



GE APPLIANCES
a Haier company



*You're our kind
of people*



**BENEFITS
OVERVIEW**



YOU'RE OUR KIND OF PEOPLE

Independent and smart. Hardworking and determined. Clever and genuine. Ask anyone at GE Appliances, and they will tell you they work with some of the best people in the world. And we believe that exceptional people deserve a great benefits program.

At GE Appliances, we offer a broad selection of benefits. Inspired by contemporary thinking and providing you with flexibility, our benefits program lets you decide what's best for you and your situation. You get to make the decisions. You're in the driver's seat.

The GE Appliances benefits program is a reflection of what we do and who we are. We want to be the best appliance company in the industry and enable employees to enjoy success on the job — and in life. Which is why we are committed to providing benefits that ensure our employees have solid medical, dental and vision insurance; have a good work-life balance; and have opportunities to ensure their long-term financial stability.





We think you'll find that our benefits program offers many valuable opportunities, just like our company.



YOUR BENEFITS – AT A GLANCE

GE Appliances offers various types of benefits:

- **Company provided**, which are available at no cost to you.
- **Shared-cost benefits**, which are paid by you and the Company.
- **Optional benefits**, which are extras that you can elect, and pay the full cost.

	COMPANY PROVIDED – The Company pays the full cost	SHARED COST – You and the Company both pay a share	OPTIONAL – You pay the full cost
HEALTHCARE 	<ul style="list-style-type: none"> • Health Reimbursement Account (HRA) – Health Choice Options 1 and 2 • Standard dental • Standard vision (must elect medical coverage) 	<ul style="list-style-type: none"> • Health Choice Option 1 with HRA • Health Choice Option 2 with HRA • Health Choice Option 3 with HSA • Prescription drug coverage and behavioral health benefits are included with each medical option • Premium Dental • Premium Vision (must elect medical coverage) 	<ul style="list-style-type: none"> • Healthcare Flexible Spending Account (Health Choice Options 1 and 2 only) • Health Savings Account (HSA) (Health Choice Option 3 only) • Limited Purpose Healthcare Flexible Spending Account (Health Choice Option 3 only)
SAVINGS 	<ul style="list-style-type: none"> • My Savings Plan (MSP)– Company Contribution – 3% of pay 	<ul style="list-style-type: none"> • Company matching contributions to the 401(k) (subject to annual IRS limits) <ul style="list-style-type: none"> – 100% up to the first 3% of pay you save, and – 50% of the next 2% of pay you save 	<ul style="list-style-type: none"> • You can contribute from 0% up to 50% of your earnings (up to IRS limits) to your MSP in any combination of pre-tax, Roth or post-tax
INSURANCE 	<ul style="list-style-type: none"> • Basic Life Insurance • Basic AD&D Insurance • Personal Disability Program 		<ul style="list-style-type: none"> • Long-Term Disability (LTD) • Optional Group Term Life Insurance • Optional AD&D Insurance
WORK-LIFE 	<ul style="list-style-type: none"> • Paid Time Off • Military Leave • Employee Assistance Program (EAP) • Adoption Assistance • Tuition Reimbursement • Emergency & Family Aid Plan • Rewards & Recognition • Service Anniversary Recognition • Appliances Employee Discount 		<ul style="list-style-type: none"> • Dependent Care Flexible Spending Account

WHO'S ELIGIBLE

Benefits eligibility would begin on your date of hire and is based on the number of hours you work in a normal business week, as well as your employment classification. Take a look at the benefits you would be eligible for on Day 1 of employment with GE Appliances:

WORK SCHEDULE (PER WEEK)	EMPLOYMENT CLASSIFICATION	BENEFITS TREATMENT
30 hours or more	Full-time	Regular benefits
Between 20 and 29 hours	Part-time, eligible for full benefits	Regular benefits, with different rates
Less than 20 hours	Part-time, eligible for 401(k) savings plan	401(k) savings and match

You may also cover eligible family members, including your:

- Spouse, and
- Children up until age 26



BENEFITS SUMMARY – HEALTHCARE



Our Medical Plan – Health Choice

GE Appliances offers three Health Choice medical options to give you the flexibility to choose the plan that best fits your needs and your budget.

All three plans have similar coverage, including preventive care, prescription drugs and mental health/substance abuse benefits.

They differ by how much you would pay out of your paycheck (your contributions) and how much you would pay when you receive care (the annual deductible and out-of-pocket maximum). The charts on the following pages provide a more detailed comparison of the three Health Choice options.



IMPORTANT TO KNOW

UnitedHealthcare (UHC) and BlueCross and BlueShield of Alabama (BCBS-AL) are the Company's two health plan carriers. Your carrier would be determined by the combination of where you live and what option you elect.



KEY TIP!

Use the savings accounts. Whether it's the HRA, HSA or a Flexible Spending Account, you can use these accounts to help pay for eligible healthcare expenses even before you meet your deductible.

A Closer Look at How the Options Compare

	OPTION 1 WITH HRA \$\$\$	OPTION 2 WITH HRA \$\$	OPTION 3 WITH HSA \$
Payroll Contributions	Highest	Lower	Lowest
In-network preventive care	Covered at 100%		
Deductible <i>Based on family size</i>	\$1,000–\$2,500	\$1,500–\$3,750	\$2,000–\$5,000
Coinsurance	You pay 20% in-network/40% out-of-network, after deductible	You pay 20% in-network/40% out-of-network, after deductible	You pay 20% in-network/40% out-of-network, after deductible
Coinsurance maximums <i>Based on pay level and family size</i>	\$500–\$5,000	\$1,500–\$6,000	\$2,000–\$7,000
Out-of-pocket maximum <i>Deductible plus coinsurance</i>	\$1,500–\$7,500*	\$3,000–\$9,750*	\$4,000–\$12,000*
Health Reimbursement Account (HRA) <i>Employer-funded, based on family size</i>	\$500–\$1,000	\$500–\$1,000	N/A
Healthcare Flexible Spending Account (HCFSA)/Limited Purpose Healthcare Flexible Spending Account (LPSFA) (Option 3 only) <i>Employee-funded</i>	\$100–\$2,600	\$100–\$2,600	\$100–\$2,600
Health Savings Account (HSA) <i>Employee-funded, based on family size</i>	N/A	N/A	\$0–\$3,450 (employee only) \$0–\$6,900 (family) Additional \$1,000 catch up for employees age 55+
Summary	Employee pays the most in payroll contributions but has the lowest deductible.	Employee pays both moderate payroll contributions and moderate deductible.	Employee pays the least in payroll contributions but has the highest deductible.

Note: Costs for coverage vary based on your family size and income level.

** In accordance with requirements under the Affordable Care Act (ACA), no individual family member can pay more out-of-pocket in 2018 than \$7,350 (Options 1 & 2) or \$6,650 (Option 3), or the combined family out-of-pocket maximum for the plan option in which they are enrolled, whichever is less. Once the combined family out-of-pocket maximum is met, the plan will pay 100% of eligible expenses for the remainder of the year (including for a family member who has not met the individual out-of-pocket maximum).*

A Closer Look at Employee Contributions and Out-of-Pocket Costs for the Health Choice Options

What you pay toward medical coverage depends on your annual salary and the number of people you cover. The chart below shows payroll contributions and the most you may have to pay each year for the deductible and coinsurance, if you use in-network doctors and hospitals. Contribution amounts are for non-tobacco users. Tobacco users pay an additional \$650 in annual payroll contributions. See page 8 for notes and more information.

	OPTION 1 WITH HRA			OPTION 2 WITH HRA			OPTION 3 WITH HSA		
Annual Compensation	Annual Payroll Contributions	Annual Deductible	Annual Coinsurance Maximum	Annual Payroll Contributions	Annual Deductible	Annual Coinsurance Maximum	Annual Payroll Contributions	Annual Deductible	Annual Coinsurance Maximum
Employee Only									
Up to \$24,999	\$926	\$1,000	\$500	\$406	\$1,500	\$1,500	\$102	\$2,000	\$2,000
\$25,000-\$37,499	\$1,098	\$1,000	\$500	\$578	\$1,500	\$1,500	\$117	\$2,000	\$2,000
\$37,500-\$49,999	\$1,201	\$1,000	\$1,000	\$837	\$1,500	\$1,500	\$149	\$2,000	\$2,000
\$50,000-\$74,999	\$1,510	\$1,000	\$1,750	\$1,146	\$1,500	\$2,250	\$373	\$2,000	\$2,750
\$75,000-\$99,999	\$1,887	\$1,000	\$1,750	\$1,523	\$1,500	\$2,250	\$691	\$2,000	\$2,750
\$100,00-\$149,999	\$2,368	\$1,000	\$2,500	\$2,004	\$1,500	\$3,000	\$1,146	\$2,000	\$3,500
\$150,000 or more	\$3,157	\$1,000	\$2,500	\$2,793	\$1,500	\$3,000	\$1,805	\$2,000	\$3,500
Employee + 1									
Up to \$24,999	\$1,853	\$2,000	\$750	\$813	\$3,000	\$2,250	\$255	\$4,000	\$3,000
\$25,000-\$37,499	\$2,196	\$2,000	\$750	\$1,156	\$3,000	\$2,250	\$285	\$4,000	\$3,000
\$37,500-\$49,999	\$2,402	\$2,000	\$1,500	\$1,674	\$3,000	\$2,250	\$338	\$4,000	\$3,000
\$50,000-\$74,999	\$3,020	\$2,000	\$2,625	\$2,292	\$3,000	\$3,375	\$747	\$4,000	\$4,125
\$75,000-\$99,999	\$3,775	\$2,000	\$2,625	\$3,047	\$3,000	\$3,375	\$1,382	\$4,000	\$4,125
\$100,00-\$149,999	\$4,736	\$2,000	\$3,750	\$4,007	\$3,000	\$4,500	\$2,292	\$4,000	\$5,250
\$150,000 or more	\$6,314	\$2,000	\$3,750	\$5,586	\$3,000	\$4,500	\$3,610	\$4,000	\$5,250
Employee + 2 or more									
Up to \$24,999	\$2,313	\$2,500	\$1,000	\$1,013	\$3,750	\$3,000	\$388	\$5,000	\$4,000
\$25,000-\$37,499	\$2,745	\$2,500	\$1,000	\$1,445	\$3,750	\$3,000	\$426	\$5,000	\$4,000
\$37,500-\$49,999	\$3,006	\$2,500	\$2,000	\$2,097	\$3,750	\$3,000	\$477	\$5,000	\$4,000
\$50,000-\$74,999	\$3,775	\$2,500	\$3,500	\$2,864	\$3,750	\$4,500	\$927	\$5,000	\$5,500
\$75,000-\$99,999	\$4,722	\$2,500	\$3,500	\$3,812	\$3,750	\$4,500	\$1,727	\$5,000	\$5,500
\$100,00-\$149,999	\$5,915	\$2,500	\$5,000	\$5,005	\$3,750	\$6,000	\$2,864	\$5,000	\$7,000
\$150,000 or more	\$7,892	\$2,500	\$5,000	\$6,983	\$3,750	\$6,000	\$4,512	\$5,000	\$7,000

Important Notes:

- Compensation includes annual salary, overtime and other variable compensation.
- Payroll contributions exclude the tobacco use surcharge. Tobacco users pay an additional \$650 in payroll contributions.
- Payroll contributions exclude the working spouse surcharge.
- State surcharges will apply to residents in Idaho, Maine, Michigan, New York and Vermont.



WORKING SPOUSE

Surcharge: If your spouse is employed by a company other than GE Appliances and has medical coverage available but declines that coverage, you will need to pay an additional contribution each week if you choose to enroll him or her in a GE Appliances medical plan. The additional contribution is based on your annual compensation.

Dual spouse: If you and your spouse are both eligible Company employees, the higher earner must carry the coverage, or you can choose to be covered separately.

ANNUAL COMPENSATION*	WORKING SPOUSE WEEKLY CONTRIBUTION (FOR ALL OPTIONS)
Up to \$24,999	\$0
\$25,000 - \$37,499	\$15
\$37,500 - \$49,999	\$25
\$50,000 - \$74,999	\$40
\$75,000 - \$99,999	\$50
\$100,000 - \$149,999	\$65
\$150,000 or more	\$70



TOBACCO USE SURCHARGE

Be sure to confirm your tobacco use status when you make enrollment elections each year. In order to avoid the tobacco use surcharge, you will need to be tobacco-free for the preceding year, or be enrolled in a smoking cessation program.

ANNUAL COMPENSATION*	TOBACCO USE ANNUAL CONTRIBUTION (FOR ALL OPTIONS)
All Salary Ranges	\$650

* Compensation includes annual salary, overtime and other variable compensation.

Covering Healthcare Costs — A Closer Look at Savings Accounts

The Health Reimbursement Account (HRA) and Health Savings Account (HSA)

When you choose a medical plan at GE Appliances, you have access to either a Health Reimbursement Account (for those enrolled in Option 1 or 2) or a Health Savings Account (for those enrolled in Option 3). Both the HRA and HSA help you pay for eligible healthcare expenses, however, there are some differences in how they work. Here's how they compare.

FEATURE	HEALTH REIMBURSEMENT ACCOUNT (HRA) OPTIONS 1 AND 2	HEALTH SAVINGS ACCOUNT (HSA) OPTION 3
Type of account	It's an account set up by GE Appliances to help you pay for eligible medical expenses.	It's a personal bank account to help you save and pay for eligible medical expenses.
Vision/dental expenses	Not covered	Covered
Contributions	GE Appliances will credit your account: <ul style="list-style-type: none">• Employee Only: \$500• Employee + 1: \$750• Employee + 2 or more: \$1,000 Money is credited at the start of the plan year. If your hire date is after June 30, you will be credited 50% of the HRA amount for the remainder of the first calendar year.	You can make payroll direct deposits like you do with other personal bank accounts, up to the 2018 IRS limits: <ul style="list-style-type: none">• \$0–\$3,450 (employee only)• \$0–\$6,900 (family) Payroll deductions are taken before taxes, lowering your taxable income.
Interest earnings	No. The HRA is not a bank account and does not earn interest.	Yes. Your HSA is a bank account that earns interest, tax-free.
Investment opportunity	No	Yes. You may choose investment funds and allocate contributions once you maintain the minimum required balance.
Balance rollover	Yes. Unused credits remaining at the end of the year will roll over into the following year (as long as you remain in Option 1 or 2)	Yes. Since you own the account.
Portability (can take account if you leave the Company or change plans)	No	Yes. You own the account and are responsible for any associated bank fees.

Flexible Spending Accounts (FSA)

Flexible Spending Accounts allow you to set aside pre-tax dollars to help pay for eligible healthcare or dependent care expenses. The healthcare accounts differ depending on which medical plan option you enroll in.

TYPE OF FSA	ELIGIBLE TO THOSE ENROLLED IN...	CAN BE USED TO PAY FOR...	LIMITS FOR 2018
Healthcare FSA	Healthchoice Option 1 or 2	Eligible medical, dental and vision expenses	\$2,600 per employee
Limited Purpose Healthcare FSA	Healthchoice Option 3	Eligible dental and vision expenses only	\$2,600 per employee
Dependent Care FSA	Open to all employees regardless of other plan elections	Eligible child and elder care expenses necessary for you and/or your spouse to work or attend school full time	\$5,000 per household



IMPORTANT TO KNOW

A Dependent Care FSA is a “use-it-or-lose-it” account. Any money left in the account after a specified date each year will be forfeited.

With the Healthcare FSA and Limited Purpose Healthcare FSA, you are able to carry over \$500 of any remaining funds to the following plan year. Any amount above the \$500 will be forfeited.

Understanding Our Prescription Drug Benefits

All three Health Choice options include prescription drug coverage through CVS Caremark. With this coverage, you may purchase prescriptions at any Advanced Choice Network (ACN) Pharmacy. This network includes CVS, Walmart, Costco, Kroger, Target, Sam's and Meijer. Plus, you have the convenience of mail order and online access for prescription refills 24 hours a day, 7 days a week. Please remember there is no out-of-network prescription drug coverage.

How Your Coverage Works

There is no separate annual deductible for prescriptions. Instead, the annual deductible under your medical plan would apply to prescription drugs. Here's a look at what you would pay, in most cases (after you meet your plan's annual deductible).

RETAIL (30-DAY SUPPLY)	YOU PAY
Generic	\$12 copay, after deductible
Brand	30% coinsurance, after deductible
Specialty drugs: Primarily injectable and infused drugs	\$90 copay, no deductible (unless you enroll in Medical Plan Option 3)
Targeted drugs: For diabetes therapy, generic cholesterol medications and many asthma medications. Medication must be part of the CVS Caremark Targeted Drug List.	\$12 copay, no deductible (unless you enroll in Medical Plan Option 3)
MAIL ORDER (90-DAY SUPPLY)	YOU PAY
Generic	\$24 copay, after deductible
Brand	20% coinsurance, after deductible
Specialty drugs	\$270 copay, no deductible (unless you enroll in Medical Plan Option 3)
Targeted drugs	\$24 copay, no deductible (unless you enroll in Medical Plan Option 3)



Our Dental Plan Options



At GE Appliances, you would have two dental plan options to choose from: the Standard Dental Plan and the Premium Dental Plan. There would be no cost to you for Standard Dental.

With both dental plan options, you can use the dentist of your choice. If your dentist participates in the MetLife dental network, your out-of-pocket costs will be based on the lower negotiated fee, so you pay less.

A Closer Look at How the Options Compare

	STANDARD DENTAL PLAN	PREMIUM DENTAL PLAN
Deductible	\$0	\$0
Annual maximum (per person)	\$1,250	\$2,500
Cleanings, oral exams, x-rays	Plan pays 100%	Plan pays 100%
Fillings, root canals, crowns, gum treatment, simple and surgical extractions	Plan pays minimum of 70%	Plan pays 100% for fillings; 80% for other covered services
Dentures, bridges, implants and oral surgery	Plan pays minimum of 40%	Plan pays 50%
Orthodontia (to age 19)	Plan pays 50%, up to \$2,500 lifetime maximum	

A Closer Look at Employee Contributions for the Dental Plans

	STANDARD DENTAL PLAN	PREMIUM DENTAL PLAN
Annual employee payroll contributions		
Employee Only:	\$0	\$168
Employee + 1:	\$0	\$336
Employee + 2 or more:	\$0	\$504

Our Vision Plan Options



You have two vision plan options to choose from: the Standard Vision Plan and the Premium Vision Plan. You must enroll in a GE Appliances medical plan option to get vision coverage.

Once you enroll in a medical plan, you would be automatically enrolled in the Standard Vision Plan at no cost to you. Then, if you feel you need more coverage than the Standard Vision Plan provides, you can select the Premium Vision Plan.

A Closer Look at How the Options Compare

	STANDARD VISION PLAN (\$0 Employee Paycheck Cost)	PREMIUM VISION PLAN (\$ Employee Paycheck Cost)
Eye examination (including dilation)	Once every calendar year	Once every calendar year
Eyeglass lenses	Once every other calendar year (once every calendar year for those under age 19)	
Frames		
Contact lenses (in lieu of eyeglass lenses)		
Frames		
In-network retail allowance	\$120	\$150
Collection frames	May be available at no cost or \$25 copay	May be available at no cost
Contact lenses (in lieu of eyeglass lenses)		
Elective allowance up to: Single vision / bifocal	\$130 / \$175	\$200 / \$200
Formulary with fitting / follow-up care (in lieu of elective allowance)		
Disposable	Included (up to 4 boxes)	Included (up to 8 boxes)
Planned replacement	Included (up to 2 boxes)	Included (up to 4 boxes)
Laser vision surgery	Not included	Up to \$250 lifetime allowance per eye

A Closer Look at Our Contributions for the Vision Plans

	STANDARD VISION PLAN	PREMIUM VISION PLAN
Annual employee payroll contributions		
Employee Only:	\$0	\$96
Employee + 1:	\$0	\$192
Employee + 2 or more:	\$0	\$288