



2018 Benefits Enrollment

Smart Choices Guide

Choose wisely. Use wisely.

We help make your world healthy.





Making good choices pays off.

Every day we make lots of choices. Even if they're not that important—*red socks or blue?*—we always want to choose well. But sometimes our choices are more important than we assume. And getting *those* right can pay off in ways we never considered.

Sporty car or SUV? New or used, both are good options, so how do you choose? Half a kid's soccer team won't fit into a two-seat convertible. If you don't have children, the sporty car may seem perfect—except for hauling all that camping gear. The car costs less, but it needs premium gas and expensive repairs. The SUV uses regular gas, but doesn't get as good mileage. That's why for decisions like these, you consider your needs and ALL the costs in order to choose the one that's right for you.

It's a lot like choosing the right medical plan. For instance, are you paying more out of each paycheck for coverage you don't use? Have you compared how much it will cost when you need care? Being smart about choosing (and using) your medical plan can make a big difference in your overall well-being—including your financial health. So think of medical coverage like you would any other important financial decision. Use the online tools and consider your needs. In other words, do a little savvy shopping!

Avery Dennison wants to help you make informed choices about health care. You'll find everything you need in this guide to get started.

Leave this to chance?

Not a chance.



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Do you and your family have the right coverage for 2018? The only way to be sure is to use the tools, compare your options, and **enroll**.

Once your 2018 benefits take effect, you generally won't be able to change them until annual enrollment for 2019 rolls around next fall. So it's worth your time to get it right.

Use this guide, along with the online enrollment resources, to choose your coverage and enroll by your deadline. Use the table of contents to jump to topics most important to you.

New to Avery Dennison? Clock's ticking...

Welcome aboard! As a new hire, you have **60 days from your date of hire** to enroll. If you don't enroll during this time, you and your family will have **no Avery Dennison health care coverage** for the rest of 2018, unless you have a qualified status change (see page 4).

Things to Do

- **Complete your Health Risk Questionnaire (HRQ).** It's worth **\$100** to you in wellness credits. If your covered spouse also completes an HRQ, it's worth an additional **\$200!** (See page 18.)
- **Send an email to CorpUSHRTS@averydennison.com** to update the personal information we have on file for you (home address, phone number, etc.), so that you receive information and ID cards on time.
- **Use your Personalized Benefits Worksheet** to help guide you when you enroll. Lost it? No worries. You can enroll without it—it's just easier with it!

And when you're enrolling:

- **Verify that you are—or are trying to become—tobacco-free.** It's worth **\$50** in wellness credits. If your covered spouse also verifies his or her tobacco status, it's worth an additional **\$300!** (See page 17.)
- **Set your Health Savings Account (HSA) contribution.** If you enroll in the Silver HSA Plan and want to contribute to an HSA (with deductions effective the first available payroll period), you must make a contribution election during enrollment. (See page 8 for more information on the HSA.)
- **Elect to participate in a Flexible Spending Account (FSA).** To participate in a Health Care and/or Dependent Care FSA in 2018, you must make an election by enrolling. (See page 15 for more information on the FSAs.) **Note:** If you enroll in the Silver HSA Plan, IRS rules say you can't contribute to the Health Care FSA. However, you can use the money in your HSA to pay for the same kinds of health care expenses as you can with the FSA.

DON'T MISS YOUR ENROLLMENT WINDOW!

IF YOU MISS THIS ENROLLMENT WINDOW:	YOU'LL DEFAULT TO:
Annual enrollment	<ul style="list-style-type: none"> • The same coverage as in 2017, but at 2018 rates, covering the same dependents • No FSAs • HSA contribution will be reset to \$0 You must take action to receive your 2018 wellness credits
Initial enrollment as a new hire (within 60 days of hire date)	<ul style="list-style-type: none"> • No medical, dental or vision coverage for 2018 • No FSAs • No wellness credits for 2018
Qualified status change (within 31 days of event)	Same coverage you had, no changes

HEALTH CARE COVERAGE—IT'S THE LAW.

The federal government requires you to have health care coverage. If you don't elect health care coverage with Avery Dennison for 2018, you're required to elect coverage from another source or you may be subject to a tax penalty. Learn more about the health insurance marketplace at www.healthcare.gov.

NEWLY ELIGIBLE FOR BENEFITS IN 2018?

If you weren't eligible for benefits in 2017 and your coverage becomes effective in 2018, you'll automatically receive the 2018 HRQ and Healthy Lifestyle Credits.

Update your spouses' status

To cover someone as your spouse under Avery Dennison's benefit plans, you must provide proof of your legal marriage.

To update your spouse's status, log on to www.yourtotalrewards.com/averydennison or call the Avery Dennison Benefits Connection Service Center at **1-888-236-3782** (press 1).



Things to Know

WHY SPDS MATTER TO YOU.

Summary plan descriptions (SPDs) are legally required documents with all the details about a particular benefit plan. You can find Avery Dennison's SPDs online at www.yourtotalrewards.com/averydennison.

Who you can cover under the medical, dental and vision plans

- **Yourself** if you're a full-time employee scheduled to work at least 30 hours per week
- **Your legal spouse**
- **Your children** up to age 26

Get the details about dependent eligibility requirements in the plans' summary plan descriptions (SPDs).

Making changes

Once you enroll, you can't make changes to your coverage during 2018 unless you have a qualified status change. Generally that includes:

- Marriage, legal separation or divorce
- Birth, legal adoption of a child or placement of a child with you for legal adoption
- Death of your spouse or dependent child
- Change in residence (only if your current coverage isn't available in the new location or if you're offered a plan that you were not previously offered)

Don't wait! You have **31 days** after a qualified status change to make any updates to your benefits. Log on to www.yourtotalrewards.com/averydennison or call the Avery Dennison Benefits Connection Service Center at **1-888-236-3782** (press 1).

What Does "Embedded" Mean?

It means good news if you're covering a dependent with a lot of health care expenses under the Gold PPO, Silver HSA, Bronze HDHP or Out-of-Area (OOA) plan.

When you cover dependents under any of those plans, individual limits are **embedded** within the family deductibles and out-of-pocket maximums. That means each family member's expenses count toward the individual limits **and** the family limits. Here's why that matters:

- If one family member's expenses reach the individual deductible amount, the plan begins to pay its share for that family member only. (This way, if one family member has a lot of expenses, the plan kicks in sooner for that person.) Once the total family expenses reach the family deductible amount, the plan begins to pay its share of the expenses for the whole family.
- Likewise, if one family member's expenses reach the individual out-of-pocket maximum, the plan pays 100% of eligible expenses for that person for the rest of the year; then, once the family limit is met, the plan pays 100% for everyone.

If you cover yourself only, you pay toward individual limits (deductible and out-of-pocket maximum).

NOTE: There's no deductible in the Kaiser plan, and its out-of-pocket maximum is not embedded for family coverage. That means the full family out-of-pocket maximum must be met before the plan covers 100% of expenses for anyone.



Medical Plan

Good health—always the smart choice.

You want the right amount of coverage for you and your family, and you don't want to pay more than you have to. That's why Avery Dennison offers a choice of medical plans. In most cases, you'll have more than one of these options to choose from:

- Gold Preferred Provider Organization (PPO) Plan
- Silver Health Savings Account (HSA) Plan
- Bronze HDHP
- Kaiser Health Maintenance Organization (HMO) Plan
- Out-of-Area (OOA) Plan (available only if no other plan option is offered in your service area)

Okay, so how do you choose?

Honestly, it takes just a little thought. Look at all your costs for each option: deductibles, copays and coinsurance, plus your paycheck contributions (from your Personalized Benefits Worksheet). Then consider:

- Would you rather pay *less* out of each paycheck...and *more* when you need care? Or would you rather pay *more* out of each paycheck and *less* out of pocket when you require medical services?
- Do you or any of your covered family members have special medical conditions or needs that require continuous care?
- What type of medical coverage does your spouse have available through his or her employer?
- Would it make sense for you to enroll in the Health Care Flexible Spending Account (FSA) to reimburse yourself for copays, deductibles and coinsurance, as well as other eligible health care expenses?

Be sure to use the online decision tools when you enroll. (See page 22.)

Spouse Medical Plan Surcharge

If your spouse is eligible for comparable medical coverage under another group insurance plan, but you choose to cover him or her under an Avery Dennison medical plan, you will be charged a **\$100 monthly surcharge** for this coverage.

MAXIMUM NON-NETWORK REIMBURSEMENT PROGRAM (MNRP)

To help manage the cost increases associated with using out-of-network providers and services, Avery Dennison uses an out-of-network payment schedule to reimburse plan expenses. This payment schedule is based on rates and methods modeled by the federal government rather than on the uncontrolled charging practices of providers. The MNRP rate is used **only** if you use an out-of-network provider.

Always check!

Carrier networks can change. Always make sure you know if your doctors are in-network before you enroll.

Use the tools!

In its calculations, the Benefit Guidance tool (watch for “Sara”) on **www.yourtotalrewards.com/averydennison** uses your coverage tier, deductible and out-of-pocket maximum for each plan, so you can see how your total costs compare.

Gold Preferred Provider Organization (PPO) Plan Coverage Overview

BENEFITS INFORMATION	IN-NETWORK BENEFITS	OUT-OF-NETWORK BENEFITS
PCP Mandatory?	No	No
Deductible	Employee: \$750; Family: \$2,250 (embedded—see page 4)	Employee: \$1,500; Family: \$4,500 (embedded—see page 4)
Annual Out-of-Pocket Medical Maximum	Employee: \$3,000; Family: \$6,000 (embedded—see page 4)	Employee: \$6,000; Family: \$12,000 (embedded—see page 4)
Annual Out-of-Pocket Prescription Drug Maximum	Employee: \$3,000; Family: \$6,000 (embedded—see page 4)	Employee: \$6,000; Family: \$12,000 (embedded—see page 4)
Lifetime Maximum Benefit	Unlimited	Unlimited
Preventive Care	100% covered	60% covered after deductible, MNRP applies*
Primary Care Physician Office Visit	100% covered, subject to \$30 copay	60% covered after deductible, MNRP applies*
Telemedicine Services	100% covered, subject to \$25 copay	Not covered
Specialist Office Visit	100% covered, subject to \$40 copay	60% covered after deductible, MNRP applies*
MinuteClinic	100% covered, subject to \$25 copay	60% covered after deductible, MNRP applies*
Emergency Room	100% covered, subject to \$200 copay (waived if admitted)**	100% covered, subject to \$200 copay (waived if admitted)** ¹
Inpatient Hospital Services	80% covered (semi-private room); subject to \$250 copay	60% covered (semi-private room); subject to \$250 copay, MNRP applies*
Outpatient Hospital Services	80% of negotiated rate covered after deductible	60% covered after deductible, MNRP applies*
Outpatient Surgery	80% covered after deductible	60% covered after deductible, MNRP applies*
Ambulance	80% covered after deductible	80% covered after deductible, MNRP applies*
Urgent Care Center	100% covered, subject to \$50 copay	60% covered after deductible, MNRP applies*
Pregnancy (visits and delivery)	100% covered, subject to \$30 copay in office for first visit only; 80% of R&C*** for delivery, subject to \$250 copay	60% covered after deductible, MNRP applies,* subject to \$250 copay for delivery
X-Ray/Lab	100% covered, subject to \$30 copay in office; otherwise, 80% of negotiated rate covered after deductible	60% covered after deductible, MNRP applies*
Chiropractic Treatment	100% covered, subject to \$40 copay; up to 20 visits per calendar year (combined in and out of network)	60% covered after deductible; up to 20 visits per calendar year (combined in and out of network), MNRP applies*
Physical Therapy, Occupational Therapy, Speech Therapy	100% covered, subject to \$40 copay (if medically necessary), regardless of place of service; up to 20 visits per calendar year per therapy ² (combined in and out of network)	60% covered after deductible (if medically necessary), regardless of place of service; up to 20 visits per calendar year per therapy ² (combined in and out of network)
Durable Medical Equipment	80% covered after deductible	60% covered after deductible, MNRP applies*
Hearing Exam	Preventive: 100% covered; 1 exam per 24 months All other: \$30 copay per visit	60% covered after deductible
Hearing Aid	\$750 per 24 months	Not covered
Mental Health and Substance Abuse (includes ABA therapy to age 19)	Inpatient: 80% covered after deductible, subject to \$250 copay Outpatient: 100% covered, subject to \$30 copay	Inpatient: 60% covered after deductible; semi-private room, subject to \$250 copay, MNRP applies* Outpatient: 60% covered after deductible, MNRP applies*
Prescription Drugs (CVS Caremark) Retail Copay (34-day supply) Mail-Order Copay (90-day supply)	\$10 generic \$40 preferred brand-name; \$60 non-preferred brand-name 80% covered (you pay \$100 max.) for specialty drugs	Not covered
	\$20 generic \$80 preferred brand-name; \$120 non-preferred brand-name 80% covered (you pay \$200 max.) for specialty drugs	
	Copay is waived for certain generic maintenance medications, diabetic medication and supplies, smoking cessation prescriptions and certain over-the-counter supplies, such as nicotine patches. In order to have your copay waived, you must order 90-day supplies via mail order or pick up at a CVS pharmacy.	
Prescription Drugs (dispensed directly by hospital and/or provider)	80% covered for injectables and dispensed by hospital, subject to \$250 copay; 100% dispensed by provider, subject to \$30 or \$40 copay	60% covered for injectables and dispensed by hospital, subject to applicable copay or deductible

Silver Health Savings Account (HSA) Plan Coverage Overview

BENEFITS INFORMATION	IN-NETWORK BENEFITS	OUT-OF-NETWORK BENEFITS
PCP Mandatory?	No	No
Deductible (combined medical/prescription drugs)	Employee: \$2,700; Family: \$5,400 (embedded—see page 4)	Employee: \$5,400; Family: \$10,800 (embedded—see page 4)
Company HSA Contribution*	Employee: \$500; Family: \$1,000	
Annual Out-of-Pocket Maximum (combined medical/prescription drugs)	Employee: \$5,500; Family: \$11,000 (embedded—see page 4)	Employee: \$11,000; Family: \$22,000 (embedded—see page 4)
Lifetime Maximum Benefit	Unlimited	Unlimited
Preventive Care	100% covered	Not covered
Primary Care Physician Office Visit	75% covered after deductible	50% covered after deductible, MNRP applies***
Telemedicine Services	75% covered after deductible	Not covered
Specialist Office Visit	75% covered after deductible	50% covered after deductible, MNRP applies***
MinuteClinic	75% covered after deductible	50% covered after deductible, MNRP applies***
Emergency Room	75% covered after deductible	75% covered after deductible**
Inpatient Hospital Services	75% covered after deductible	50% covered after deductible, MNRP applies***
Outpatient Hospital Services	75% covered after deductible	50% covered after deductible, MNRP applies***
Outpatient Surgery	75% covered after deductible	50% covered after deductible, MNRP applies***
Ambulance	75% covered after deductible	75% covered after deductible, MNRP applies***
Urgent Care Center	75% covered after deductible	50% covered after deductible, MNRP applies***
Pregnancy (visits and delivery)	75% covered after deductible for first visit, then 100% thereafter; delivery is 75% covered after deductible	50% covered after deductible, MNRP applies***
X-Ray/Lab	75% covered after deductible	50% covered after deductible, MNRP applies***
Chiropractic Treatment	75% covered after deductible; up to 20 visits per calendar year (combined in and out of network)	50% covered after deductible; up to 20 visits per calendar year (combined in and out of network), MNRP applies***
Physical Therapy, Occupational Therapy, Speech Therapy	75% covered after deductible; up to 20 visits per calendar year per therapy (combined in and out of network)	50% covered after deductible; up to 20 visits per calendar year per therapy (combined in and out of network), MNRP applies***
Durable Medical Equipment	75% covered after deductible	50% covered after deductible, MNRP applies***
Hearing Exam	Preventive care: 100% covered; 1 exam per 24 months All other care: 75% covered after deductible	Preventive: Not covered All other: 50% after deductible, MNRP applies***
Hearing Aid	Maximum benefit \$750 per 24 months after deductible	Not covered
Mental Health and Substance Abuse (includes ABA therapy to age 19)—Inpatient	75% covered after deductible	50% covered after deductible, MNRP applies***
Mental Health and Substance Abuse (includes ABA therapy to age 19)—Outpatient	75% covered after deductible	50% covered after deductible, MNRP applies***
Prescription Drugs (CVS Caremark)		
Retail Coinsurance (34-day supply)	75% covered after deductible; waived for generic maintenance medications and diabetic medications and supplies	Not covered
Mail-Order Coinsurance (90-day supply)	75% covered after deductible; waived for certain generic maintenance medications and diabetic medications and supplies	
Prescription Drugs (dispensed directly by hospital and/or provider)	75% covered after deductible	50% covered after deductible, MNRP applies***

*Contributions are prorated based on your eligibility date.

**If admitted to a non-network hospital in an emergency, must notify the health plan within two business days or as soon as reasonably possible. If the health plan is not notified, benefits will be reduced by \$500.

***MNRP = maximum non-network reimbursement program.



Smart choice: Pay or save with the HSA

Make the most of your Health Savings Account

Lots of employees choose the Silver HSA medical plan because it allows them to enjoy the advantages of an HSA. Plus, they pay less for coverage each paycheck than they would under the Gold PPO or Kaiser plan.

WHAT IT IS

The HSA is a special bank account just for eligible health care expenses—like medical, dental and vision copays, deductibles and coinsurance. To use an HSA, you must enroll in the Silver HSA Plan. Your HSA will automatically be opened for you through WageWorks when you enroll. **REVIEWERS: Please verify.**

How the money goes in

AVERY DENNISON CONTRIBUTION	YOUR CONTRIBUTIONS
Once you open your HSA, Avery Dennison will make a tax-free annual* contribution to your HSA at the beginning of the plan year: <ul style="list-style-type: none">• \$500 if you cover only yourself• \$1,000 if you cover dependents	<ul style="list-style-type: none">• You can contribute before-tax payroll contributions. (You can also add other money, but you'll need to claim those contributions on your tax return.)• You're not required to contribute to receive the company contribution.
Maximum contribution: The IRS sets the total annual maximum HSA contribution amount (yours + the company's). After the company's 2018 contribution, you can contribute an additional: <ul style="list-style-type: none">• \$2,950 if you cover yourself only• \$5,900 if you cover dependents• +\$1,000 if you will be at least age 55 during 2018	

*If you become eligible for coverage after January 1, these amounts will be prorated for the remaining months of the year.

When you need care—it's your choice!

How you pay your share each time you receive a bill is up to you—you can use the money in your HSA, or you can pay out-of-pocket and save the money in your HSA for future expenses. Take a look at these examples (remember, under the Silver HSA Plan, you pay the full amount of your medical and prescription expenses until you reach your deductible, then you pay 25% and the plan pays 75% for in-network care):

EXAMPLE 1: You visit your doctor and the bill is \$70. If you haven't met your deductible yet, you'll have to pay the \$70; you decide if you pay with your own money or use \$70 out of your HSA. Whatever you choose, the \$70 will count toward your deductible and out-of-pocket maximum.

EXAMPLE 2: Your daughter breaks her finger playing soccer, and the bill from the urgent care center is \$1,500. If you've already met your deductible, your share of that bill is \$375 (25% of \$1,500). Once again, you can choose how to pay: with your HSA or out of your pocket. Whichever way you choose, the amount you pay counts toward your out-of-pocket maximum.

You don't lose what you don't use

The great part about the HSA is the flexibility it gives you. If you don't use the money in your HSA, it stays in your account, earning tax-free** interest, until you need it. Unlike the Health Care FSA, there's no "use it or lose it" rule—if you don't use the money in your HSA this year, it rolls over. And if you leave Avery Dennison, your HSA goes with you.

**A few states tax either contributions or earnings, but not both.

THE TAX ADVANTAGE OF AN HSA

With the HSA, you pay no federal* taxes on:

- Your before-tax payroll contributions (which lowers your taxable income)
- The company's contributions
- Earnings on contributions
- Withdrawals from the account, as long as they're used for eligible expenses

Bronze HDHP Coverage Overview

BENEFITS INFORMATION	IN-NETWORK BENEFITS	OUT-OF-NETWORK BENEFITS
PCP Mandatory?	No	No
Deductible (combined medical/prescription drugs)	Employee: \$3,000; Family: \$6,000 (embedded—see page 4)	Employee: \$6,000; Family: \$12,000 (embedded—see page 4)
Annual Out-of-Pocket Maximum (combined medical/prescription drugs)	Employee: \$5,500; Family: \$11,000 (embedded—see page 4)	Employee: \$11,000; Family: \$22,000 (embedded—see page 4)
Lifetime Maximum Benefit	Unlimited	Unlimited
Preventive Care	100% covered	Not covered
Primary Care Physician Office Visit	70% covered after deductible	50% covered after deductible, MNRP applies**
Telemedicine Services	70% covered after deductible	Not covered
Specialist Office Visit	70% covered after deductible	50% covered after deductible, MNRP applies**
MinuteClinic	70% covered after deductible	50% covered after deductible, MNRP applies**
Emergency Room	70% covered after deductible	70% covered after deductible, MNRP applies**
Inpatient Hospital Services	70% covered after deductible	50% covered after deductible, MNRP applies**
Outpatient Hospital Services	70% covered after deductible	50% covered after deductible, MNRP applies**
Outpatient Surgery	70% covered after deductible	50% covered after deductible, MNRP applies**
Ambulance	70% covered after deductible	70% covered after deductible
Urgent Care Center	70% covered after deductible	50% covered after deductible, MNRP applies**
Pregnancy (visits and delivery)	70% covered after deductible	50% covered after deductible, MNRP applies**
X-Ray/Lab	70% covered after deductible	50% covered after deductible, MNRP applies**
Chiropractic Treatment	70% covered after deductible; up to 20 visits per calendar year (combined in and out of network)	50% covered after deductible; up to 20 visits per calendar year (combined in and out of network), MNRP applies**
Physical Therapy, Occupational Therapy, Speech Therapy	70% covered after deductible; up to 20 visits per calendar year per therapy* (combined in and out of network)	50% covered after deductible; up to 20 visits per calendar year per therapy* (combined in and out of network), MNRP applies**
Durable Medical Equipment	70% covered after deductible	50% covered after deductible
Hearing Exam	Preventive care: 100% covered; 1 exam per 24 months All other care: 70% covered after deductible	Preventive: 50% covered; 1 exam per 24 months, MNRP applies**
Hearing Aid	Maximum benefit \$750 per 24 months after deductible	Not covered
Mental Health and Substance Abuse (includes ABA therapy to age 19)—Inpatient	70% covered after deductible	50% covered after deductible, MNRP applies**
Mental Health and Substance Abuse (includes ABA therapy to age 19)—Outpatient	70% covered after deductible	50% covered after deductible, MNRP applies**
Prescription Drugs (CVS Caremark)		
Retail Coinsurance (34-day supply)	70% covered after deductible; waived for certain generic maintenance medications and diabetic medications and supplies	Not covered
Mail-Order Coinsurance (90-day supply)	70% covered after deductible; waived for certain generic maintenance medications and diabetic medications and supplies	
Prescription Drugs (dispensed directly by hospital and/or provider)	70% covered after deductible	50% covered after deductible, MNRP applies**

*Additional visits may be allowed for medical necessity.

**MNRP = maximum non-network reimbursement program.

Kaiser Health Maintenance Organization (HMO) Plan Coverage Overview

No benefits will be paid for services not provided by a Kaiser HMO in-network provider, except in an emergency.

BENEFITS INFORMATION	KAISER HMO (CA)
PCP Mandatory?	Yes (default PCP assigned if none selected)
Deductible	None
Annual Out-of-Pocket Maximum	Employee: \$1,500; Family: \$3,000 (prescription drug expenses are subject to the annual out-of-pocket maximum)
Lifetime Maximum Benefit	Unlimited
Preventive Care	100% covered
Primary Care Physician Office Visit	100% covered, subject to \$20 copay
Specialist Office Visit	100% covered, subject to \$30 copay
MinuteClinic	N/A
Emergency Room	\$100 copay per visit (waived if admitted, but \$250 inpatient copay would apply)
Inpatient Hospital Services	\$250 copay per admission
Outpatient Hospital Services	\$250 copay per procedure
Surgery	Inpatient: \$250 copay per admission Outpatient: \$250 copay per procedure
Ambulance	\$75 copay per trip when determined to meet the criteria that define an emergency
Urgent Care Center	\$20 copay
Pregnancy (visits and delivery)	Delivery 100% covered after \$250 inpatient hospitalization copay; \$0 copay per prenatal visit (after confirmation of pregnancy) and initial postpartum visit
X-Ray/Lab	100% covered
Chiropractic Treatment	Not covered
Physical Therapy, Occupational Therapy, Speech Therapy	\$20 copay per visit; benefits are limited to medically necessary therapy authorized by a plan provider
Durable Medical Equipment	80% covered per covered item; must be in accordance with DME formulary guidelines
Hearing Exam	Preventive: \$0 copay per visit Diagnostic: \$20 (PCP)/\$30 (specialist) copay per visit, as needed
Hearing Aid	\$2,500 allowance per device; 2 devices per 36 months
Mental Health and Substance Abuse (includes ABA therapy to age 19)—Inpatient	\$250 copay per admission, no day limit Rehab: Inpatient coverage: \$100 copay per admission For Transitional Residential Recovery Service (TRRS) in a non-medical setting, no day limit
Mental Health (includes ABA therapy to age 19)—Outpatient	\$20 copay (individual)/\$10 copay (group) per visit; no outpatient visit limit
Substance Abuse—Outpatient	\$20 copay (individual)/\$5 copay (group) per visit; no outpatient visit limit
Prescription Drugs—Retail	30 days: \$10 generic/\$25 brand 100 days: \$20 generic/\$50 brand Copay is per prescription when medically necessary, prescribed by a plan physician and obtained at plan pharmacies (includes drugs for the treatment of sexual dysfunction, with a maximum dosage limit of 8 doses for 30 days).
Prescription Drugs—Mail Order	30 days: \$10 generic/\$25 brand 31–100 days: \$20 generic/\$50 brand Copay is per prescription when medically necessary, prescribed by a plan physician and obtained at plan mail order (includes drugs for the treatment of sexual dysfunction, with a maximum dosage limit of 8 doses for 30 days). Preventive medications, smoking cessation and diabetic supplies covered at \$0 copay.

Out-of-Area (OOA) Plan Coverage Overview

BENEFITS INFORMATION	OOA
PCP Mandatory?	No
Deductible	Employee: \$750; Family: \$2,250 (embedded—see page 4)
Annual Out-of-Pocket Medical Maximum	Employee: \$3,000; Family: \$6,000 (embedded—see page 4)
Annual Out-of-Pocket Prescription Drug Maximum	Employee: \$3,000; Family: \$6,000 (embedded—see page 4)
Lifetime Maximum Benefit	Unlimited
Preventive Care	100% covered
Primary Care Physician Office Visit	80% covered after deductible
Telemedicine Services	80% covered after deductible
Specialist Office Visit	80% covered after deductible
MinuteClinic	80% covered after deductible
Emergency Room	80% covered after deductible
Inpatient Hospital Services	80% covered after deductible (semi-private room), subject to \$250 copay
Outpatient Hospital Services	80% covered after deductible
Outpatient Surgery	80% covered after deductible
Ambulance	80% covered after deductible
Urgent Care Center	80% covered after deductible
Pregnancy (visits and delivery)	80% covered after deductible, subject to \$250 inpatient hospital copay
X-Ray/Lab	80% covered after deductible
Chiropractic Treatment	80% covered after deductible; up to 20 visits per calendar year
Physical Therapy, Occupational Therapy, Speech Therapy	80% covered after deductible (if medically necessary), regardless of place of service; up to 20 visits per calendar year per therapy*
Durable Medical Equipment	80% covered after deductible
Hearing Exam	Preventive care: 100% covered; 1 exam per 24 months All other care: 80% covered after deductible
Hearing Aid	\$750 per 24 months after deductible
Mental Health and Substance Abuse (includes ABA therapy to age 19)—Inpatient	80% covered after deductible, subject to \$250 copay
Mental Health and Substance Abuse (includes ABA therapy to age 19)—Outpatient	80% covered after deductible
Prescription Drugs (CVS Caremark) Retail Copay (34-day supply)	\$10 generic \$40 preferred brand-name \$60 non-preferred brand-name 80% covered (you pay \$100 max.) for specialty drugs
Mail-Order Copay (90-day supply)	\$20 generic \$80 preferred brand-name \$120 non-preferred brand-name 80% covered (you pay \$200 max.) for specialty drugs Copay is waived for certain generic maintenance medications, diabetic medication and supplies, smoking cessation prescriptions and certain over-the-counter supplies, such as nicotine patches. In order to have your copay waived, you must order 90-day supplies via mail order or pick up at a CVS pharmacy.
Prescription Drugs (dispensed directly by hospital and/or provider)	80% covered after deductible for injectables and dispensed by hospital or provider

*Additional visits may be allowed for medical necessity.





Want more value from your medical benefits? Try these:

Telemedicine

If you're enrolled in a UnitedHealthcare or Anthem medical plan, you have access to a "virtual care" telemedicine feature. **It's like going to the doctor without having to go anywhere!**

If you or a covered family member has a non-urgent medical concern, or just a health question, you can talk with a doctor without leaving home—24/7, 365 days a year. This benefit lets you access U.S. board-certified physicians (including primary care doctors and pediatricians) who are able to treat a wide range of patients and conditions. Doctors are able to provide email communication, online consultations and prescription services. (Some state laws require that a doctor can only prescribe medication in certain situations and subject to certain limitations.)

TO ACCESS TELEMEDICINE:

- **FOR ANTHEM:** Enroll for free at www.livehealthonline.com or on the app (search for "LiveHealth Online" in the App StoreSM or on Google PlayTM). If you have questions, you can email customersupport@livehealthonline.com or call toll-free at **1-855-603-7985**.
- **FOR UHC:** Log in to www.myuhc.com and choose from provider sites where you can register for a virtual visit.

Health Advocate: Got an issue? Get an expert on it.

With Health AdvocateTM, you don't have to deal with health care and benefits issues alone. During enrollment and all year long, a simple phone call will connect you with a trained, professional expert who will work on your behalf to help you:

- Find the right network providers
- Clarify benefit coverage
- Help schedule appointments and tests
- Resolve billing and insurance claims issues
- Negotiate payment arrangements with providers
- Get to the bottom of coverage denials
- Help arrange elder care services
- And much more

Call a Personal Health Advocate at **1-866-799-2728**, visit healthadvocate.com/averydennison, or send an email to answers@healthadvocate.com.

Maintenance Medication Coverage

If you have an ongoing condition (for example, diabetes, asthma, high blood pressure, high cholesterol) that requires regular, continuous prescription maintenance medications, even generic drugs can get expensive over time. That's why if you're enrolled in an Avery Dennison medical plan, generic maintenance drugs are covered at 100%. Diabetic drugs and supplies are also covered at 100%.

IMPORTANT: For maintenance medications to be covered at 100%, prescriptions must be for 90-day quantities, and you must fill the prescriptions through mail order or a CVS pharmacy (or a Kaiser network pharmacy if you're covered under the Kaiser HMO).

Dental Plan

Your teeth: Not just for grins

Good dental care is about more than just your dazzling smile—oral health has a direct connection to your overall health. You have two options for keeping your pearly whites in good working order:

- Dental PPO Core Option (does not include orthodontia; \$1,000 annual maximum per person)
- Dental PPO High Option (includes orthodontia; \$2,000 annual maximum per person)

BENEFITS INFORMATION	CORE OPTION		HIGH OPTION	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Primary Dentist Mandatory?	No	No	No	No
You Pay the Annual Deductible:				
Preventive Care	No deductible	No deductible	No deductible	No deductible
Basic and Major Services	\$50/person; no family maximum	\$50/person; no family maximum	\$50/person; combined \$150/family	\$50/person; combined \$150/family
Child(ren) Orthodontia	Not covered	Not covered	No deductible	No deductible
Then the Plan Pays:				
Preventive Care	100% covered*	100% covered*	100% covered*	100% covered*
Basic Services	70% covered*	60% covered**	80% covered*	60% covered**
Major Services	60% covered*	50% covered**	70% covered*	50% covered**
Orthodontia	Not covered	Not covered	50%/person under age 26	50%/person under age 26
Annual Maximum				
Preventive Care, Basic and Major Services	\$1,000/person	\$1,000/person	\$2,000/person	\$2,000/person
Lifetime Maximum				
Orthodontia	Not covered	Not covered	\$1,500/person under age 26	\$1,500/person under age 26

*Percentage paid of Delta Dental's negotiated rate.

**Percentage paid of the R&C (reasonable and customary) charge.

Vision Plan



TIP: Compare the estimated cost of your 2018 vision expenses with the premiums for the Comprehensive Vision Plan. You may save more money by paying your vision expenses out of pocket.

Your eyes are windows to your health too.

As important as our vision is, it's amazing how long some people wait before getting their eyes checked. Plus, vision exams can provide an early warning about other conditions, like high blood pressure and diabetes. You have two options under the vision plan:

- Vision Savings Pass Plan
- Comprehensive Vision Plan

VISION SAVINGS PASS PLAN

Eye Exam	<ul style="list-style-type: none"> • \$50 with purchase of a complete pair of prescription glasses • 20% off without purchase • Once every calendar year • Retinal screening (guaranteed not to exceed \$39)
Lenses	<ul style="list-style-type: none"> • Single vision: \$40* • Lined bifocals: \$60* • Lined trifocals: \$75* • Polycarbonate for children: \$0*
Lens Enhancements	Average savings of 20%–25% on lens enhancements such as progressive, scratch-resistant, and anti-reflective coatings*
Frames	25% savings
Additional Pairs	Same savings as first pair
Sunglasses	20% savings
Contact Lens Fitting and Exam	15% savings on contact lens fitting and exam (does not apply to contact lens materials)
Supplies	Exclusive rebates on eligible contact lenses
Laser Vision Correction	Discounts vary by location, but on average provide 15% savings on the regular price. Additionally, if the laser center is offering a temporary price reduction, VSP members will receive 5% off the advertised price if it is less than the usual discounted price.

COMPREHENSIVE VISION PLAN

Service	In-Network Benefits	Out-of-Network Benefits
Eye Exam and Glasses	You pay a \$25 copay	You pay a \$25 copay
Eye Exam (every 12 months)	Covered after copay	Up to a \$50 allowance
Lenses (single/bifocal/trifocal) (every 12 months)	Covered after copay	Up to \$50/\$75/\$100
Lens Extras	Polycarbonate, photochromatic and tints	\$5 toward tints
Frames (every 12 months)	\$150 allowance	Up to a \$70 allowance
Exam, Fitting and Materials for Contact Lenses in Lieu of Glasses	\$150 allowance	Up to a \$105 allowance
Polycarbonate Lenses	Covered	Not covered

*When a complete pair of prescription glasses is purchased.

Flexible Spending Accounts (FSAs)

Why pay more in taxes than you need to?

FSAs allow you to contribute money from your paycheck on a before-tax basis to an account that you can use for qualified health care and dependent care expenses. Three types of FSAs are available:

HEALTH CARE FSA: Use for eligible health care expenses, including:

- Medical, dental and vision copays and coinsurance
- Prescription or over-the-counter drugs (only with a doctor's prescription)
- Glasses, contacts and/or LASIK surgery

LIMITED-USE HEALTH CARE FSA: This is the **only** health care FSA you can have if you enroll in the Silver Health Savings Account (HSA) Plan. That's because IRS rules require that any expenses that apply toward your medical plan deductible be reimbursed from your HSA, not your Health Care FSA. You can use the limited-use Health Care FSA for eligible:

- Out-of-pocket **dental** and **vision** expenses only, until you've met your deductible under the HSA
- Out-of-pocket **medical**, dental and vision expenses **after** you've met your deductible under the HSA

For more information about the HSA, see page 8.

DEPENDENT CARE FSA: Use for eligible dependent care expenses—such as day care—that allow you (and your spouse, if you're married) to work.

Choose what you can use!

Plan your contributions carefully. The FSAs are subject to the IRS "use it or lose it" rule—you forfeit any unused funds left in your FSAs after these deadlines:

- You can use your 2018 FSAs for the expenses you incur in 2018 through March 15, 2019.
- To be reimbursed, you must submit your expenses by April 30, 2019.

To help you decide how much to contribute to your 2018 Health Care FSA, add up your 2017 health care expenses, such as copays, deductibles, prescriptions, and out-of-pocket dental and vision costs. For your Dependent Care FSA, be sure to total all of your eligible expenses and contribute enough to cover those expenses in 2018.

Use the online FSA estimator tools at www.yourtotalrewards.com/averydennison when you enroll.

HOW FSAs WORK

- 1 During enrollment, you elect to set aside a certain amount of money in your FSA(s) for 2018, up to the maximum shown below:

HEALTH CARE FSA

Maximum Election Amount: \$2,600 per year

DEPENDENT CARE FSA

Maximum Election Amount: \$5,000 per year

- 2 Your election amount is deducted from your paychecks equally throughout 2018. It remains in effect throughout 2018 unless you have a qualified change in status.

- 3 You use the money you set aside to pay yourself back for eligible health care and/or dependent care expenses.



Wellness

“I don’t want to feel good.” Who would say that? Nobody.

Avery Dennison’s wellness initiative is designed to do one thing—help you be the healthiest you possible. Everybody has different needs when it comes to wellness, so we offer a variety of wellness programs and incentives and encourage all our employees to take advantage of them.



WALK THIS WAY. SAVE THIS WAY.

Walking is easy and effective exercise.

That’s the idea behind our **Mission Possible challenges**. Join a team and win prizes by tracking your activity online. Complete just one and you’ll earn \$350 in Healthy Lifestyle Credits in the upcoming year. Watch for the next one! (**Note:** There are other ways to earn the Healthy Lifestyle Credits, and new hires automatically get the credit the first year. (See page 17 for details.)



LESS IS MORE.

A healthy weight is important and makes staying active a lot easier. Need to drop a few pounds? Avery Dennison will pay half of your Weight Watchers® membership fee—and half for your spouse too—whether or not you’re covered by our medical plan. Go to <https://wellness.weightwatchers.com> (Employer ID 61767; Employer Passcode ww61767). If you have problems, call **1-866-204-2885**.



STAY HOME. GO TO THE DOCTOR. AT THE SAME TIME.

The telemedicine feature provides a “virtual office visit” when your doctor is unavailable in person. (See page 12.)



TOBACCO? NOPE.

You *know* tobacco use can knock years off your life. We’ll help you knock it **out** of your life. All Avery Dennison medical plan options cover smoking cessation prescriptions and certain over-the-counter supplies, such as nicotine patches, at 100%. And all of our medical plan carriers offer online tools to help you kick the habit.



WHAT YOU DON’T KNOW CAN HURT YOU!

Don’t hide your head in the sand when it comes to your health. High blood pressure, diabetes and high cholesterol are just three health risks that have few early symptoms. So get your annual physical and get out in front of your health. All of our medical plan options cover in-network preventive care (checkups, screenings and immunizations) at 100%.



PUT A BENEFITS EXPERT IN YOUR CORNER.

Need help? Got a question? Medical bills got you tied in knots? Call Health Advocate and you’ll be connected with a professional who works on your behalf to resolve your concern. (See page 12.)



MORE REPS. LESS COST.

Our GlobalFit® benefit provides a range of ways to save money while you’re getting in shape. Thousands of gyms nationwide participate with the lowest rates and flexible membership options. And you’ll have access to GlobalFit’s exclusive lowest prices on home exercise equipment and fitness videos. Go to www.globalfit.com/averydennison or call GlobalFit toll-free at **1-800-294-1500**.



MAINTENANCE MEDS? WE’VE GOT THAT COVERED.

Generic medications you take on an ongoing basis to control conditions like high blood pressure or cholesterol are covered at 100%. Diabetic drugs and supplies are also covered at 100%. (See page 12.)

Wellness Credits

Healthier. Wealthier. That's pretty wise.

Avery Dennison offers wellness credits that let you lower your medical plan premiums. And we're not talking small change. You can earn up to \$500 in savings, and if your covered spouse participates, you can double your savings to \$1,000.

How you earn wellness credits

To participate, both employee and spouse must be enrolled in one of Avery Dennison's medical plan options.

HEALTHY LIFESTYLE CREDITS

These are earned a year ahead. That means you'll need to take one of the following actions during 2018 to earn 2019 Healthy Lifestyle Credits:

- Complete at least one *Mission Possible* challenge before annual enrollment ends in the fall; OR
- Walk at least 7,500 steps per day for any 20 days; OR
- Contribute three submissions to the OurWorld *Mission Possible* Blog

To receive your credits, you must answer a question about Healthy Lifestyle Credits during enrollment.

You'll hear about new challenges and ways to earn the Healthy Lifestyle Credits throughout the year.

How you receive the credits

PAY SCHEDULE	EMPLOYEE ONLY: \$350
Weekly	\$6.73 per paycheck
Semi-monthly	\$14.58 per paycheck

TOBACCO CESSATION/TOBACCO-FREE CREDITS

To receive this credit, you and your covered spouse must answer "Yes" to the tobacco-free credit question during enrollment, which is your confirmation that you either:

- Have been tobacco-free for at least the past six months, OR
- Are currently trying to quit using tobacco products.

How you receive the credits

PAY SCHEDULE	EMPLOYEE ONLY: \$50	EMPLOYEE + SPOUSE: \$350
Weekly	\$0.96 per paycheck	\$6.73 per paycheck
Semi-monthly	\$2.08 per paycheck	\$14.58 per paycheck

NEW TO AVERY DENNISON?

If you elect a medical plan, you'll automatically receive the 2018 Healthy Lifestyle Credits, which will reduce your 2018 medical plan premiums. You'll need to take action during 2018 to earn Healthy Lifestyle Credits for 2019.



NEW TO AVERY DENNISON?

If you elect a medical plan, you'll automatically receive the 2018 HRQ and Healthy Lifestyle Credits, which will reduce your 2018 medical plan premiums.

HEALTH RISK QUESTIONNAIRE (HRQ) CREDITS

To receive this credit, you and your covered spouse must each complete the Health Risk Questionnaire (HRQ) through your medical plan carrier before the end of annual enrollment each fall.

IMPORTANT: If you're not currently covered by an Avery Dennison medical plan and are enrolling in medical coverage for 2018, you must wait until January 2018 to complete the HRQ.

What it is

The HRQ is an online, completely secure and confidential health survey. It's a simple but important tool for helping you manage your health. Plus, completing the HRQ helps you understand your current health status, identify potential health risks, and establish your target goals.

How you receive the credits

PAY SCHEDULE	EMPLOYEE ONLY: \$100	EMPLOYEE + SPOUSE: \$300
Weekly	\$1.92 per paycheck	\$5.77 per paycheck
Semi-monthly	\$4.17 per paycheck	\$12.50 per paycheck

How to complete your HRQ

The instructions for taking your assessment vary by the insurance carrier of your medical plan:

ANTHEM	KAISER PERMANENTE	UNITEDHEALTHCARE
<ul style="list-style-type: none"> Log in to www.anthem.com/ca. Click "Health & Wellness." Start your health assessment. After you complete your assessment, find out about all the free programs and easy-to-use tools on www.anthem.com/ca that can help you live healthier. 	<ul style="list-style-type: none"> Go to www.kp.org/tha. Click "Start a Total Health Assessment now." You can also find a link to the assessment in the "My medical record" section of "My Health Manager." 	<ul style="list-style-type: none"> Log in to www.myuhc.com (if you haven't registered, click "Register Now"). Log in with your username and password. Click the "Health & Wellness" tab. Register for RallySM by clicking on the Rally banner ad or "Go to Rally" under the Health and Wellness page. Answer a few simple questions and you'll receive a personal health summary along with your "Rally Age"—a number that indicates how your health age compares with your actual age. You'll receive personalized Missions (suggested action plans) to help improve or maintain your health.

QUESTIONS ABOUT WELLNESS CREDITS?

Call **1-888-236-3782** (press 1) between 8:00 a.m. and 8:00 p.m. Eastern time, Monday through Friday.



Life and Disability Insurance

Some choices change lives.

Basic Life Insurance

The basic life insurance plan gives you the security of knowing that your beneficiary(ies) will be financially protected if you die. You're automatically enrolled and Avery Dennison pays the full cost of the following basic life insurance coverage:

- **Employee Coverage:** Two times your annual salary (up to a \$50,000 maximum)
- **Dependent Coverage:** \$1,500 per dependent

Supplemental Accident Insurance*

This plan pays a benefit to you in case of severe injury, and to your survivors in case of your accidental death. You can choose coverage for yourself, your spouse and your family. You pay the full cost of your supplemental accident insurance coverage.

Short-Term Disability*

You're automatically covered by short-term disability (STD). Avery Dennison pays the full cost of this plan, which provides benefits for up to 26 weeks, covering $66\frac{2}{3}\%$ of your weekly salary to a maximum of \$5,000 per week. If you work in California, New York, New Jersey, Rhode Island, Hawaii or Puerto Rico, you must also apply for state benefits if you become disabled. Your Avery Dennison STD benefit will be reduced by your state disability benefit amount.

Long-Term Disability*

You can choose from two long-term disability (LTD) coverage options. You and Avery Dennison share in the cost of your LTD coverage. LTD coverage options pay a benefit of:

- **50%** of your covered earnings, up to \$5,883 per month, or
- **65%** of your covered earnings, up to \$7,600 per month.

Any LTD benefits you receive will be reduced by any benefit you receive from other sources, such as Social Security or workers' compensation. **If you do not elect to enroll in LTD coverage when you are first eligible as a newly hired employee, or if you later wish to increase your coverage during annual enrollment, you will be required to provide proof of your good health by completing an Evidence of Insurability (EOI) form.**

*Please refer to the Certificate of Coverage for more detailed information about how the plan works.



Other Benefits

Resources for when life happens.

Employee Assistance Program (EAP)

No matter what's going on in your life, the Employee Assistance Program (EAP)+Work/Life™ service through Health Advocate can help. All employees and their eligible dependents are eligible. You'll have confidential access (in person, by phone, by secure video) to licensed professional counselors for help with a wide range of personal issues. You'll also have access to Work/Life professionals for help achieving a better work/life balance. You can get help with:

- Stress, depression, anxiety
- Relationship, family and parenting issues
- Substance abuse; grief and loss
- Financial and legal issues; identity theft
- New baby, adoption
- Child care and elder care
- Relocation support

Help is available 24 hours a day, every day. Simply call **1-866-799-2728**, visit healthadvocate.com/averydennison, or send an email to answers@healthadvocate.com.

Paid Parental Leave

A supportive, flexible workplace is especially important during life's milestone moments—like welcoming a new child. To help balance the demands of both work and family life, paid parental leave allows employees who have become new mothers and fathers to take a paid absence from work. This provides time off for you, and these policies are critical for Avery Dennison to continue on our path toward excellence, accomplish our diversity goals, and stay competitive in attracting and retaining the best talent.

- **Maternity leave:** up to 12 weeks
- **Partner leave:** up to 4 weeks
- **Adoption and foster care leave:** up to 8 weeks

Please refer to the Avery Dennison Paid Parental Leave Program Policy for more details.



VOLUNTARY BENEFITS

Voluntary Group Universal Life (GUL) Insurance lets you purchase additional life insurance coverage for yourself and your eligible dependents.

Auto, Homeowners, Renters, Boat and Motorcycle Insurance* lets you save money through special group discounts and pay premiums through convenient payroll deductions.

Shop Your Way® rewards you for buying the products and services you want every day. Shop thousands of your favorite brands and earn points to use for future purchases. As a member, you can get special pricing, sales and digital coupons that can be loaded directly into your account. Start shopping today and watch the points and savings add up. Check it out at www.shopyourway.com.

Pet Insurance* can help you manage the cost of preventive care and other services—such as surgeries, lab fees and X-rays—for your domestic pets.

Computer Purchase Program* allows you to purchase brand-name computers through convenient payroll deductions over a period of up to 12 months. Qualification for this program is based on your job, not your credit score.

Discount Program allows you to participate in the online Discount Marketplace, which offers discounts on amusement parks, hotels, restaurants, retail stores, and much more. Log on at <https://smartsavings.motivano.com/login.aspx> (Username: **averydennison**; Password: **Marketplace1**).

*For details, contact Mercer, which administers these programs. See “Plan Contact Information” on page 23.

How to Enroll



DON'T GUESS ABOUT MAKING THE RIGHT CHOICE!

Use these online decision-support tools when you log on to enroll.

- **Medical Expense Estimator**—This benefits guidance tool will show you what you could expect to spend on health care next year. It features “Sara,” a helpful benefits counselor, who will ask you some questions about your health care needs and show you what your total costs could be—including paycheck costs and out-of-pocket costs—under each plan.
- **Spending Account Estimators**—There are two of these tools: one for health care, and one for dependent care. See how much you should set aside in the Flexible Spending Accounts next year, based on what your expected expenses will be.
- **Long-Term Disability Estimator**—See how much pay you’d need to replace from the LTD plan to pay your bills and keep your family protected in case you’re disabled and unable to work.
- **Life Insurance Estimator**—Do you have enough coverage to maintain your family’s lifestyle and protect their future if something happens to you? This tool will help you find out.

You’ve made your choices. Now make it happen.

You’re ready to enroll and be sure you have the coverage you need for next year. Here’s your enrollment checklist:

- ☐ Review this guide. (It’s important!)
- ☐ Use your Personalized Benefits Worksheet. (It will make enrolling faster, but if you don’t have it, no worries, you can enroll without it.)
- ☐ Make sure you have the names, birth dates and Social Security numbers of any eligible family members you want to enroll or any individuals you want to list as beneficiaries.

Now you’re ready to enroll!

- ☐ Log on to www.yourtotalrewards.com/averydennison to complete your enrollment. You can also enroll by phone at **1-888-236-3782** (press 1). Representatives are available from 8:00 a.m. to 8:00 p.m. Eastern time, Monday through Friday.
- ☐ Use the tools to make sure you’ve got the right coverage for you!
- ☐ **Don’t forget to confirm your enrollment!** If you enroll online, you’ll be prompted to print a confirmation statement once you’ve completed your enrollment.
- ☐ Make sure the personal information we have on file for you (home address, phone number, etc.) is up to date so you receive your ID cards on time.

REMEMBER

If you don’t enroll, you’ll default to the benefits shown here:

IF YOU MISS THIS ENROLLMENT WINDOW:	YOU’LL DEFAULT TO:
Annual enrollment	<ul style="list-style-type: none">• The same coverage as in 2017, but at 2018 rates, covering the same dependents• No FSAs• HSA contribution will be reset to \$0 You must take action to receive your 2018 wellness credits
Initial enrollment as a new hire (within 60 days of hire date)	<ul style="list-style-type: none">• No medical, dental or vision coverage for 2018• No FSAs• No wellness credits for 2018
Qualified status change (within 31 days of event)	Same coverage you had, no changes

Plan Contact Information



These providers have online tools and information to help you with everything from choosing your benefits to getting and staying healthy.

**UnitedHealthcare Medical Plans
(PPO, HSA, HD PPO, Out-of-Area)**

www.myuhc.com

1-800-842-9892

**Anthem Blue Cross Medical
Plans (PPO, HSA, HD PPO)**

www.anthem.com/ca

1-877-310-0488

Kaiser HMO (CA) Plan

my.kp.org/avery

1-800-464-4000

**CVS Caremark Prescription
Drug Program**

www.caremark.com

1-877-232-7929

Health Savings Account

www.yourtotalrewards.com/

averydennison

1-888-236-3782, press 1

Flexible Spending Accounts (FSAs)

www.yourtotalrewards.com/

averydennison

1-888-236-3782, press 1

Delta Dental (Dental PPO)

www.deltadentalins.com

1-800-765-6003

VSP (Vision Service Plan)

www.vsp.com/go/avery

1-800-877-7195

**Employee Assistance Program
(EAP)+Work/Life**

Health Advocate

healthadvocate.com/averydennison

1-866-799-2728

Employee Absence Program

Unum

www.unum.com/claims

1-888-236-3782, press 4 or

1-800-456-5126

WageWorks

<https://www.benedirect>

.wageworks.com

1-800-770-7981

**Voluntary Group Universal Life
(GUL) Insurance**

www.personal-plans.com/

averydennison

1-888-236-3782, press 7

**Auto, Homeowners, Renters,
Boat and Motorcycle Insurance**

www.personal-plans.com/

averydennison

1-888-236-3782, press 7

Pet Insurance

www.personal-plans.com/

averydennison

1-888-236-3782, press 7

Computer Purchase Program

www.personal-plans.com/

averydennison

1-888-236-3782, press 7

Shop Your Way

www.shopyourway.com

GlobalFit

<https://www.globalfit.com/>

averydennison

1-800-294-1500

Weight Watchers

<https://wellness.weightwatchers.com>

(Employer ID 61767; Employer

Passcode ww61767)

1-866-204-2885

Important Notices

Medicaid and the Children's Health Insurance Program (CHIP) Offer Free or Low-Cost Health Coverage to Children and Families

If you are eligible for health coverage from your employer but are unable to afford the premiums, be aware that some states have premium assistance programs that can help pay for coverage. These states use funds from their Medicaid and CHIP programs to help people who are eligible for employer-sponsored health coverage but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP, you can contact your state Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are not currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your state Medicaid or CHIP office, dial **1-877-Kids-Now**, or go to www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the state if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan—as long as you and your dependents are eligible but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

Important Notice from Avery Dennison About Your Prescription Drug Coverage and Medicare

This notice has information about your current prescription drug coverage with Avery Dennison and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare prescription drug plan or a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Avery Dennison has determined that the prescription drug coverage offered by the Avery Dennison group health plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered creditable coverage. Because your existing coverage is creditable coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 through December 7.

However, if you lose your current creditable prescription drug coverage through no fault of your own, you will also be eligible for a two-month special enrollment period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan and continue your Avery Dennison medical coverage, your current Avery Dennison coverage will not be affected. You can continue your Avery Dennison medical and prescription drug coverage and enroll in a Medicare prescription drug plan.

If you elect to enroll in both the Avery Dennison coverage and a Medicare prescription drug plan, you will continue to be responsible for any required contributions under the Avery Dennison plan plus any Medicare Part A, Part B and/or Part D (prescription drug) premium costs.

You (or a dependent) **cannot** drop Avery Dennison prescription drug coverage and continue only the Avery Dennison medical coverage, because the Avery Dennison medical and prescription drug benefits are bundled. Your Avery Dennison medical and prescription drug coverage will coordinate with your Medicare coverage. In that case, Medicare will be the secondary payor for your prescription drug costs.

Alternatively, if you decide to join a Medicare drug plan but drop your Avery Dennison coverage, then Medicare will be your only payor, and the Avery Dennison group health plan will not pay any benefits.

If you do decide to join a Medicare drug plan and drop your current Avery Dennison coverage, be aware that you and your dependents will be able to get this coverage back during the next annual enrollment period if you experience a qualifying status change or if special enrollment rights apply.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

If you drop or lose your current coverage with Avery Dennison and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) for as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage

You'll receive this notice each year. You will also receive it before the next period you can join a Medicare drug plan and if this coverage through Avery Dennison changes. You also can request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the *Medicare & You* handbook. You'll receive a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov.
- For personalized help, call your State Health Insurance Assistance Program (see the inside back cover of your copy of the *Medicare & You* handbook for their telephone number).
- Call **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov or call them at **1-800-772-1213** (TTY: **1-800-325-0778**).

Remember: Keep this creditable coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).



Avery Dennison's health plans are provided in the Online Directory of Employee Benefits Information (DEBI) found at www.yourtotalrewards.com/averydennison. This Enrollment Guide contains only a brief summary of these plans. This guide is not a legal plan document. Avery Dennison reserves the right to amend, suspend and terminate the plans described herein and any benefits at any time, subject to applicable law. The specific legal rules that govern the administration of the plans and your rights under the plans are found in the plan documents. In the case of a discrepancy between the information in this guide and the plan documents, the plan documents shall govern. The plan carriers have full power and discretion to interpret and apply the terms and provisions of the official plan documents. Their interpretation and application shall be final and binding. Your enrollment into Avery Dennison's plans is subject to all limitations of the plans including but not limited to any waiting periods and eligibility requirements. Please refer to the plan documents for full disclosure of plan terms and conditions. Receipt of this guide, and any summary description or the plan documents, is not an expressed or implied promise or contract or guarantee of employment now or in the future, and does not alter your at-will employment status.

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If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, you should learn about the federal law that gives you more choices about your prescription drug coverage. Please see pages 24–25 for more details.