual	\$3	,000	\$2,500		\$1,500	
Family	\$6	5,000	\$5,000		\$3,000	

^{**}FCX's company contribution will begin the first day of the quarter following enrollment into the Silver HSA medical plan

Team Member Premiums - Medical

 Medical Premiums are deducted on a pre-tax basis

Medical	Bi-Weekly	Per Pay Cost
	Standard Rate	Wellness Rate* (\$15 per pay discount)
Gold Plan		
Team member	\$146.28	\$131.28
Team member & Spouse	\$290.67	\$275.67
Team member & Child(ren)	\$251.29	\$236.29
Family	\$435.07	\$420.07
HSA Silver Plan		
Team member	\$82.50	\$67.50
Team member & Spouse	\$156.74	\$141.74
Team member & Child(ren)	\$136.49	\$121.49
Family	\$230.99	\$215.99
Bronze Plan		
Team member	\$72.96	\$57.96
Team member & Spouse	\$136.72	\$121.72
Team member & Child(ren)	\$119.33	\$104.33
Family	\$200.48	\$185.48

^{*}Requires signed affidavit attesting to non-tobacco use.

Tobacco Cessation Program QuitLogix®

We can help you quit!

- QuitLogix® is an evidence-based, comprehensive tobacco cessation program and provides personalized coaching and online resources to help people quit smoking or using tobacco products.
- ◆ The program has one of the highest success rates in the country, with a 40% responder quit rate and a 90% participant satisfaction rate.
- If you are a tobacco-user, and enrolled in an FCX Performance medical plan, you may participate in the tobacco-cessation program at no cost through QuitLogix.
- ◆ Team members who are tobacco-free and/or participate in the QuitLogix® program may qualify for lower medical plan "wellness" premiums (subject to participation deadlines).
- ♦ Medical plan members can begin the QuitLogix® program at any time throughout the year.
- ◆ Call 1-855-372-0440, Monday through Sunday, 6am to 11pm to learn more about this free program.

FCX Performance offers savings on team member's medical premium for being tobacco free and for tobacco-users who have completed the QuitLogix program.

Teladoc

How it works

 A virtual visit lets you see and talk to a doctor from your mobile device or computer.

Are these visits covered under my plan?

♦ Yes, when you use one of the provider groups in our virtual visit network, you have benefit coverage for certain nonemergency medical conditions like the flu, colds, pink eye, rashes and fevers.

Can I get a Prescription?

♦ Yes, virtual visit doctors use e-prescribing to submit prescriptions to the pharmacy of your choice!

How do I register?

- Complete a confidential online medical history disclosure (just like going to a doctor's office).
- ◆ Teladoc builds a portable HIPAA compliant electronic health record.
- ♦ Visit www.teladoc.com
- ◆ Call 1-800-Teladoc (835-2362)





Health Savings Account (HSA) UMR

By enrolling in the Silver Plan through UMR, you are eligible to contribute pretax money to a Health Savings Account or HSA. As long as you use the money only for qualified medical expenses, you won't have to pay FICA or federal income taxes. IRS Code 213(d) defines eligible health care expenses as amounts paid for the diagnosis, cure, mitigation or treatment of a disease, and for treatments affecting any part or function of the body.

An HSA offers tax advantages and can be used for any qualified medical expense. It's similar to an individual retirement account (IRA) that offers tax advantaged savings and investment earnings and a variety of investment options.

With an HSA, there are no claim forms to submit and no "use it or lose it" restrictions at the end of the plan year. Funds used for purposes other than eligible expenses are taxable as income and subject to a 20% tax penalty.

You may contribute up to the Federal maximums, less the contribution from FCX. The annual IRS maximums for 2017 are \$3,400 for individuals and \$6,750 for family coverage. You may make an additional catch-up contribution of up to \$1,000 (annually) if you will be age 55 or older in 2017. You can use HSA funds for any individual covered by a qualified high deductible health plan, like the Silver plan.



Key Bank HSA Information



Why a KeyBank HSA is right for you

You can access funds in your HSA at local KeyBank branches and within the ATM Network. Online access is available at www.Key.com. KeyBank provides toll-free banking at 1-800-KEY2YOU (1-800-539-2968). You have multiple ways to deposit funds into your HSA. You can deposit by check at any local KeyBank branch, by check, or by on-line transfer.

Features of KeyBank Health Savings Account

Funds are deposited into an FDIC Insured interest bearing checking account; interest is tiered to the account balance. There is no minimum balance requirement and you have unlimited check writing. You will receive an initial supply of checks at no charge. You will receive a distinctive HSA debit card to avoid confusion with other Key cards.

HSA Fees

HSA Specific Fees	KeyBank Client	HSA Specific F	ees KeyBank Client
Set up fee	Waived	Check charge (physical)	Starter checks free, then standard fee
Annual fee	Waived	Debit Cards	Up to 4 Cards at no additional charge
Monthly maintenance	Waived	ATM Withdrawal	No Charge - KeyBank ATM
Per check (processing) fee	No charge	Monthly Statements	\$3.00 Paper, FREE ON-LINE
STATEMENTS			_

Investment products are offered through Key Investment Services LLC (KIS), member FINRA/SIPC. KIS is affiliated with KeyBank National Association (KeyBank). Investment products made available through KIS are:

NOT FDIC INSURED • NOT BANK GUARANTEED • MAY LOSE VALUE • NOT A DEPOSIT •

HSA Checking Account is provided by KeyBank National Association (KeyBank), Member FDIC Key.com is a federally registered service mark of KeyCorp. **KeyBank is Member** FDIC 2012 KeyCorp.

Dental Benefits **UMR**

Good dental health is important to your overall well-being. At the same time, we all need different levels of dental treatment. FCX has partnered with UMR to offer a Dental Plan to team members. The Dental Plan provides affordable coverage based on the type of services obtained – *Preventive, Basic or Major.* There is no network so you can utilize any provider.*

The deductible does not apply to preventive services. Orthodontic coverage is provided for dependent children up to the age of 19. Dental coverage is available on a *voluntary basis* and is a pre-tax deduction.

*UMR offers optional dental networks (Connection Dental & Dental Benefit Providers) that may help members lower out-ofpocket costs if a network dentist is utilized.

Dental Benefits Description				
Deductible (waived for preventive care) Individual Family	\$50 \$150			
Preventive Services	100%			
Basic Services	80%			
Major Services	50%			
Annual Maximum	\$1,500			
Orthodontic Services	50%			
Orthodontic Maximum	\$1,500 Lifetime			



Dental	Bi-Weekly Per Pay Cost
Team member	\$16.20
Team member & Spouse	\$30.56
Team member & Child(ren)	\$25.13
Family	\$46.45

Vision Benefits



Help keep your sight healthy! FCX has partnered with United Healthcare to provide vision benefits to you. United Healthcare has a wide network of vision providers for specific copay amounts and allowances. Vision coverage is available on a *voluntary basis* and is a pre-tax deduction.

Vision Benefits Description	In-Network	Out-of-Network	
Vision Exam	\$10 copay	Up to \$40 reimbursement	
Materials – Single Lenses		Up to \$40 reimbursement	
Bi-focal Lenses	\$25 Copay	Up to \$60 reimbursement	
Tri-focal Lenses		Up to \$80 reimbursement	
Frequency of Services	Once every 12 months	Once every 12 months	
Frames	\$130 Allowance after \$25 copay	Up to \$45 reimbursement	
Contact Lenses	Necessary: Covered after \$25 copay Elective: Up to 4 boxes after \$25 copay or \$105 allowance	Necessary: Up to \$210 reimbursement Elective: Up to \$105 reimbursement	
Laser Vision Correction Surgery	ry Discounts available through the Laser Vision Network of America's nationwide network at uhclasik.com.		

Vision	Bi-Weekly Per Pay Cost
Team member	\$1.09
Team member & Spouse	\$2.07
Team member & Child(ren)	\$2.43
Family	\$3.42



Flexible Spending Accounts (FSA)



FCX allows you to defer a portion of your pay though payroll deduction into Flexible Spending Accounts. The money that goes into an FSA is deducted on a pre-tax basis, which means it is taken from your pay before Federal and Social Security taxes are calculated. If you do not use all of the money in your Medical FSA by the end of the plan year, you will be allowed to rollover up to \$500 into the next plan year. Any unused Dependent Care funds at the end of the plan year will be forfeited.

Medical FSA: You may deposit up to \$2,550 per plan year into your Medical FSA to cover you and your dependents during the plan year. Eligible expenses include, but are not limited to, deductibles, co-payments and co-insurance payments, dental expenses, vision care expenses and hearing expenses.

Limited Medical FSA: If you choose to enroll in a Health Savings Account, you are eligible to participate in the Limited FSA. You may deposit up to \$2,550 per plan year. A Limited FSA allows you to use the funds to pay for eligible expenses associated with dental and vision care.

Dependent Care FSA: You may deposit up to \$5,000 per plan year into your Dependent Care FSA. Eligible expenses include payments to day care centers, preschool costs, before and after school care and elder care.

Disability Insurance



Short Term Disability

(STD): Your STD benefit is 60% of your weekly earnings up to a maximum of \$500/week. There is a 7 day waiting period and accrued PTO will be used first. Short Term disability coverage may be purchased and deducted pre-tax from your payroll check.

Long Term Disability

(LTD): Your LTD benefit equals 60% of your monthly earnings to a maximum benefit of \$10,000 per month. This benefit begins on the 91st day of disability. The benefit duration while disabled is to Age 65 or Social Security Normal Retirement Age (SSNRA) whichever is later. FCX provides Long-Term Disability Benefits to all eligible team members at no cost to the team member.

Employer Paid Life and AD&D Insurance Benefits



FCX provides all team members with company paid Basic Life and AD&D coverage. Below are the benefits specific to FCX team members.

- Equal to 1x your annual earnings, up to a maximum of \$50,000
- The coverage is reduced based on age: 35% reduction at age 70 50% reduction at age 75



- ♦ The coverage is portable; this allows the team member to take the entire Life Benefit when they leave at an age-banded group term
- The plan includes a 75% Accelerated Death Benefit.
- Survivor Support included

Team member Paid, Voluntary Insurance Benefits



FCX offers all team members the opportunity to purchase Accident, Critical Illness, or Hospital insurance. Coverage is available on a *voluntary basis*. Voluntary benefit enrollment elected after your new hire eligibility will require evidence of insurability. Refer to each plan below for additional requirements.

Additional Life/AD&D

In addition, you may elect to purchase additional life insurance coverage in increments of \$10,000 up to 5x your annual earnings to a maximum of \$500,000. Additional coverage up to \$50,000 is available with no additional medical qualification; additional amounts above \$50,000 will require evidence of insurability and/or medical exams. Coverage for spouses and dependent children is available in amounts of \$5,000 and \$2,000 respectively.



These cost-effectives rates are deducted from your payroll check post-tax. Coverage can be converted and is portable.

Accident Plan

FCX's Accident plan provides cash payments directly to the insured to help cover out-of-pocket costs, such as deductibles or coinsurance, day care, utility bills or whatever else they need as a result of a covered accident including fractures, sprains, lacerations with stitches, paralysis, etc.

Plan Highlights:

- ♦ 4 Tier Coverage options include: Team member, Team member + Child(ren), Team member + Spouse and Family
- ♦ HSA compatible
- Benefits paid to the team member
- Simplified Claims Process
- ♦ This benefit is deducted post-tax

Voluntary Accident Plan - Bi Weekly, Per Pay Cost					
Team Member Only Team member/Spouse Team member/Children Family					
\$20.69	\$36.07	\$38.90	\$52.27		

Hospital Plan

FCX's hospital indemnity plan provides fixed payments directly to members when they have a covered inpatient hospital stay.

Plan Highlights:

- ◆ 4 Tier Coverage options include: Team member, Team member + Child(ren), Team member + Spouse and Family
- ♦ HSA compatible
- ♦ Benefits paid to the team member
- ♦ Subject to Pre-existing exclusion (6/12). If you have received treatment in the prior 6 months that may be considered a pre-existing condition, please contact HR for further details regarding your benefits.
- ♦ Plan does not pay benefits for pre-existing conditions until coverage has been effective for 365 days.
- Simplified Claims Process
- This benefit is deducted post-tax

Voluntary Hospital Plan - Bi Weekly, Per Pay Cost						
Age Band	Team Member Only	Team member/Spouse	Team member/Children	Family		
Under 35	\$7.56	\$15.87	\$12.10	\$18.90		
35 - 54	\$8.75	\$18.37	\$14.00	\$21.87		
55 and Over	\$10.54	\$22.13	\$16.86	\$26.34		

Critical Illness/Cancer Plan

FCX's Critical Illness plan provides cash benefits to help cover out-of-pocket costs that come with a covered critical illness such as heart attack, stroke or major organ failure.

Plan Highlights:

- ♦ Tobacco/Non-tobacco rates
- ♦ 5 Issue Age bands
- ♦ 4 Tier Coverage options include: Team member, Team member + Child(ren), Team member + Spouse and Family
- Subject to Pre-existing exclusion (12/12). If you have received treatment in the prior 12 months that may be considered a pre-existing condition, please contact HR for further details regarding your benefits.
- ♦ Plan does not pay benefits for pre-existing conditions until coverage has been effective for 365 days.
- ♦ HSA compatible
- Benefits paid to the team member
- ♦ Simplified Claims Process
- ♦ This benefit is deducted post-tax

Voluntary Critical Illness Plan - Non-Tobacco Rates- Bi Weekly, Per Pay Cost					
Age Band	Team member	Team member/Spouse	Team member/Children	Family	
16 - 29	\$2.53	\$3.99	\$2.53	\$3.99	
30 - 39	\$4.09	\$6.33	\$4.09	\$6.33	
40 - 49	\$7.08	\$10.82	\$7.08	\$10.82	
50 - 59	\$13.06	\$19.79	\$13.06	\$19.79	
60 - 74	\$21.84	\$32.97	\$21.84	\$32.97	

Voluntary Critical Illness Plan - Tobacco Rates - Bi Weekly, Per Pay Cost					
Age Band	Team member	Team member/Spouse	Team member/Children	Family	
16 - 29	\$3.76	\$5.80	\$3.76	\$5.80	
30 - 39	\$6.39	\$9.74	\$6.39	\$9.74	
40 - 49	\$11.43	\$17.31	\$11.43	\$17.31	
50 - 59	\$21.50	\$32.42	\$21.50	\$32.42	
60 - 74	\$36.30	\$54.63	\$36.30	\$54.63	

401(k) Plan



FCX's 401(k) Plan is available to all full-time team members immediately upon hire. The 2017 contribution limit is \$18,000. If you are age 50 or older, you are entitled to contribute an additional "catch-up" contribution. The maximum catch-up contribution amount is \$6,000. Automatic Enrollment (3%) occurs after 30 days of employment.

Both Pre-Tax 401(k) and Roth 401(k) options are available. If you enroll in the Pre-Tax 401(k) option then taxes are not applied to the amount of income you contribute to your account until you "cash out" your retirement savings. By deferring taxes you are able to lower your current taxable income. If you enroll in the Roth 401(k) option then taxes are withheld which allows you to grow tax-free earnings on retirement savings and not pay taxes when you request a Roth distribution at retirement.

Years of Vesting Service	Vesting Percentage 0.00% 0.00% 20.00% 40.00% 60.00%	
0		
1		
2		
3		
6 or more	100.00%	

Deferral and investment changes can be made at any time by calling 1 (800) 835-5097 or visiting www.401k.com or www.401k.com or www.netbenefits.com.

The current FCX employer match contribution is 20% of the first 6% of team member contributions for Pre-Tax 401(k) or Roth 401(k). Discretionary Profit Sharing may be available based on company performance and participant eligibility (one year of service and 1,000 hours worked in plan year; employed on last day of plan year).

Paid Time Off (PTO)*

Years of Service	PTO Days/Hours Per Calendar Year
Less than 1 Year	10 days/80 hours
1 - 3 Years	13 days/104 hours
4 - 10 Years	20 days/160 hours
11 - 15 Years	23 days/184 hours
16+ Years	25 days/200 hours



Holidays

2017 - 2018 Holiday Schedule			
New Year's Day, 2017 - Monday, January 2, 2017	Labor Day – Monday, September 4, 2017		
*Floating Holiday, 2017 - Team Member Choice	Thanksgiving Day – Thursday, November 23, 2017		
Floating Holiday – Friday, April 14, 2017	Floating Holiday – Friday, November 24, 2017		
Memorial Day – Monday, May 29, 2017	Christmas Day – Monday, December 25, 2017		
Independence Day – Tuesday, July 4, 2017	New Year's Day, 2018 – Monday, January 1, 2018		
*Team Member chooses one 8-hour day in 2017 to be used for birthday, personal day, holiday, etc.			

Team member Assistance



Trying to manage daily responsibilities and life events can be a real challenge. Fortunately, there's LifeCare. Offering comprehensive work and life services, LifeCare gives you the valuable and timely information you need to manage your daily life—from prenatal information to adult care—from summer camps to child care services—from pet care to health and wellness—and much more!

Plus LifeCare offers LifeMart, an online discount center that offers you exclusive access to discounts and special offers on hundreds of products and services nationwide.

LifeCare is available 24 hours a day, seven days a week by calling **1 (800) 697-7315** or by visiting www.lifecare.com

Benefit Contacts

Benefit Plans	Vendor	Website	Phone #
Medical/Dental	UMR	www.umr.com	866-586-0613
Pharmacy	CVS/Caremark	www.caremark.com	888-607-4287
Vision	UHC	www.myuhcvision.com	800-638-3120
Health Savings Account	Key Bank	Visit local branch or HR for forms	614-476-2650
Life/AD&D	Aetna	www.aetna.com	800-523-5065
Short and Long Term Disability	Aetna	www.aetna.com	866-326-1380
Voluntary Benefits	Aetna	www.aetna.com	888-772-9682
Flexible Spending Accounts	UMR	www.umr.com	800-826-9781
and Benny Card	Benny Card	www.mybenny.com	866-868-0145
401(k) Plan	Fidelity	www.401k.com or www.netbenefits.com	800-835-5097
Team member Assistance	ADP	www.lifecare.com	800-697-7315
Program			
Teladoc	UMR	www.teladoc.com	800-835-2362
Consumer Concierge	UMR	www.umr.com	800-207-3172

This benefits summary describes the highlights of our benefits in non-technical language. Your specific rights to benefits under the plan are governed solely, and in every respect, by the official documents and not the information in this summary. If there is any discrepancy between the descriptions of the programs as contained in this brochure and the official plan documents, the language of the official plan document shall prevail as accurate. Please refer to the plan-specific documents for detailed plan information. Any plan benefits may be modified in the future to meet Internal Revenue Service rules or otherwise as decided by FCX Performance.

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^{*}See team member handbook for policy details.