



2017 Benefits Update

Unilever Health & Welfare Plan for Hourly Employees in Suffolk, VA

Unilever and UFCW Local 400 have begun the collective bargaining discussions required following the vote to unionize on 08/26/2016. While no contract is in place between Unilever and UFCW Local 400, both parties recognized the necessity of acting now on health care for 2017 while contract negotiations continue between the two parties.

As a result of negotiations, the Company and the Union have agreed that the hourly employees of Suffolk be excluded from the UNICare annual enrollment process for 2017 which is going on now. The Company and the Union have further agreed that the medical and dental plans and employee contributions which were in place for 2016 remain unchanged for 2017 or until a new health and welfare program is negotiated.

As a result of the short time frame before January 1, 2017, an open enrollment to add dependents or change health or dental options will take place with paper enrollment forms in early to mid-December 2016. This requires Unilever to offer a separate Annual Enrollment period to the hourly employees of Suffolk and the exact dates for that will be announced shortly.

Since this is occurring so late in the year, it requires extensive amount of work on the part of Unilever's claims administrators (UnitedHealthcare, CVS Caremark and Metlife). They have all configured their systems to manage the 2017 UNICare plans and were not prepared to maintain the 2016 plan designs. The administrators are currently working to set up the 2016 plan designs for the hourly employees of Suffolk but have advised Unilever that the work will not be finalized by January 1, 2017.

What does this mean?

A glitch will occur January 1, 2017. The extension of the 2016 benefits in health care and dental will not be able to be implemented by the plan administrator and communicated to health care providers until sometime later in the first quarter of the year.

When the 2016 benefits are put back into place, adjustments will be made and providers will be paid under the 2016 benefit plan retroactive to January 1, 2017. This means that if you go to a health care provider in the first quarter of the year, the doctor or other provider will have the incorrect information for your coverage.

This will mean that your doctor or other health provider may see coverage showing you owing additional out of pocket expenses. This is because claims incurred between

January 1st and as late as March 31, 2017 will initially be paid using the 2017 plan rules that were established for the 2017 UNICare plans. When the current 2016 plan is fully reinstated by the end of the first quarter of 2017, all claims will be reprocessed and doctors and health care providers will be paid any additional funds they are owed under the terms of the plan.

UFCW Local 400 and Unilever hope to provide a letter from the plan administrator outlining the differences between what the providers will see beginning January 1, 2017 and what the actual benefit will be retroactive to January 1, 2017.

Payroll deductions in 2017 for health insurance and dental insurance will remain at the same rates that were in effect during 2016.

UFCW Local 400 and Unilever will continue to work to minimize any disruption to employee health care for 2017. We realize that this can be confusing until the correct plan terms are implemented. Additional communications to keep you informed and up to date will be forthcoming.

Please refer to the attached summary of your 2016 Medical and Dental plans. If you would like a copy of the full 2016 Summary Plan description of your benefits, see the plant Human Resources department.

If you should have questions regarding your 2017 health plan coverage, please contact the plant Human Resources department or Union Representative Kayla Mock.

Unilever-Lipton

UFCW Local 400

SUMMARY OF 2016 MEDICAL/DENTAL BENEFITS

Medical

As a reminder, your monthly costs are as follows:

Coverage Level	Option 1		Option 2		Option 3	
	<i>healthyU</i> *	Standard	<i>healthyU</i> *	Standard	<i>healthyU</i> *	Standard
Participant	\$134	\$184	\$100	\$150	\$51	\$101
Participant + 1	\$298	\$348	\$250	\$300	\$150	\$200
Participant + 2 (or more)	\$436	\$486	\$373	\$423	\$233	\$283

*healthy U rates apply to those who completed the Wellbeing incentive in 2016.

SUMMARY OF MEDICAL COVERAGE

The chart below highlights some of the most widely used medical benefits. All amounts listed are based on participant costs for each option.

medical feature	Option 1 ^{1,4}		Option 2 ^{1,4}		Option 3 ^{1,4}	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Provider Networks	Choice Plus Network		Choice Plus Network		Choice Plus Network	
Preventive Care ⁴	0%	35% ³	0%	35% ³	0%	35% ³
Annual Deductible ⁷ Participant	\$500	\$1,000	\$1,250 ⁷	\$1,875 ⁷	\$2,000	\$2,000
Participant + 1	\$1,000 ²	\$2,000 ²	\$2,500 ²	\$3,750 ²	\$4,000 ⁵	\$4,000 ⁵
Participant + 2 (or more)	\$1,500 ²	\$3,000 ²	\$3,750 ²	\$5,625 ²	\$4,000 ⁵	\$4,000 ⁵
Annual Out-of-Pocket maximum (includes deductible) ⁸ Participant	\$2,700	\$4,400	\$3,750	\$5,625	\$4,500	\$4,500
Participant + 1	\$5,400 ²	\$8,800 ²	\$7,500 ²	\$11,250 ²	\$6,850 ⁵	\$6,850
Participant + 2 (or more)	\$6,600 ²	\$11,000 ²	\$8,500 ²	\$12,750 ²	\$6,850 ⁵	\$6,850 ⁵
Lifetime maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Office Visit	\$25 (PCP)/ \$35 (specialist)	35% ³	20% ³	35% ³	20% ³	35% ³
Emergency Room (waived if admitted)	\$100 copay	\$100 copay	20% ³	20% ³	20% ³	20%
Inpatient Hospital						
Deductible	Applies	Applies	Applies	Applies	Applies	Applies
Semiprivate Room	20% ³	35% ³	20% ³	35% ³	20% ³	35% ³
Outpatient Surgery Doctor's Office	\$25 (PCP)/ \$35 (specialist)	35% ³	20% ³	35% ³	20% ³	35% ³
Surgical Facility	20% ³	35% ³	20% ³	35% ³	20% ³	35% ³

¹All coverage amounts under Option 2 and Option 3 are based on reasonable and customary (R&C) amounts. You are responsible for any amounts over these limits.

²The Participant + 1 and Participant + 2 (or more) maximums are cumulative, and no one participant can satisfy more than the individual maximum.

³These are coinsurance amounts for which you are responsible after satisfying the annual deductible.

⁴For specific plan design information, refer to the medical benefits summaries available on netbenefits.com/unilever.

⁵Option 3 has a "true family deductible," meaning that if you select Participant + 1 or family coverage, the family deductible of \$4,000 will need to be satisfied before the Plan begins to pay benefits for covered expenses. The individual deductible does not apply, as one individual under the family plan could satisfy the entire \$4,000 deductible.

⁶Option 3 has a “true family out-of-pocket (OOP) maximum,” meaning that if you select Participant + 1 or family coverage, the total OOP maximum will need to be satisfied before Option 3 begins to pay benefits at 100% (subject to R&C limits). The individual OOP maximum does not apply, as one individual under the family plan could satisfy the entire OOP maximum.

⁷All deductibles apply to medical and prescription drug benefits combined.

⁸Medical and prescription drug copayment and coinsurance amounts are counted toward meeting the out-of-pocket maximum.

PRESCRIPTION DRUGS

Your pharmacy benefits are administered by CVS Caremark. There are over 77,000 CVS Caremark participating retail pharmacies nationwide, including over 68,000 network pharmacies.

Prescription Drug	Option 1		Option 2		Option 3	
feature	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Provider Networks	Choice Plus Network		Choice Plus Network		Choice Plus Network	
Retail Program (30-day supply) Generic	\$8		\$8		20%¹ coinsurance for all	
Preferred Brand	30%¹ with a \$90 max		30%¹ with a \$90 max			
Non-Preferred Brand	40%¹ with a \$150 max		40%¹ with a \$150 max			
mail Service Pharmacy (90-day supply) Generic	\$16		\$16		20%¹ coinsurance for all	
Preferred Brand	30%¹ with a \$180 max		30%¹ with a \$180 max			
Non-Preferred Brand	40%¹ with a \$300 max		40%¹ with a \$300 max			

¹All medical plan deductibles apply to medical and prescription drug benefits combined.

Dental

Metlife continues to be your dental provider.

Your monthly costs for the dental plans are as follows:

	Dental Options	
feature	Option 1	Option 2
Participant	\$12.89	\$6.45
Participant + 1	\$25.78	\$12.89
Participant + 2 (or more)	\$38.69	\$19.34

SUMMARY OF DENTAL COVERAGE

The chart below highlights some of the most widely used medical benefits. All amounts listed are based on participant costs for each option.

	Dental Options	
feature	Option 1	Option 2
annual Deductible		
Participant	\$25	\$50
Participant + 1	\$50	\$100
Participant + 2 (or more)	\$50 ¹	\$100 ¹
maximum Benefit	\$2,000 per participant	\$750 per participant
Preventive and Diagnostic	0%	0%
Routine Exams, Cleanings	No deductible	No deductible
Restorative (fillings)	20% ²	20% ²
Reconstructive (bridges, dentures)	50% ²	Not covered
Orthodontia	50%, ² up to a maximum lifetime benefit of \$2,000 per person; \$50 per person one-time deductible	Not covered

¹The Participant + 2 (or more) maximum is cumulative, and no one participant can satisfy more than the individual maximum.

²All coverage amounts are based on R&C amounts. You are responsible for any amounts that exceed R&C

limits.