



Benefit Highlights

What's Changing with My 2018 Benefits?

Get Well Stay Well Update – Rally Rewards Increased

Get Well Stay Well and Georgia-Pacific will continue to offer the Rally program to all employees and spouses who are on the Georgia-Pacific Medical Plan in 2018 for FREE. Georgia-Pacific has made changes to the 2018 rewards to focus on one key target, Body Mass Index (BMI), which heavily impacts all the other target levels. See your *Benefits Enrollment Guide* for more details.



New Tools and Resources to Help You Choose Your Medical and Dental Plans

To learn more about myLifeChoices as well as all the new tools and resources available, be sure to check out the myLifeChoices Guide enclosed in your packet or at myLifeChoices.com.



Long-Term Disability — 70% Option Eliminated

For 2018, the 70% Long-Term Disability (LTD) option has been eliminated. If you are currently enrolled in the 70% LTD option, you will be automatically enrolled in the 60% LTD option if you do not make an election.

Life Insurance and Accidental Death and Dismemberment (AD&D) Beneficiary Designation Required

Going forward, you will update your beneficiary information for life insurance and AD&D online, at myLifeChoices.com. **Any existing beneficiary designations will not carry over to 2018, so you must add beneficiaries during Open Enrollment.**

Learn. Choose. Thrive.

It's that time again — time to choose benefits for the coming year.

2018 Open Enrollment: November 2–15, 2017

Benefit Highlights outlines what's changing so you can get informed and ready to enroll. Give this document a quick read, then go to myLifeChoices.com or your *Benefits Enrollment Guide* for more information.



What's Changing with How I Enroll?

Log on to the new myLifeChoices.com to enroll in your 2018 benefits. To make things even more convenient, you'll find your retirement benefits information there as well. More information on how to log on and enroll is in your *Benefits Enrollment Guide*.

What's Changing with My 2018 Benefits? *(continued)*

Changes to Spine and Joint Program

The Spine and Joint Program is being replaced by the new Orthopedic Advocacy Program, and there are a few other changes as well:

- In 2018, you will be required to enroll in the Orthopedic Advocacy Program to have your spine, hip, or knee surgery approved for coverage.
- If you live within 50 miles of an Orthopedic Center of Excellence (COE), there will be a \$1,000 penalty for using a facility outside of the COE network. This penalty does **not** count toward your deductible and/or out-of-pocket maximum.

For additional details on this program, please review the *2018 Benefits Enrollment Guide*.

Dependent Coverage and Eligibility Requirement Changes

Georgia-Pacific will no longer require dependent children to be full-time students to be eligible for dental and dependent life coverage. With this change, dependent child eligibility is the same for medical, dental, vision, and dependent life coverage. If you would like to enroll your dependent child who is 19-25 years old, you may do so during Open Enrollment regardless of student status.

The time frame for adding a dependent for birth, adoption, or placement for adoption is extending to 60 days from the date of the event instead of 31 days.

New Flexible Spending Account Administrator

Your Spending Account™ (YSA) will be the administrator for Flexible Spending Accounts (FSAs), replacing Surency. If you enroll in a Health Care FSA, you will receive a card in the mail; this card acts like a debit card for your medical expenses. Go to **myLifeChoices.com** for more information.

Dependent Verification Administrator Change

Beginning with dependents added through Open Enrollment, the Alight Solutions Dependent Verification Center will be providing dependent verification services in place of Budco.

HSA Contribution Limit Changes

The 2018 Health Savings Account (HSA) contribution limit increases to \$3,450 for Employee Only coverage and \$6,900 for Family coverage. If you participated in the HSA in 2017, your enrollment will carry over to 2018. If you want to make a change to your HSA contribution amount, you can do so at any time, beginning November 2, 2017, at **myLifeChoices.com**.



2018 Benefits Enrollment Guide

LEARN.
CHOOSE.
THRIVE.

NEW HIRES:
YOU MUST ENROLL WITHIN 31 DAYS!

CURRENT EMPLOYEES:
COMPLETE YOUR OPEN ENROLLMENT
NOVEMBER 2-15, 2017



LEARN, CHOOSE, AND THRIVE WITH *myLifeChoices*

myLifeChoices is your comprehensive benefits source that empowers you to make the most of your well-being opportunities. myLifeChoices.com connects you to the benefits, tools, and support to help you learn, choose, and thrive when it comes to your health and retirement — now and for your future.

Enrolling in and managing your benefits is easier with the information that matters most right at your fingertips.

Visit the mobile-friendly myLifeChoices.com to:



LEARN

- Explore personalized tools and information designed to help you make good choices.
- Get help selecting a health plan and a retirement savings strategy that suit your total well-being needs and goals.



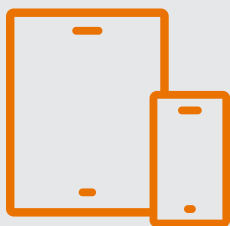
CHOOSE

- Enroll in the benefits that meet the needs of you and your family.
- Optimize your health and retirement savings now and for your future with online tools and personal advice.



THRIVE

Take action with confidence online at any time or by phone through the **Koch Benefits Solution Center** at **877-344-5772**, from 7 a.m. to 7 p.m. Central Time, Monday through Friday.



myLifeChoices.com

We want you to make an informed choice that is right for you and your family.

myLifeChoices.com holds all of your benefits information to make decision-making a breeze.

- Compare your plan options
- Get a plan suggestion
- See your premiums
- Estimate your out-of-pocket health care expenses

See more about the **tools** available on [page 10](#).



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|---------------------|-----------|-------------|-------------|---------------|----------------|-------------|-------------------|-----------------|--------|----------------|----------|---------------|
| Introduction | New Hires | At A Glance | Eligibility | How to Enroll | Medical and Rx | HSA and FSA | Dental and Vision | Life/Disability | 401(k) | Other Benefits | Contacts | Legal Notices |
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Current Employees

Review the [2018 Benefit Highlights](#) to learn more about what's changing and some of the important details specific to your plan choices.

Open Enrollment is your once-a-year opportunity to enroll in or change your benefits coverage. If you are happy with your current coverage, there is no need to re-enroll, unless you are electing a Flexible Spending Account (FSA). If you are currently enrolled in the 70% LTD option, you will be automatically enrolled in the 60% LTD option in 2018 if you do not enroll. Regardless, it's always a good idea to review your current benefit elections to:

- Confirm all listed dependents are enrolled in your plans
- Consider changing your Health Savings Account (HSA) contribution for the year, or think about enrolling in an HSA
- Elect to contribute to an FSA (if applicable)
- Add beneficiaries to your life insurance plans, as previously designated beneficiaries will not carry over



New Hires

If you are new to the company, we're excited about the decision you've made to join us. To receive coverage, you must enroll within 31 days of your hire date or wait until the next Open Enrollment period — unless you experience a **qualified life event**, described on [page 8](#). New hires can **learn more** on [page 4](#).

If you have questions about your benefits after reading this guide and visiting [myLifeChoices.com](#), please contact the **Koch Benefits Solution Center** at **877-344-5772**.

Optimize Your Health Care Dollars in 2018!

- **Choose the Best Medical Plan Option for You**
Use the **Help Me Choose** tool along with the online comparison charts and Medical Expense Estimator to help you select the medical plan option that's right for you and your family.
- **Build Tax-Free Funds Through a Health Savings Account (HSA)**
Save for your current **and** future health care expenses. You may contribute to a Health Savings Account (HSA), which makes it easy to pay for eligible health expenses (including deductibles) for yourself or your eligible tax dependents. Plus, the company will provide matching contributions to your HSA. Earn a dollar-for-dollar match of up to **\$500 for Employee Only coverage** and up to **\$1,000 for Family coverage** when you enroll in the GP Gold or Silver Plan and open an HSA with Optum Bank.
- **Pay Less for Prescription Drugs**
Make sure you're using generics when available and the mail order pharmacy or CVS retail pharmacy for ongoing prescriptions. Learn more about your **prescription drug benefit** on [page 13](#).



Resources to Help You Choose!

Learn More and Enroll Through [myLifeChoices.com](#):

Help Me Choose

Get a suggestion on which plan will meet your needs.

Health Plan Comparison

Review key features to compare your plan options.

Medical Expense Estimator

Model your total out-of-pocket expenses.



WELCOME TO OUR NEW EMPLOYEES

myLifeChoices is your comprehensive health and retirement benefit program. We believe our plan options allow you the opportunity to choose coverage that is right for you and your family.

Your benefit elections are some of the most important decisions you'll make all year. Take the time to understand your benefits options. The choices you make will impact you and your family now and in the future.

Visit myLifeChoices.com for online tools and resources and to enroll.



Act Fast — Don't Miss Out!

- **If you do not enroll for coverage within 31 days of your hire date, you will not have coverage and must wait until the next Open Enrollment period to enroll** — unless you experience a qualified life event.
- **Newly hired employees can elect Life Insurance and Long-Term Disability coverage without providing evidence of insurability (EOI).**
 - You may elect Voluntary Life Insurance and Spouse Life Insurance up to certain limits and Long-Term Disability coverage without providing EOI. See **Life/Disability** on [page 22](#) for details.
 - If you do not enroll within 31 days from when you are first eligible (typically your hire date), you will be required to provide EOI if you apply at a later date.
 - Any coverage subject to EOI will not go into effect until approved by the claims administrator.
- **New benefits coverage begins the first day of the month following your date of hire** or immediately if your hire date is the first day of the month.
- See **How to Enroll** on [page 9](#) for more guidance.



2018 BENEFITS AT A GLANCE

| Benefit Plan | Coverage Options | Who Is Eligible | Who Pays |
|--|---|----------------------------------|-------------------------|
| Medical (includes Prescription Drug, Mental Health, and Substance Abuse) | <ul style="list-style-type: none"> No coverage GP Gold Plan GP Silver Plan GP Bronze Plan | Employee and eligible dependents | Georgia-Pacific and you |
| Dental | <ul style="list-style-type: none"> No coverage Dental Plan – Base Dental Plan – Ortho | Employee and eligible dependents | Georgia-Pacific and you |
| Vision | <ul style="list-style-type: none"> No coverage Vision Plan | Employee and eligible dependents | You |
| Voluntary Life Insurance | <ul style="list-style-type: none"> No coverage Coverage in multiples of \$10,000, up to eight times your pay or \$2 million, whichever is less | Employee only | You |
| Accidental Death and Dismemberment (AD&D) Insurance | <ul style="list-style-type: none"> No coverage Coverage in multiples of \$10,000, up to eight times your pay or \$2 million, whichever is less | Employee only | You |
| Spouse Life Insurance | <ul style="list-style-type: none"> No coverage Coverage in multiples of \$25,000, up to \$250,000 | Spouse or domestic partner | You |
| Child Life Insurance | <ul style="list-style-type: none"> No coverage Coverage of \$5,000, \$10,000, or \$20,000 | Dependent child(ren) | You |
| Short-Term Disability | <ul style="list-style-type: none"> Salary Continuation or Accident & Sickness See your SPD and/or Schedule of Benefits for coverage details No election required | Employee only | Georgia-Pacific |
| Long-Term Disability | <ul style="list-style-type: none"> No coverage 50% coverage 60% coverage | Employee only | Georgia-Pacific and you |
| Employee Assistance Program (EAP) | <ul style="list-style-type: none"> Counseling, legal advice, financial advice, and more No election required | Employee and household members | Georgia-Pacific |
| 401(k) | <ul style="list-style-type: none"> Save for retirement, and you may be eligible to receive a company contribution Enroll any time | Employee only | Georgia-Pacific and you |

ELIGIBILITY

Before you get started, let’s talk eligibility. You are eligible for benefits coverage, including the medical, dental, and vision plans, if you:

- Are employed in the United States; and
- Work 30 or more hours per week

Eligible Dependents

Before you select your medical, dental, or vision benefits, determine whom you need to cover. The following dependents are eligible for coverage:

| Medical, Dental, and Vision Plan Coverage | |
|---|---|
| ✓ | Your legal spouse |
| ✓ | Your children under age 26, and |
| ✓ | Your child who is incapacitated and financially dependent on you ¹ |

In order for your dependents to receive medical, dental, or vision coverage, you must be covered, and you must elect medical, dental, or vision coverage for each eligible dependent.

¹Your child must be deemed incapacitated (see definition to the right) in accordance with the terms of the Plan before age 26 to be eligible for medical, dental, and vision coverage under this provision. In addition, periodic medical documentation that your child remains incapacitated is required to continue coverage.



New for 2018

Starting in 2018, GP will no longer require dependent children up to 26 years of age to be full-time students to be eligible for dental and dependent life coverage.



Terms to Know

What Is Incapacitated?

This means being severely mentally or physically disabled, unable to be self-sufficient.

What Is Financially Dependent?

A child is considered to be financially dependent on you if you can claim such child as a dependent on your federal income tax return.

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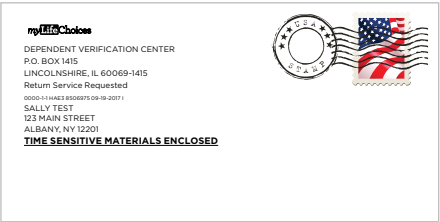
WHAT YOU NEED TO KNOW ABOUT ADDING DEPENDENTS

Do you have new dependents who need to be covered? Here are the steps to follow to get their coverage started:

- Verify that your covered dependents are eligible for medical, dental, and/or vision coverage.
- Confirm you have enrolled the dependents whom you wish to cover. If your dependents are not enrolled in each plan, they will not receive coverage.
- When adding a new dependent to medical and/or dental coverage, you will be required to provide proof that the dependent meets the criteria for coverage.

Once you’ve added dependents, you’ll receive a request in the mail from the Alight Solutions Dependent Verification Center to provide the appropriate documentation for any newly enrolled dependents. **If you do not provide the requested documentation, your unverified dependents will be removed from coverage.**

Dependents removed from coverage during Open Enrollment are not eligible for COBRA continuation coverage.



Important!

Repeated attempts to add ineligible dependents may result in the loss of coverage and benefits eligibility for that employee and all covered dependents under the plan to which the ineligible dependents were added.



Reminder

We are required to send to the Internal Revenue Service information about your insurance coverage, including the Social Security Numbers of any dependents. Please update the information for your dependents at myLifeChoices.com.

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CHANGING YOUR BENEFITS DURING THE YEAR?

You can change some of your benefit elections when you experience a qualified life event. You must change your elections at myLifeChoices.com or call the **Koch Benefits Solution Center** at **877-344-5772** within **31 days** of such event (unless otherwise specified). If you miss this deadline, you must wait until the next Open Enrollment period to make changes to your benefits.

A qualified life event includes:

- Birth, adoption, or placement for adoption (You have **60 days** after these events to add your child)
- Marriage
- Divorce, legal separation, or annulment
- Death of a dependent
- Change in employment status for your dependent
- Spouse's retirement
- Becoming eligible for Medicare
- Loss of eligibility for other health care coverage



Qualified Life Event

When you have a qualified life event, go to myLifeChoices.com or call the **Koch Benefits Solution Center** at **877-344-5772** within **31 days**, or **60 days** for birth or adoption, to make changes to your elections. You are not required to have your child's Social Security Number in order to enroll your child in coverage.



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HOW TO ACCESS *myLifeChoices.com*

myLifeChoices.com is mobile-friendly. You can use a smartphone or tablet to log on anytime, anywhere.

First time?

You'll be able to register as a new user by clicking on **New User?** on the logon page. You'll answer security questions and create a user ID and password. After your first visit, you'll just need your user ID and password to log on.

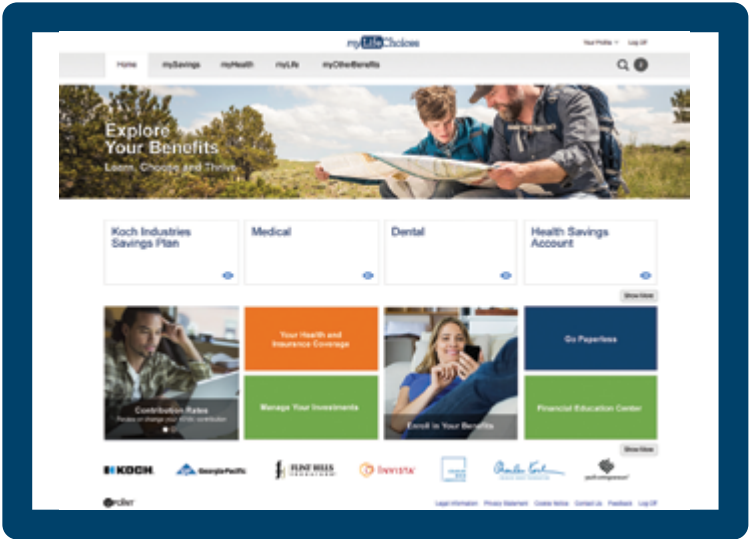
Accessing from work?

Go to Employee Self Service (ESS) for direct access to myLifeChoices.com from a computer at work. From there, you'll be signed in to your account automatically after you set up new security questions.

Note: Employees using a kiosk will not be automatically logged in through ESS and will need to enter their user ID and password.

Accessing from home or mobile device?

If you're accessing myLifeChoices.com from home or on the go, you'll need to enter your user ID and password to access the site.



Current Employees:

The resources.hewitt.com/koch URL you used for your 401(k) plan information is now myLifeChoices.com.



Forgot your user ID or password?

Go to myLifeChoices.com, click **Forgot User ID or Password** and follow the instructions. Or you can call the **Koch Benefits Solution Center** at **877-344-5772**.

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RESEARCH AND ENROLL

Your One-Stop Benefits Shop: myLifeChoices.com

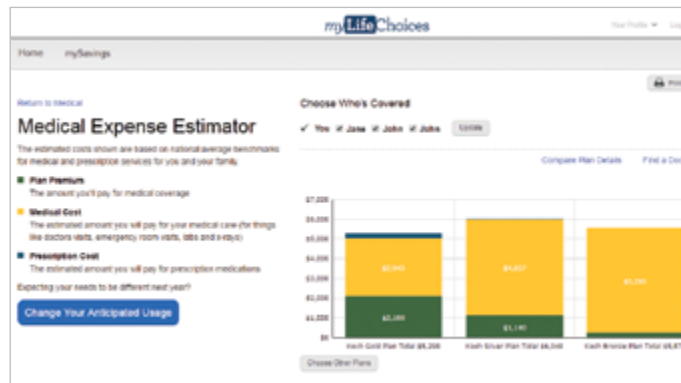
All the information in this guide — and **more** — is available at myLifeChoices.com. You'll also find this guide available at myLifeChoices.com/GP.

Doing your research and enrolling is easy when you go to myLifeChoices.com and select the **Enroll** tile. Here are a few steps we recommend you follow so you're ready to make the best choices for you and your family. Involve your family too, so you can explore and decide your choices together.

Start by getting a plan suggestion through **Help Me Choose**, a quick, interactive video tool available on the Enrollment page at myLifeChoices.com.

Next, select the **Research & Enroll** button to get to the Benefits Summary page. There you will be prompted to:

- Review and confirm your dependents.
- Update your life insurance beneficiaries.
- Confirm your tobacco-user status.
- Review, research, and select your plans. You can view premiums (displayed as per pay period or annual amounts).
- You can also use the **Medical Expense Estimator** tool to model your total out-of-pocket costs for the upcoming year.
- When you have finished selecting your choices, make sure to click the **Confirm Choices** button and print or save a copy of the Confirmation page for your records.
- To do more research, click the **View/Change** button to see the **Health Plan Comparison**. Then, you can compare medical plan features side-by-side.



Current Employees:

From Open Enrollment through the end of 2017, Employee Self Service (ESS) and the HR Service Center (HRSC) will manage mid-year benefit election changes and will be available for you to access your 2017 health benefits information.



Questions?

Call the **Koch Benefits Solution Center** at **877-344-5772**. Representatives are available weekdays from 7 a.m. to 7 p.m. Central Time.

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|--------------|-----------|-------------|-------------|---------------|-----------------------|-------------|-------------------|-----------------|--------|----------------|----------|---------------|
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MEDICAL PLAN HIGHLIGHTS

As you review the GP Gold, Silver, and Bronze Plan options, which include prescription drug coverage, be sure to consider the features that may be important to you, such as premiums, annual deductibles, and tax-free savings opportunities. Your health care needs are unique, so be sure to take the time to decide which plan option is right for you and your family.

How are the plan options the same?

| | Gold | Silver | Bronze |
|---|---|--------|--------|
| Preventive Care¹ | Georgia-Pacific pays 100% | | |
| Office, Hospital, Emergency Room, and Non-Preventive Prescription Drugs² | <ul style="list-style-type: none"> Before you meet your deductible: You pay 100% After you meet your out-of-pocket maximum:³ Georgia-Pacific pays 100% | | |
| Tobacco-Free Medical Premium Savings | Save \$120 each month, or \$1,440 for the year for all three plan options. | | |
| Health Savings Account (HSA) | All three plans are HSA-compatible. | | |
| Preventive Medications (a 90-day prescription filled by mail order or a CVS pharmacy) ² | <ul style="list-style-type: none"> \$5 generic \$40 brand (no generic) \$60 brand (generic available) or \$5 copay plus cost difference between the brand drug and generic drug alternative | | |
| Prescription Drug Pay the Difference³ | If you choose to fill a brand name drug that has a generic equivalent, you will pay the cost of the generic drug as covered by the plan, plus the difference in cost between the two. The difference does not apply to the deductible or out-of-pocket maximum. | | |
| Covered Services | All three plan options cover the same medical services. | | |
| Provider Network | All three plans use the same UnitedHealthcare network. | | |

¹Subject to certain limits based on clinical guidelines used by the claims administrator.

²Preventive drug copays apply toward the out-of-pocket maximum, but do not apply toward the deductible.

³In order for the “pay the difference” provision to not apply, you must obtain an approval of your physician’s request for an exception with CVS/Caremark.



All three medical plan options offer out-of-network coverage, but you pay more when you use out-of-network providers.

How are the medical plan options different?

| | Gold | | Silver | | Bronze | |
|--------------------------------|--|---------|--|----------------------|-------------------------------|-----------------------|
| | Employee Only | Family | Employee Only | Family | Employee Only | Family |
| Deductible | \$1,400 | \$2,800 | \$2,400 | \$4,800 | \$6,000 | \$12,000 |
| Out-of-Pocket Maximum | \$3,000 | \$6,000 | \$4,000 | \$8,000 ¹ | \$6,000 | \$12,000 ¹ |
| Medical Services Coinsurance | GP pays 90% after deductible You pay 10% after deductible | | GP pays 80% after deductible You pay 20% after deductible | | GP pays 100% after deductible | |
| GP's HSA Matching Contribution | \$500 | \$1,000 | \$500 | \$1,000 | None | |
| Prescription Drugs | See pages 13-14 | | | | | |

¹Due to a requirement under the Affordable Care Act (ACA), the out-of-pocket maximum amount for any individual enrolled in a plan with Family coverage is capped at \$7,350 for 2018.

Note: All coverage amounts above show in-network providers.

How much do the plan options cost per month?

| | Employee | Spouse | Per Child |
|---------------|----------|--------|-----------|
| Gold | \$92 | \$134 | \$42 |
| Silver | \$35 | \$49 | \$15 |
| Bronze | \$7 | \$10 | \$4 |

Note: All premiums above reflect tobacco-free employees/families. Employees who select tobacco-user status will pay an additional \$120 per month. Monthly premiums are listed above; however, deductions (and the amounts displayed at myLifeChoices.com) will be made on a per pay period basis.

Tobacco-Free Reasonable Alternative

The tobacco-free premium is considered a wellness program. If you think you might be unable to meet a standard for receiving the tobacco-free premium savings under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact the **Koch Benefits Solution Center** at **877-344-5772**, and representatives will work with you (and, if you wish, with your doctor) to provide a reasonable alternative that is right for you in light of your health status to receive the same savings.



Tobacco-Free Premium Savings for Medical and Dental Plans

You are eligible for the tobacco-free premium for medical and/or dental plans if you confirm that you and your covered dependents (age 18 or older at the time your coverage begins) will not use any tobacco products during the Plan year. In order to be considered tobacco-free, you and your dependents may not use e-cigarettes or any other forms of tobacco or nicotine vaporizers.

Quit For Life®!

Start a tobacco-free life today by calling **877-631-7848**, or enroll at quitnow.net/programlookup.

PRESCRIPTION DRUG BENEFITS

| | Gold and Silver | Bronze |
|--|--|-----------------------|
| | GP pays | GP pays |
| Generic Prescriptions | 80% after deductible | 100% after deductible |
| Brand on the PDL ^{1,2} | 75% after deductible | 100% after deductible |
| Brand not on the PDL ^{1,2} | 50% after deductible | 100% after deductible |
| Preventive Medications ³ (90-day supply) | 100% after copay | |
| Generic | \$5 copay | |
| Brand with no generic available | \$40 copay | |
| Brand with generic available ² | \$60 copay or \$5 copay plus cost difference between the brand drug and generic drug alternative | |

¹PDL = Performance Drug List, which is available on [caremark.com](#).

²The “pay the difference” provision applies. In order for the “pay the difference” provision to not apply, you must obtain an approval of your physician’s request for an exception with CVS/Caremark.

³The copay only applies if you purchase a 90-day supply of a preventive medication via mail order or at a CVS retail pharmacy. If not, you must purchase up to a 30-day supply, and it will be subject to deductible and coinsurance.



“Pay the Difference” Provision

If you choose to fill a brand drug that has a generic equivalent, you will pay the cost of the generic drug as covered by the plan, plus the difference in cost between the two.



Preventive vs. Maintenance Drugs: Know the Difference

Preventive medications can help prevent the onset of a disease or condition from occurring, making them a powerful tool for staying healthy. Those taking preventive medications have developed risk factors for a disease that has **not** yet become a health issue.

Maintenance medications help treat **diagnosed** long-term or chronic conditions that require daily doses of medication, such as ADHD, allergies, and gout.

Refer to [myLifeChoices.com](#) under Plan Information to find a detailed list of **covered preventive medications**. This list is subject to periodic modifications as dictated by the governing regulatory agencies.

Examples of Covered Preventive Drugs

| Examples of Covered Preventive Drugs | Conditions Prescribed to Prevent and Treat |
|---------------------------------------|--|
| The generic equivalent of Lipitor® | Heart disease |
| The generic equivalent of Zocor® | Heart disease |
| The generic equivalent of Wellbutrin® | Depression and anxiety |
| The generic equivalent of Accupril® | High blood pressure |
| Glucophage XR | Diabetes |

Note: The chart illustrates examples of preventive medications available under the Gold, Silver, and Bronze Plan options. **This is not an all-inclusive list.**



Save Money and Time with Mail Order Direct

You must use mail order or a CVS retail pharmacy to purchase a 90-day supply of medication. There are three convenient ways to sign up for mail order prescriptions:

- **Online:** Go to [caremark.com](https://www.caremark.com) and sign in or register. Click on **Order Prescriptions**, then click **Request a New Prescription** to enter your information.
- **Phone:** Call **800-826-6941** — be ready with doctor, medicine, mailing information, and your prescription payment method.
- **Doctor:** Have your doctor submit your prescriptions electronically, by fax, or over the phone.

PAYING FOR COVERAGE

Frequently Asked Questions

| Question | Answer | | | |
|---|--|---------------------------------|----------------------------------|--------------------------------|
| How do I pay my employee premiums? | They are withheld from your paycheck through regular payroll deductions. | | | |
| Will the employee premiums change? | They might change during Open Enrollment for the next Plan year. If the premiums change, you will be notified. | | | |
| How are the medical and dental premiums calculated? | It depends on how many people you choose to cover. There is a separate price for each person — employee, spouse, and child (up to four). | | | |
| Why is there a different price for each person? | Each employee has different needs for coverage, and family sizes vary. Below are examples of monthly premiums* for employees and their covered dependents: | | | |
| | Sue is covering herself, her husband, and their daughter with the Silver medical plan option: | | | |
| | Sue’s monthly premium: \$35 | Husband’s monthly premium: \$49 | Daughter’s monthly premium: \$15 | |
| | Total monthly premium for Sue and her family: \$99 | | | |
| | Joe is covering himself, his wife, and five children with the Gold medical plan option: | | | |
| | Joe’s monthly premium: \$92 | Wife’s monthly premium: \$134 | Child #1 monthly premium: \$42 | Child #2 monthly premium: \$42 |
| | Child #3 monthly premium: \$42 | Child #4 monthly premium: \$42 | Child #5 monthly premium: \$0 | |
| | Total monthly premium for Joe and his family: \$394 | | | |

*myLifeChoices.com will display your premiums as per pay period and/or annual amounts.



Check out the “Consider your Total Healthcare Costs” video at myLifeChoices.com. From the *Welcome Page*, click the *Total Healthcare Costs* tile.

| | | | | | | | | | | | | |
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KNOW YOUR BENEFITS TERMS

Copay

The flat dollar amount you pay for certain services. For some prescriptions, this is the only fee you pay.

Premium

The amount deducted from every paycheck for your coverage. Note that this guide shows your *monthly* premiums.

Annual Deductible

The amount of eligible covered expenses you pay each year before the plan begins to pay benefits, with the exception of certain preventive care services or medications which the plan pays for before the deductible is met.

Coinsurance

The percentage of eligible covered expenses you pay after you meet your deductible. The plan pays any remaining eligible charges.

Annual Out-of-Pocket Maximum

The maximum you have to pay (out of your pocket) in a calendar year for eligible covered expenses. Once your share of covered expenses reaches the out-of-pocket maximum, the plan pays 100% of eligible expenses for the remainder of the calendar year. Your deductible and coinsurance count toward your out-of-pocket maximum.

Usual and Customary (U&C)

The charges within the normal range of fees charged in a provider's geographic area for similar services and supplies. This applies to services received from an out-of-network provider.

Negotiated Fee

The amount charged for a covered service based on the contractual relationship between an insurance company and a provider.

Explanation of Benefits (EOB)

Although an EOB may look like a medical bill, it actually gives you details regarding how your health plan processed your medical claim and outlines who owes what. The EOB includes the total amount billed, the amount paid to the health care provider, as well as any deductible or coinsurance you may owe on the claim.



Who Pays Your Medical Claims

Georgia-Pacific pays your medical claims, not an insurance company. Your premiums are impacted by the cost of these claims. In order to keep health care plans affordable, be a smart health care consumer by getting regular checkups, using urgent care or telemedicine instead of the emergency room, and making healthy choices.



GET THE MOST FROM YOUR HEALTH SAVINGS ACCOUNT (HSA)

An HSA helps cover your out-of-pocket costs and helps you save for medical expenses in the future with before-tax contributions.¹ The money in an HSA belongs to you. You can also use it for eligible expenses during retirement.

| | Gold and Silver | Bronze |
|--|--|--------|
| Matching HSA contribution | Up to \$500 for Employee Only Up to \$1,000 for Family <ul style="list-style-type: none">Must be an active employee and enrolled in the GP Gold or Silver PlanMust agree to establish and/or continue an HSA with Optum Bank and make contributions to the account via payroll deduction to receive GP's matching contribution | None |
| Wellness Incentives | Consider how much you anticipate earning from health rewards that are deposited to your HSA so that you don't exceed the limit. | |
| Before-tax annual contribution limits for 2018 | Your contribution combined with GP's contribution can be up to: \$3,450 for Employee Only \$6,900 for Family If you are age 55 or older, you may contribute an additional \$1,000. | |
| Does my account roll over from year to year? | Yes With tax-free interest The account is yours, and the money belongs to you. | |
| Can I earn interest and invest my contributions? | Yes Earn interest and choose from various investment options. ² | |

¹A complete list of eligible expenses that qualify as medical expenses is in IRS publication 502, Medical and Dental Expenses, available from the IRS at [irs.gov](https://www.irs.gov) or by phone at **800-TAX-FORM**.

²Your HSA balance must be \$2,000 or higher to invest. See optumbank.com for details.



Use the HSA to Save for Retirement

Optum Bank has a calculator that allows you to roughly estimate your potential health care costs in retirement, and how much you will have at retirement given your HSA saving habits.

Go to healthsavingscheckup.com to find out how to use your HSA to save for retirement.

TRIPLE TAX ADVANTAGE

Health Savings Account (HSA)



Money IN:¹

Tax-free when you contribute via payroll deduction



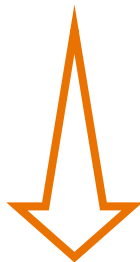
Money EARNED:

Tax-free interest earned on balance and investments



Money OUT:

Tax-free when spent on eligible expenses



Tax-Free Savings²

Remember:

- If you are currently enrolled in an HSA, your existing HSA contribution election will carry over to 2018. If you are electing an HSA for the first time, GP will initiate the opening of your HSA with GP's selected provider, Optum Bank, on your behalf.
- If you elect to open your HSA with another financial institution, you may not contribute to your account via payroll deduction, and you will not receive the GP contribution.

¹Certain states do not exclude HSA contributions from state income tax.

²Please consult your tax advisor regarding your individual tax situation.



Save for Retirement Now with Your HSA

You can tap into the power of tax-free, compound interest by investing a portion of your HSA via Optum Bank. Growing your HSA "nest egg" will prepare you for rising health care expenses as you get older. If you don't have health care expenses, you can withdraw HSA funds without penalty as taxable income when you turn 65.



The Power of HSAs

Learn more about the power of HSAs by watching the **7 Things About HSAs** video. See this video at myLifeChoices.com. From the **Welcome Page**, click **Research and Enroll**. Then click **View/Change** on **HSA Plan Election**. The video displays to the right.

| | | | | | | | | | | | | |
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ARE FLEXIBLE SPENDING ACCOUNTS (FSAs) RIGHT FOR YOU?

Flexible Spending Accounts (FSAs) can help you save money because they are tax-free. You do not pay federal, state, or Social Security taxes on the money you put in your Flexible Spending Accounts.

There are two accounts:

- Dependent Care FSA – for salaried employees only
- Health Care FSA – for employees who choose to waive medical coverage

Dependent Care FSA

The Dependent Care Flexible Spending Account (FSA) is designed to help you save tax dollars on employment-related child care services, elder care, or care for a disabled spouse or dependent that you usually pay with after-tax dollars.

- You must enroll to contribute to the Dependent Care FSA in 2018.
- Contributions are taken from your pay in equal amounts throughout the year before federal and state taxes are withheld. For 2018, the annual maximum contribution is \$5,000 (\$2,500 per parent, if married and filing separately).*
- A complete list of eligible expenses and IRS rules for the Dependent Care Tax Credit is in IRS publication 503, Child and Dependent Care Expenses, available from the IRS at irs.gov or by phone at **800-TAX-FORM**.
- There is not a debit card available for Dependent Care FSA expenses.

Hourly employees are not eligible for the Dependent Care FSA.

Health Care FSA

Georgia-Pacific offers a Health Care Flexible Spending Account (FSA) to employees who choose to waive medical coverage.

- Contribute as little as \$100 or as much as \$2,600 a year through regular payroll deductions.
- Total annual contribution is available at the beginning of the year.
- The Health Care FSA does not roll over from year to year.

Go to myLifeChoices.com for a complete list of eligible expenses.

*A lower annual contribution limit may apply to certain highly compensated GP employees.



2018 FSA Administrator

Your Spending Account™ (YSA), from Aight Solutions, is the administrator for Flexible Spending Accounts (FSAs) effective in 2018. You will receive a new card in the mail; this card acts like a debit card for your medical expenses. Go to myLifeChoices.com for more information.



DENTAL PLAN OPTIONS

You have two dental plan options — Base and Ortho.

- **Base Plan** — Offers quality dental coverage at a low premium
- **Ortho option** (only available for employees who cover eligible children)

It's important to remember that regular dental checkups can help you avoid more serious dental care and its cost. That is why both dental plan options provide a high level of benefits for preventive care **without a deductible**. Charges for routine exams are paid at 100%, up to the usual and customary (U&C) limit. **That means your checkup can be free if the dentist's charges do not exceed the U&C limit.**

Please refer to the chart below and the Summary Plan Description (SPD) for more information.

Claims/Network Administrator: Delta Dental

| Dental Options | Base | Ortho ¹ |
|---|----------------------|-----------------------------------|
| Annual Deductible | \$50 | \$100 |
| Annual Maximum | \$2,500 | \$1,500 |
| Lifetime Orthodontic Maximum ¹ | N/A | \$2,000 |
| Preventive | 100% | |
| Basic | 80% after deductible | |
| Major | 50% after deductible | |
| Orthodontic | N/A | 50% after deductible ¹ |

GP Dental Plan — Monthly Premiums

| | Employee | Spouse | Child(ren) (up to four) |
|-------|----------|---------|-------------------------|
| Base | \$11.14 | \$11.14 | \$4.46 |
| Ortho | \$11.14 | \$11.14 | \$18.94 |

Note: All premiums above reflect tobacco-free employees/families.

Employees who select tobacco-user status will pay an additional \$8 per month.

Monthly premiums are listed above; however, deductions (and the amounts displayed on myLifeChoices.com) will be on a per pay period basis.

Get Your Dental Checkup Every Six Months

It's important to remember that regular dental checkups can help you avoid more serious dental care and its cost.

Both Dental Plan options provide 100% coverage without a deductible for preventive care at in-network dentists.

Need Help Finding a Dentist?

Go to deltadentalks.com or call **800-234-3375** to find a dentist in their PPO or Premier network. In-network dentists will save you considerable money, and they will file claims on your behalf, simplifying your dental visits.



Dental Expenses Overview

Preventive Expenses generally include oral examinations, cleanings, X-rays, fluoride treatments, and sealants.

Basic Expenses generally include most fillings, tooth extractions, repairs to dentures and bridges, root canal therapy, scaling and root planing, non-surgical periodontal services, space maintainers, and oral surgery.

Major Expenses generally include crowns, dentures, fixed bridges, surgical periodontal services, and services requiring the use of gold.

Orthodontic Expenses generally include care and treatment for the purpose of alignment of teeth, for example, braces. If you have already started treatment prior to your effective date, your services will not be covered.

| | | | | | | | | | | | | |
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VISION PLAN

UnitedHealthcare Vision administers the Vision Plan and offers you and your family members access to a nationwide network of physicians, optometrists, and opticians, both in private practices and at retail stores, such as Walmart, Sam's Club, Costco, and more. You receive maximum benefits and pay preferred prices when you go to a network provider.

Claims/Network Administrator: UnitedHealthcare

| | In-network |
|---|---|
| Exams (every calendar year) | You pay \$0 |
| Frames (every calendar year) | Plan pays up to a \$150 allowance 30% savings over your allowance |
| Lenses (every calendar year) Includes single vision, bifocal, and trifocal lenses | You pay \$0 |
| Lens Enhancements (every calendar year) | You pay: |
| • Standard Progressive | \$55 |
| • Premium Progressive | \$95-\$105 |
| • UV Protection | \$16 |
| • Tint (solid and gradient) | \$15 |
| • Standard Scratch-Resistant Coating | \$0 |
| • Standard Antireflective Coating | \$40 |
| • Polycarbonate lenses for adults | \$0 |
| Contacts (instead of glasses, every calendar year) | Disposable contacts — up to four boxes covered when obtained from a network provider All other elective contact lenses — \$130 allowance |

Visit myuhcvision.com to find an in-network provider in your area.

GP Vision Plan — Monthly Premiums

| Employee | Employee and Spouse | Employee and Children | Family |
|----------|---------------------|-----------------------|---------|
| \$4.58 | \$8.47 | \$10.59 | \$14.83 |

Note: Monthly premiums are listed above; however, deductions (and the amounts displayed on myLifeChoices.com) will be on a per pay period basis.



Out-of-Network Coverage

The Vision Plan offers out-of-network coverage, but you pay more when you use out-of-network providers. Go to myuhcvision.com for more information, or call UnitedHealthcare Vision at **800-638-3120**.

Preferred Provider

Visit myuhcvision.com to find a preferred provider in your area, or you can request that your provider join UnitedHealthcare Vision's network.

LIFE INSURANCE

GP offers the following life insurance plans: **Voluntary Life, Spouse Life, and Child Life.***

Be sure to review and/or add your beneficiary designations. You can change or add beneficiaries at any time at myLifeChoices.com.

| | Voluntary Life |
|----------|---|
| Employee | Multiples of \$10,000, up to eight times your pay or \$2 million, whichever is less |

*See your SPD for details.

Monthly Voluntary Life Costs (Per \$10,000 of Coverage)

| Employee Age | Tobacco-Free Cost | Tobacco-User Cost |
|--------------|-------------------|-------------------|
| Under 25 | \$0.32 | \$0.43 |
| 25-29 | \$0.39 | \$0.51 |
| 30-34 | \$0.51 | \$0.68 |
| 35-39 | \$0.60 | \$0.77 |
| 40-44 | \$0.72 | \$0.85 |
| 45-49 | \$1.17 | \$1.39 |
| 50-54 | \$1.85 | \$2.20 |
| 55-59 | \$3.54 | \$4.21 |
| 60-64 | \$5.35 | \$6.36 |
| 65-69 | \$9.50 | \$11.32 |
| 70+ | \$14.94 | \$17.79 |

Dependent Life

| Spouse/Domestic Partner | Child(ren) |
|--|--------------------------------|
| Multiples of \$25,000, up to \$250,000 | \$5,000, \$10,000, or \$20,000 |

Monthly Dependent Life Costs

| Dependent | Coverage Options | Cost Per Month |
|-------------------------|-----------------------|---------------------------------|
| Spouse/Domestic Partner | \$25,000 to \$250,000 | \$3.50 per \$25,000 of coverage |
| Child(ren) | \$5,000 | \$0.180 |
| | \$10,000 | \$0.380 |
| | \$20,000 | \$0.760 |

Note: Monthly premiums are listed above; however, deductions (and the amounts displayed on myLifeChoices.com) will be on a per pay period basis.

Current Employees:

Providing evidence of insurability (EOI)

- Any increase to Voluntary Life Insurance greater than one times your salary or resulting in greater than \$1 million in coverage requires EOI.
- Any Spouse Life coverage election greater than \$25,000 requires EOI.
- For Child Life, EOI does not apply.
- You can initiate the EOI process online at myLifeChoices.com when you enroll.

New Hires:

Providing evidence of insurability (EOI)

- Any Voluntary Life coverage election greater than \$1 million or greater than three times your salary requires EOI.
- Any Spouse Life coverage election greater than \$25,000 requires EOI.
- For Child Life, EOI does not apply.

PROTECT YOUR INCOME WITH DISABILITY COVERAGE

If you're unable to work because of a non-work-related illness or accident, disability benefits can replace some lost income.

Salary Continuation or Accident & Sickness Plan

You are eligible for either the Salary Continuation or Accident & Sickness (A&S) Plan, which pays you a “short-term” benefit if you are unable to work due to an injury or illness. This benefit is provided to you at no cost, and no election is required.

Details about your Salary Continuation or A&S Plan benefits can be found in the Summary Plan Description (SPD) and Schedule of Benefits (A&S only).

Long-Term Disability

To provide a better financial cushion against the unexpected, GP offers employees the opportunity to purchase additional Long-Term Disability (LTD) coverage to supplement the short-term benefit should you need to be off work for an extended period of time.

GP provides you with the following LTD coverage options:

- 50% coverage¹
- 60% coverage¹

If you do not enroll in LTD coverage within 31 days from when you are first eligible for disability coverage (typically your hire date), you will be required to complete evidence of insurability (EOI) if you apply at a later date.

Don't Overlook Long-Term Disability

By the time you reach age 30, you are more likely to be disabled than to die by age 60. LTD offers you a financial safety net as a type of insurance on your income. If you do not elect this benefit, you will not be covered.



Evidence of Insurability for LTD

Current Employees — LTD is subject to evidence of insurability (EOI) requirements if you elect coverage for the first time during Open Enrollment. The EOI process can be simple through Sedgwick's streamlined process. Don't let a little paperwork prevent you from giving you and your family needed income protection.

New Hires — EOI is not required for new hires electing LTD. However, if you do not enroll in disability coverage within 31 days from when you are first eligible, you will be required to complete EOI if you apply at a later date.

Accidental Death and Dismemberment (AD&D) Insurance Plan

The AD&D Insurance plan provides benefits in the event of your death as the result of an accident or if you or any covered dependents suffer a covered loss due to an accident.

- The maximum Principal Sum you may elect is the lesser of \$2 million or eight times your annual salary, whichever is less
- Elected in \$10,000 increments

| Coverage Level | Monthly Premium |
|----------------|-----------------------------------|
| Employee Only | \$0.22 per \$10,000 Principal Sum |

| | | | | | | | | | | | | |
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SAVE MORE NOW

401(k) Plan

Regardless of your age or where you're at in your career, saving for retirement should be a top priority. Even if retirement seems a long way off, it's never too early to start planning ahead. So here's the good news — as part of your benefits package, Georgia-Pacific offers you a 401(k) Plan that's designed to help you save for your future.

To help you make the most of the 401(k) Plan, Georgia-Pacific also offers a company matching program in which your contributions are matched up to the Plan limit. Be sure to check your contribution to be sure you are maximizing your company match.

myLifeChoices.com makes saving for the future a little easier with tools and guidance to help you along the way. You can:

- Change your contribution rate.
- Use the online tools to project your retirement income and see how changes in your contribution amount, retirement age, or investment strategy may impact your savings.
- Go to myLifeChoices.com, and from the **mySavings** tab, choose **Project Retirement Income**. You'll also find other modeling tools and decision-making support right at your fingertips.
- Choose a hands-on or hands-off approach to your investment strategy.
- Browse the financial planning education and tips to improve your saving and investment strategy.
- Get retirement investment advice. Alight Financial Advisors LLC (AFA), in partnership with Financial Engines, offers two investment advisory services: Online Advice and Professional Management.

Alight Financial Advisors provides investment advisory services to Plan participants. AFA has hired Financial Engines Advisors L.L.C. (FEA) to provide sub-advisory services. AFA is a federally registered investment advisor and wholly owned subsidiary of Alight Solutions. FEA is a federally registered investment advisor and wholly owned subsidiary of Financial Engines, Inc. Neither AFA nor FEA guarantees future results.

Investment Advisors are affiliated with Alight Financial Advisors LLC, a registered investment advisor, and may be also registered with Alight Financial Solutions LLC (AFS), a broker dealer, member FINRA/SIPC.

Roth Conversion and After-Tax Options Are Here

You have the option to contribute more to your 401(k) by making after-tax contributions, and/or choosing to convert your existing before-tax 401(k) savings, as well as after-tax contributions, to an in-plan Roth 401(k).

Depending on your personal situation and financial needs — both for today and the future — you decide which type of contribution is right for you. You should evaluate current-year tax implications.

Log on to myLifeChoices.com. From the **mySavings** tab, tap **401(k) Savings Plan** and then choose **Convert to Roth 401(k)** from the drop-down menu. You'll find various educational prompts on the website to help you make your decision.

Be sure to talk with a tax advisor or financial planner to help you decide if a Roth conversion is a good fit for you.

Want to know more?

Visit myLifeChoices.com or call the **Koch Benefits Solution Center** at **877-344-5772**.



Get Well Stay Well and Georgia-Pacific are offering the Rally® program to all employees and spouses who are enrolled in the Georgia-Pacific Medical Plan for FREE. Rally® is a fun, interactive wellness platform that rewards you for making healthy choices and achieving health-related goals. Georgia-Pacific has made changes to the 2018 rewards to focus on a key target, Body Mass Index (BMI), which heavily impacts all of the other target levels.

To begin earning rewards in your Health Savings Account (HSA) for completing healthy actions through Rally®, you must:

- Enroll in a GP medical plan via myLifeChoices.com within 31 days of your hire date,
- Open your HSA with Optum Bank, and
- Register for Rally® the week after you enroll in a GP medical plan by logging on to myuhc.com, then click on the **Health Resources** tab to get started.

It's Time to "Rally" for Your Health!

Here are some of the healthy actions and rewards to look forward to by participating in Rally®:

Meet Target Levels

You can earn up to \$300 individually and up to \$600 combined between you and your spouse. Be sure to make adjustments to your HSA contributions to account for Rally® incentives.

| Measure | Target | Reward |
|-----------------------------|--|-------------------|
| Body Mass Index (BMI) | < 30 or 2 pt. improvement from biometric screening in 2017 | \$150 HSA Deposit |
| Getting Biometric Screening | Completion | \$100 HSA Deposit |
| Completing Health Survey | Completion | \$50 HSA Deposit |

Didn't meet the BMI level?

You can still earn your money by participating in Real Appeal or completing a wellness coaching program.

Win Cool Stuff

Participate in Missions and Challenges to earn coins to put toward sweepstakes for great prizes such as electronics, fitness gear, and gift cards.

Act Fast, Don't Miss It

All activities must be completed by **November 30, 2018**, to earn an incentive in 2018.



Get Well Stay Well

Georgia-Pacific cares about helping you and your family members live your healthiest lives. So we offer Get Well Stay Well to educate, motivate, and support your and your family's health. Programs include:

- Flu shots
- Health fairs
- Biometric screenings (Know Your Numbers)
- Tobacco cessation (Quit For Life®)
- Wellness coaching
- Rally®
- Telephonic nurse support
- Financial help (EAP and Retirement)
- Virtual Visits
- Real Appeal® weight loss program

| | | | | | | | | | | | | |
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GPCARES

GPcares is available to you and your eligible dependents when you enroll in a GP medical plan. It is free, confidential, and provides care support through UnitedHealthcare. You can:

- Call the 24/7 NurseLine to receive immediate health information
- Get support, guidance, and education regarding your health plan
- Understand treatment options available
- Assess your health risks and develop a plan to get healthy or stay healthy
- Access quality and appropriate care based on your individual needs
- Manage your chronic illness or complex medical conditions

Do not face an illness or injury alone. If you or someone in your family has a chronic or serious illness or injury, call GPcares at **800-334-1643**. You can be assigned a Care Advocate — a registered nurse — who can help you understand the condition and its treatment and provide individualized support. GPcares nurses review your treatment plan with a supervising physician to ensure you are getting the best care possible.

Get Help for These Health Conditions/Needs

- Back pain
- Maternity
- Heart problems
- Diabetes
- Cancer
- Organ transplants
- Kidney problems (or dialysis)
- Bariatric surgery
- Infertility
- And more



We Respect Your Privacy

Georgia-Pacific is committed to protecting your privacy, so UnitedHealthcare fully administers GPcares. GPcares Care Advocates, not Georgia-Pacific, have access to your information.

Participation in GPcares Is Voluntary

It is always the individual’s right to decline any or all of the support, advice, or recommendations provided.

| | | | | | | | | | | | | |
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Orthopedic Advocacy

Orthopedic Advocacy provides GP Medical Plan members with access to providers and hospitals that have qualified to be a UnitedHealthcare Center of Excellence (COE). The program is **already part of your benefits, so there is no extra cost.** This program will help you make sure your care is covered and connect you with ongoing support.

The Orthopedic Nurse Advocates will help you:

- Understand treatment options, costs, benefits, and how you could save money
- Manage your pain
- Learn more about a recent diagnosis and your options
- Prepare for surgery and recovery
- When surgery is required, access Centers of Excellence, which have fewer complications, a shorter recovery time, and potentially lower out-of-pocket costs
- Make appointments including travel and lodging

By Using a Centers of Excellence Network Surgical Facility, You Receive:

- A second opinion of your diagnosis or treatment, if desired
- Access to newer treatments and clinical trials
- Priority surgery scheduling
- Help from an on-site care navigator (if available) who can provide deals on lodging and offer other ways to improve your experience
- Care that is planned and provided by a team of musculoskeletal experts
- A greater chance of a shorter recovery
- Fewer complications
- 30% lower readmission rates compared to other facilities
- Possible lower out-of-pocket costs

Spine and Joint Conditions Covered Under the Program

The Orthopedic Advocacy Program provides a Nurse Case Manager who will work with you on education and support for treating the following orthopedic conditions:

- Spine fusion surgery
- Spine disc surgery
- Total hip replacement
- Total knee replacement

Cities with a Center of Excellence:

- Atlanta, GA
- Dallas, TX
- Greenville, SC
- Houston, TX
- Portland, OR
- Raleigh/Durham, NC

This is not a comprehensive list. Contact the Orthopedic Advocacy Program for more details.



Considering Spine or Joint Surgery?

IMPORTANT:

- **Beginning in 2018, you will be required to enroll in the Orthopedic Advocacy Program to have your spine, hip, or knee surgery approved for coverage.**
- **If you live within 50 miles of an Orthopedic Center of Excellence (COE), there will be a \$1,000 penalty for using a provider outside of the COE network. This penalty does not count toward your deductible and/or out-of-pocket maximum.**

Travel Reimbursement

If you live farther than 50 miles from a COE, you are eligible to receive up to a \$2,000 travel reimbursement to offset travel costs.

To speak with an Orthopedic Advocacy Program Nurse for more information, call **800-334-1643.**

REAL HELP FOR REAL LIFE

Employee Assistance Program

Georgia-Pacific cares about you and the challenges you face in the office and at home. Whether you need help dealing with everyday problems or more complex issues, the Employee Assistance Program (EAP) is an important resource for you to consider.

The EAP is available to you at no cost. You have 24/7 access to confidential, in-person support to help you get through life's challenges, such as:

| Life, Family, and Relationships | Health and Well-Being | Financial/Legal | Work-Life |
|---|---|--|--|
| <ul style="list-style-type: none">• Parenting• Child or elder care• Strengthening personal relationships• Coping with grief and loss | <ul style="list-style-type: none">• Depression• Alcohol or drug dependency• Overcoming anxiety• Physical abuse• Managing stress• Compulsive gambling | <ul style="list-style-type: none">• Financial planning• Budgeting support• Legal questions | <ul style="list-style-type: none">• Workplace effectiveness• Time management skills• Communicating effectively |



Get in Touch

Everybody needs a helping hand once in a while. Take advantage of all this program has to offer.

Eligible members, including you and your family members, receive up to six free outpatient counseling sessions, per issue, per year.

For more information or to speak with a counselor, call **800-811-6960** or visit gplifesolutions.com.

| | | | | | | | | | | | | |
|--------------|-----------|-------------|-------------|---------------|----------------|-------------|-------------------|-----------------|--------|----------------|----------|---------------|
| Introduction | New Hires | At A Glance | Eligibility | How to Enroll | Medical and Rx | HSA and FSA | Dental and Vision | Life/Disability | 401(k) | Other Benefits | Contacts | Legal Notices |
| 2-3 | 4 | 5 | 6-8 | 9-10 | 11-16 | 17-19 | 20-21 | 22-23 | 24 | 25-26-27-28-29 | 30 | 31 |

VIRTUAL VISITS: YOUR 24/7 ACCESS TO BOARD-CERTIFIED DOCTORS

The next time you or someone in your family needs to see a doctor for a minor health need, such as the flu or a sinus infection, use Virtual Visits through the free mobile app or a computer with a webcam.

You'll get:

- Immediate access to doctors
- Secure and private video chats with board-certified doctors
- Help with colds and the flu, allergies, family health questions, and more
- Prescriptions sent to your pharmacy, if needed¹

Note: As always, you should call 911 with any emergency.

Virtual Visits is part of your health benefits and costs the same or less than an office visit. Check myuhc.com to view the latest map for services offered in your state.

Enroll for free today at myuhc.com.

¹As legally permitted in some states.

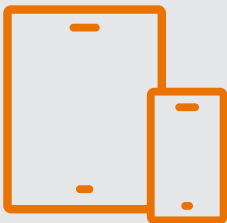


Know where to go.

The emergency room is one of the most expensive places to receive medical care. For non-emergencies, go to your physician's office, urgent care, or use Virtual Visits. Not sure where you should go? Call the GPcares NurseLine, 24 hours a day, 7 days a week.

Call the GPcares NurseLine at **800-334-1643**.

Go to myuhc.com or via the **Health4Me** mobile app.



Virtual Visits

Enroll for free today at myuhc.com. Click **Access Virtual Visits** on your dashboard under **Common Services and Costs** to access the providers (Doctor On Demand™ and Amwell™). Click on the provider you would like to visit and follow the prompts.

Once you choose a Virtual Visit provider group, you will be directed to their website from myuhc.com or from the Health4Me app. You also can go directly to the provider website or app to access care. Search for Amwell or Doctor On Demand directly from Google Play™ or the Apple App Store®.

GET CONNECTED FOR MORE SUPPORT

Be sure to save this contact list for a handy reference throughout 2018.

| Contact | When You Need Support For... | Phone Number | Website Address |
|-------------------------------|---|--|---|
| Koch Benefits Solution Center | Retirement Plans Flexible Spending Accounts Health Benefit Questions Dependent Verification and more | 877-344-5772 7 a.m.-7 p.m. Central Time Monday-Friday | myLifeChoices.com |
| UnitedHealthcare | Medical Plan Virtual Visits GPcares NurseLine | 800-334-1643 | myuhc.com or download the Health4Me app |
| CVS/Caremark | Prescription Drug | 800-826-6941 | caremark.com |
| UnitedHealthcare | Vision Plan | 800-638-3120 | myuhcvision.com |
| Delta Dental of Kansas | Dental Plan | 800-234-3375 | deltadentalks.com |
| Quit For Life | Tobacco Cessation Program | 877-631-7848 | quitnow.net/programlookup |
| Optum Bank | Health Savings Account | 800-791-9361 | myuhc.com |
| Optum | Employee Assistance Program | 800-811-6960 | gplifesolutions.com |
| Sedgwick | Disability and Leave | 844-479-0683 | claimlookup.com/GP |

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|--------------|-----------|-------------|-------------|---------------|----------------|-------------|-------------------|-----------------|--------|----------------|----------|---------------|
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| 2-3 | 4 | 5 | 6-8 | 9-10 | 11-16 | 17-19 | 20-21 | 22-23 | 24 | 25-29 | 30 | 31 |

ANNUAL NOTICES

Availability of Summary of Benefits and Coverage

You have been provided with a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage options in a standard format, to help you compare across options and make an informed choice. The SBC will be available online at myLifeChoices.com. A paper copy is also available, free of charge, by calling the **Koch Benefits Solution Center** at **877-344-5772**.

Meeting the Individual Mandate

The individual mandate is a requirement under the Affordable Care Act (ACA) requiring most Americans to obtain health coverage or pay a tax penalty.

In addition to the GP plan, you may also satisfy the individual mandate by being covered under certain government-provided coverage (e.g., Medicare, Tricare); through a state or federal marketplace (e.g., healthcare.gov); or if it meets certain requirements, through a spouse's or parent's employer plan.

IRS Form 1095-C

Georgia-Pacific must send an annual statement, IRS form 1095-C, to all eligible employees describing the coverage available to them for the prior year. Each benefits-eligible employee will receive this form even if the employee is not enrolled in coverage. The 1095-C form will be mailed to your preferred mailing address by January 31, 2018. Similar to a W-2 and 1099 Form, you must retain this form in order to complete your individual 2017 taxes or provide it to your tax professional if they file on your behalf.

Notice of Privacy Practices — Important Notice Requirement by Federal Law

Your benefit plan is required by law to maintain the privacy of your health information. For this purpose, a Notice of Privacy Practices is available to all participants. This Notice describes your privacy rights. It also outlines certain obligations that the Plan and third parties who assist in the administration of the Plan's claims have regarding the use and disclosure of your health information. This Notice is to inform you of the methods to obtain a copy of the Notice of Privacy Practices.

The Notice of Privacy Practices is available at myLifeChoices.com in the Highlights for You section under **Plan Documents**. Alternatively, a copy of the Notice may be obtained by contacting the **Koch Benefits Solution Center** at **877-344-5772**.

Annual Notice

A Company-Sponsored Medical Plan Important Notice Requirement by Federal Law

Your medical benefits program, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedemas). You may contact the claims administrator for your medical plan to receive additional information.



Get the Most Value Out of Your Benefits



Virtually connect with board-certified doctors 24/7 for any of your **minor health needs**, as shown on [page 29](#).



Understand how to complete a mail order purchase for any 90-day supply of **preventive or maintenance medications**, as shown on [page 14](#).



Check out all of the **health support programs** available to help you better manage your health and wellness, as shown beginning on [page 25](#).

myLifeChoices

GP Flex

Note: This guide contains a brief outline of certain provisions of the Plan and does not contain complete details of such Plan. You can find complete details of the Plan in the Summary Plan Description and Plan Documents. If there is a conflict between what is written in this guide and in the Summary Plan Description and Plan Documents, the Summary Plan Description and Plan Documents will govern. The information in this guide does not represent a contract with any employee, former employee, or Plan participant. Georgia-Pacific reserves the right to amend or terminate the Plan at any time and without prior notice to the extent permitted by law.

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