

# 2017 NEW HIRE ENROLLMENT GUIDE

## IN-HOUSE ASSOCIATES



**MyPRIME**  
myprimeinc.com

**BENEFITS FOR YOU  
AND YOUR  
FAMILY**



# Benefits for You and Your Family

Prime Inc. offers a comprehensive benefits program which is designed to help you stay healthy, feel secure, and maintain a work/life balance. Offering a competitive benefits package is just one way we strive to provide our associates with a rewarding workplace. Please read the information provided in this guide carefully. For full details about our plans, please refer to the summary plan descriptions located at [www.primeinc.com](http://www.primeinc.com). You can also request a free Summary Plan Description from the Human Resource Department.

## Listed below are the Prime, Inc. benefits available during your open enrollment:

- Prime Gets Fit Wellness Plan (PRIME) *pg 2*
- ComPsych Employee Assistance Program *pg 3*
- Medical Insurance (Anthem Blue Cross Blue Shield) *pg 4*
- High Deductible Health Plan with HSA (Anthem Blue Cross Blue Shield) Plan *pg 6*
- Dependent Care FSA (PRIME) *pg 8*
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- 401(k) (Fidelity) *pg 17*

## Who is Eligible?

All W-2 associates scheduled to work at least 30 hours per week are eligible to participate in the Prime, Inc. benefit program. Eligible associates may also enroll their legal spouse and dependent children (married or unmarried) on most plans. A dependent child may be the natural child, stepchild, legally adopted child, child placed for adoption, or other child for whom the associate has permanent legal custody.

## When and How Do I Enroll?

As an In-house Associate you are required to go through an "active enrollment" process to either decline or enroll in Prime's benefit offerings. This active enrollment will ensure that all associates are aware of the benefits offered by Prime including insurance offerings that come with guarantee issue clause for new associates only. During this process, we also ask that you confirm that you understand the following statement: "Due to the Affordable Care Act it is important to know that we offer you a qualified, affordable plan that satisfies both the individual mandate and employer mandate."

There are **two** options to enroll:

### Option 1: MyPrime Self-Service Benefits Portal

Go to MyPRIME in the Associates Portal in Sharepoint. This will auto log you in to your benefits portal. If you are not on a Prime computer you can log on to [www.MyPrimeinc.com](http://www.MyPrimeinc.com) using your Prime User ID and Network Password. (If you do not know your user name or password you can call the helpdesk 24/7 at (417) 521-3148.

### Option 2: Speak with a Benefits Educator through the

**Enrollment Call Center.** You can call 1-877-859-6107 to speak with a representative from 7 a.m. – 4:30 p.m. CST M-F. If you prefer to make an appointment with the representative on a time that works best for you, please go to [www.primeincbenefits.com](http://www.primeincbenefits.com).

## When is My Coverage Effective?

Your Core Benefits (medical, dental, vision, HSA, dependent care and basic life) will be effective the Saturday following your 30th day at Prime. All other benefits (supplemental life, permanent life, accident and critical illness) will be effective the 1st of the month following 30 days of employment.

## Changing Coverage During the Year

You can change your coverage during the year when you experience a qualified change in status, such as marriage, divorce, birth, adoption, or loss of coverage. The change must be reported to the Human Resource Department within 30 days of the event. The change must be consistent with the event. For example, if your dependent child no longer meets eligibility requirements, you can drop coverage only for that dependent.

## Vacation Policy

Vacation will accrue at a rate of a 1/2 day per month for the first 10 months of employment with Prime. After the first anniversary is reached, vacation will be applied annually at anniversary date as follows:

- 1 week after 1 year
- 2 weeks after 3 years
- 3 weeks after 5 years
- 4 weeks after 10 years



# wellness plan



## Am I eligible?

All in-house associates and spouses that have taken part in the health insurance offered by Prime Inc. are eligible!

## How do I sign up?

Visit Trinity Healthcare (Springfield, MO Terminal) weekdays from 8am - 5pm and schedule an appointment to get blood drawn.

## How do I stay in the program?

You will leave your doctor's appointment with a road map to wellness. The doctor will select a program that will best benefit your health and wellness. To stay in the program and remain compliant you will have to check-in. The doctor will select how often.

## What's in it for me?

Once you are in the program and remain compliant then you can save a substantial amount of money. Every three months you will receive a cash incentive that is deducted from your insurance cost.

## Seriously? How much money can I save?

If you are a non-smoker then \$185 is deducted every three months from your insurance cost. If you and your spouse are in the program then \$260 will be deducted. Smokers will have \$82.50 deducted from their insurance cost every three months. A smoker and their spouse in the program will have \$123.75 deducted.

## Example annual savings:

A non-smoking associate could save

# \$740

Per year!



visit [www.primegetsfit.com](http://www.primegetsfit.com) for more details



## Call ComPsych® GuidanceResources® anytime for confidential assistance.

Call: **844.393.4975**

Go online: **guidanceresources.com**

TDD: 800.697.0353

Your company Web ID: **PRIME**

Personal issues, planning for life events or simply managing daily life can affect your work, health and family. ComPsych® GuidanceResources® provides support, resources and information for personal and work-life issues. GuidanceResources is company-sponsored, confidential and provided at no charge to you and your dependents. This flyer explains how GuidanceResources can help you and your family deal with everyday challenges.

### Confidential Counseling

*Someone to talk to.*

This no-cost counseling service helps you address stress, relationship and other personal issues you and your family may face. It is staffed by GuidanceConsultants<sup>SM</sup>—highly trained masters and doctoral level clinicians who will listen to your concerns and quickly refer you to in-person counseling and other resources for:

- › Stress, anxiety and depression
- › Relationship/marital conflicts
- › Problems with children
- › Job pressures
- › Grief and loss
- › Substance abuse

### Financial Information and Resources

*Discover your best options.*

Speak by phone with our Certified Public Accountants and Certified Financial Planners on a wide range of financial issues, including:

- › Getting out of debt
- › Credit card or loan problems
- › Tax questions
- › Retirement planning
- › Estate planning
- › Saving for college

### Legal Support and Resources

*Expert info when you need it.*

Talk to our attorneys by phone. If you require representation, we'll refer you to a qualified attorney in your area for a free 30-minute consultation with a 25% reduction in customary legal fees thereafter. Call about:

- › Divorce and family law
- › Debt and bankruptcy
- › Landlord/tenant issues
- › Real estate transactions
- › Civil and criminal actions
- › Contracts

### Work-Life Solutions

*Delegate your "to-do" list.*

Our Work-Life specialists will do the research for you, providing qualified referrals and customized resources for:

- › Child and elder care
- › Moving and relocation
- › Making major purchases
- › College planning
- › Pet care
- › Home repair

### GuidanceResources® Online

*Knowledge at your fingertips.*

GuidanceResources Online is your one stop for expert information on the issues that matter most to you... relationships, work, school, children, wellness, legal, financial, free time and more.

- › Timely articles, HelpSheets<sup>SM</sup>, tutorials, streaming videos and self-assessments
- › "Ask the Expert" personal responses to your questions
- › Child care, elder care, attorney and financial planner searches

*Just call or click to access your services.*



**CALL ANYTIME**

Call: **844.393.4975**

TDD: 800.697.0353

Online: **guidanceresources.com**

Your company Web ID: **PRIME**

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# Medical Insurance Overview

Prime offers four medical plans through Anthem Blue Cross Blue Shield. The medical plans offered for 2017 provide you with the opportunity to select a plan that best meets your needs. Coverage is available for associate only, associate plus spouse, associate plus children, or associate and family coverage. The outline of the plans below will provide you with a highlight of the respective plan benefits.

Please refer to the summary plan description for complete details of the respective plans.

## Terms to know:

- **Deductible:** The first dollars of medical expenses before the insurance begins.
- **Co-insurance:** The plan pays a percentage of the claim after the deductible is met and you pay the remaining percentage. Once you reach the out-of-pocket maximum, the plan pays 100%.
- **Co-payments:** You will make a flat dollar payment for an office visit.

\*The POS Plan is only available to In-House Springfield, MO associates.

PLAN FEATURES	LOW PPO PLAN		HIGH PPO PLAN		POS PLAN*	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b>	\$900 Single	\$1,800 Single	\$750 Single	\$1,500 Single	\$0 Single	\$1,000 Single
	\$2,700 Family	\$5,400 Family	\$2,250 Family	\$4,500 Family	\$0 Family	\$3,000 Family
<b>Out-of-Pocket Maximum (Includes deductible)</b>	\$6,350 Single	\$11,800 Single	\$3,250 Single	\$7,000 Single	\$1,500 Single	\$5,500 Single
	\$12,700 Family	\$25,400 Family	\$7,250 Family	\$14,000 Family	\$4,000 Family	\$16,000 Family
<b>Physician Home and Office Services</b>						
Primary Care Physician (PCP)	\$50 co-pay	50%	\$30 co-pay	50%	\$20 co-pay	40%
Specialty Care Physician (SCP)	\$50 co-pay	50%	\$40 co-pay	50%	\$20 co-pay	40%
- MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies, non-maternity related Ultrasounds, and pharmaceutical products	30%	50%	20%	50%	20%	40%
<b>Preventive Care Services</b>						
Routine exams, Mammograms, Pap testing, PSA tests, Immunizations	Covered at 100%	50%	Covered at 100%	50%	Covered at 100%	40%
Immunizations through age 5	Covered at 100%					
<b>Emergency and Urgent Care</b>						
Emergency Room Services	30%	30%	20%	20%	\$100 Waived if admitted	\$100 Waived if admitted
Urgent Care Center	30%	50%	20%	50%	\$25	40%
MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology, non-maternity related ultrasounds	30%	50%	20%	50%	20%	40%
<b>Inpatient &amp; Outpatient</b>	30%	50%	20%	50%	20%	40%
<b>Other Outpatient Services (including but not limited to)</b>	30%	50%	20%	50%	20%	40%
• Hospice Care	30%	50%	20%	50%	20%	40%
• Ambulance Services	30%	30%	20%	20%	20%	20%

## Prescription Drug Plan

	LOW PPO PLAN		HIGH PPO PLAN		POS PLAN	
	<i>In-Network</i>	<i>Out-of Network</i>	<i>In-Network</i>	<i>Out-of Network</i>	<i>In-Network</i>	<i>Out-of Network</i>
<b>Network Tier structure equals 1/2/3 (and 4, if applicable)</b>	\$100 deductible	\$100 deductible	No Deductible	No Deductible	No Deductible	No Deductible
Network Retail Pharmacies: (30-day supply) Includes diabetic test strip	20% / 30% / 40% / 20% w/\$100 max	50% (min \$45)	10% / 20% / 30% / 20% w/\$100 max	50% (min \$45)	10% / 20% / 30% / 20% w/\$100 max	50% (min \$45)
Anthem Rx Home Delivery Service: (90-day supply) Includes diabetic test strip	\$40 / \$80 / \$120 / 20% w/\$100 max	Not Covered	\$20 / \$40 / \$80 / 20% w/\$100 max	Not Covered	\$20 / \$40 / \$80 / 20% w/\$100 max	Not Covered
<b>Member may be responsible for additional cost when not selecting the available generic drug.</b>	30 day limit with Tier 4	Not Covered	30 day limit with Tier 4	Not Covered	30 day limit with Tier 4	Not Covered

## Prescription Drug Tiers

Tier 1: Generic

Tier 2: Preferred Brand

Tier 3: Non-Preferred Brand

Tier 4: Specialty

## 2017 Weekly Medical Rates

FIRST YEAR ASSOCIATES 2017 WEEKLY MEDICAL RATES				
Plan	Associate Only	Associate + Spouse	Associate + Child(ren)	Associate + Family
High PPO	\$112.26	\$218.53	\$207.89	\$320.47
Low PPO	\$64.68	\$128.55	\$122.16	\$189.84
POS	\$97.79	\$189.91	\$180.69	\$278.27

SECOND YEAR+ ASSOCIATES 2017 WEEKLY MEDICAL RATES				
Plan	Associate Only	Associate + Spouse	Associate + Child(ren)	Associate + Family
High PPO	\$74.84	\$145.69	\$138.60	\$213.65
Low PPO	\$24.88	\$49.44	\$46.99	\$73.01
POS	\$65.20	\$126.61	\$120.46	\$185.51

**\*\*Any services that are not covered by your co-pays will be subject to your deductible and coinsurance outside of the preventative care.**

## Your Four Medical Plan Options

*(You must elect or waive coverage for one of the following options)*

- Option 1: Low PPO Plan
- Option 2: High PPO Plan
- Option 3: POS Plan (only available to In-House Springfield, MO associates)
- Option 4: High Deductible Health Plan (HDHP) with Health Savings Account

## High Deductible Health Plan with Health Savings Account

If you choose to enroll in the HDHP medical plan offering below, you are eligible to establish an HSA account with Bank of America. The funds contributed to an account are not subject to federal income tax at the time of deposit and withdrawals from the account to pay qualified medical expenses, including dental and vision, are federal tax exempt. Money left in the savings account may earn interest and is yours to keep. Unlike a health flexible spending arrangement (FSA), HSA funds may roll over and accumulate year to year if not spent. The HSA is owned by the participant and is fully portable. Prime will make a contribution to your account based upon your HDHP medical plan coverage tier. Prime's 2017 weekly contribution: \$11.54/week for new enrollees or \$600 annual for associate and \$19.23/week \$1,000 annual for family. For re-enrollees the contribution is \$5.77/week or \$300 annual for associate only coverage and \$9.62/week or \$500 annual for family.

### HDHP Medical Plan with Health Savings Account

COVERED BENEFITS	IN-NETWORK	OUT-OF-NETWORK
<b>Deductible</b>	\$2,600 Single	\$2,600 Single
	\$5,200* Family	\$5,200* Family
<b>Out-of-Pocket Limit</b>	\$5,000 Single	\$10,000 Single
	\$10,000 Family	\$20,000 Family
<b>Physician Home &amp; Office Services</b>	20%	40%
<b>Preventive Care Services</b>	Covered at 100%	40%
<b>Emergency Room Services</b>	20%	20%
<b>Urgent Care Center Services</b>	20%	40%
<b>Inpatient Services</b>	20%	40%
<b>Outpatient Services</b>	20%	40%
<b>Inpatient Facility Services</b>	20%	40%
<b>Outpatient Surgery Hospital/ Alternative Care Facility</b>	20%	40%
<b>Other Outpatient Services including:</b>	20%	40%
Non-surgical Outpatient Services		
Home Care Services 100 visits		
Physical Medicine Therapy Day Rehab programs		
Durable Medical Equipment	50% (excludes: prosthetics, wigs, diabetic supplies, asthma supplies & hearing aids these will apply to the plans cost shares)	50% (excludes: prosthetics, wigs, diabetic supplies, asthma supplies & hearing aids these will apply to the plans cost shares)
Hospice Care	20%	40%
Ambulance Services	20%	20%
<b>Outpatient Therapy Services (Combined Network &amp; Non-Network limits apply)</b>		
Physician Home and Office visits	20%	40%
Other Outpatient Services @ Hospital/ Alternative Care Facility	20%	40%
<b>Behavioral Health Services</b>		
Mental Illness & Substance Abuse	20%	40%
Human Organ and Tissue Transplants	20%	40%

**\*Please Note: Once the family deductible is satisfied by either one member or all members collectively, then the additional coinsurance will be required for covered services until the out of pocket maximum is reached.**

## HDHP Prescription Drug Plan

HDHP PLAN		
	In-Network	Out-of-Network
<b>Prescription Drugs</b>		
Network Retail Pharmacies: (30-day supply)	20%	50% (min \$60)
Anthem Rx Home Delivery Service: (90-day supply)	20%	Not covered
Preventative Drugs	Covered at 100% prior to deductible	

Note: Prescription drug coinsurance accumulates to your overall out-of-pocket maximum.

## 2017 Weekly Medical Rates

FIRST YEAR ASSOCIATES 2017 WEEKLY MEDICAL RATES				
Plan	Associate Only	Associate + Spouse	Associate + Child(ren)	Associate + Family
\$2,600 HSA	\$57.68	\$114.23	\$108.56	\$168.46

SECOND YEAR+ ASSOCIATES 2017 WEEKLY MEDICAL RATES				
Plan	Associate Only	Associate + Spouse	Associate + Child(ren)	Associate + Family
\$2,600 HSA	\$22.19	\$43.93	\$41.76	\$64.79





# Dependent Care FSA

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## **What is dependent care all about:**

The Dependent Care Flexible Spending Account (FSA) plan allows you to set aside pre-tax dollars to cover qualified childcare or disabled dependent care expenses you would normally pay out of your pocket with post-tax dollars. You pay no federal or state income taxes on the money you place in a Dependent Care FSA.

## **How a Dependent Care FSA works:**

- Choose a specific amount of pre-tax money to contribute each pay period to your account during the year.
- The amount is automatically deducted from your pay at the same level each pay period.
- As you incur eligible expenses, submit the appropriate paperwork to be reimbursed by the plan.

## **Important rules to keep in mind:**

- The IRS has a strict “use it or lose it” rule. If you do not use the full amount in your Dependent Care FSA, you will lose any remaining funds.
- You may still use any remaining Dependent Care FSA funds for the first two and a half months of your next plan year.
- Once you enroll in the Dependent Care FSA, you cannot change your contribution amount during the year unless you experience a qualifying life event.
- You cannot transfer funds from one Dependent Care FSA to another.

Please plan your Dependent Care FSA contributions carefully, as any funds not used by the end of the year will be forfeited. Re-enrollment is required each year.

PLAN	ANNUAL MAX. CONTRIBUTION	EXAMPLES OF COVERED EXPENSES
Dependent Care Flexible Spending Account	\$5,000 married filing jointly/\$2,500 single or married filing separately	Day care, nursery school, elder care expenses



# Dental Insurance

Anthem BlueCross BlueShield is our insurance provider for dental benefits. Our plan includes a large network of dental providers. To find an in-network provider in your area, visit [www.anthem.com](http://www.anthem.com) and choose the Complete Network, or call Anthem BlueCross BlueShield number at 1-800-490-6145. The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

**\*\*If you elect the low option; major and orthodontic services will not be covered.**

## Dental Benefits Overview

		<b>New In 2017!</b>
<b>COVERED BENEFITS</b>	<b>COMPLETE NETWORK HIGH OPTION</b>	<b>COMPLETE NETWORK LOW OPTION</b>
<b>Deductible</b>	\$75 Single/ \$225 Family	\$75 Single/ \$225 Family
<b>Calendar Year Maximum (1/1-12/31) (per person)</b>	\$1,000	\$750
<b>Includes:</b>		
<b>Type 1- Preventative Care</b>		
Routine Oral Exams	Plan pays 100% deductible waived	Plan pays 100% deductible waived
X-rays		
Cleanings		
<b>Type 2- Basic Services</b>		
Sealants (up to age 16)	Plan pays 80% after deductible	Plan pays 80% deductible waived
Extractions		
Anesthesia		
Filings		
<b>Type 3- Major Services</b>		
Crowns, inlays & onlays	Plan pays 50% after deductible	No Coverage
Crown, denture & bridge repair		
Endodontics		
Implants		
Periodontics		
<b>Orthodontics</b>	Plan pays 50% after deductible	No Coverage
<b>Orthodontic Lifetime Maximum (per person)</b>	\$1,000	No Coverage
<b>All services related to the straightening of teeth including installation, services, and supplies</b>	Applies to eligible adults and dependent children to age 26	No Coverage

### ANTHEM BCBS DENTAL 2017 WEEKLY RATES – ASSOCIATES

<b>Plan</b>	<b>Associate</b>	<b>Associate + Spouse</b>	<b>Associate + Child(ren)</b>	<b>Associate + Family</b>
High Dental Plan	\$4.45	\$8.93	\$11.87	\$16.30
Low Dental Plan	\$2.65	\$5.31	\$7.06	\$9.70

# Vision Insurance

Prime, Inc. offers a vision plan through Vision Service Plan (VSP). This comprehensive vision plan is designed to promote optimum eye health for you and your family. To find a provider please visit [www.vsp.com](http://www.vsp.com)

- UV Lenses covered at 100 percent!

*Note: The chart below is a brief outline of the plan. Please refer to the summary plan description for complete details.*

## VSP Vision Benefit Overview

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
<b>Your Coverage with a VSP Doctor</b>			
<b>WellVision Exam</b>	Focuses on your eyes and overall wellness	\$15	Every calendar year
<b>Prescription Glasses</b>		\$25	See frame and lenses
<b>Frame</b>	<ul style="list-style-type: none"> <li>- \$150 allowance for a wide selection of frames</li> <li>- \$170 allowance for featured frame brands</li> <li>- 20% off amount over you allowance</li> </ul>	Included in Prescription Glasses	Every calendar year
<b>Lenses</b>	<ul style="list-style-type: none"> <li>- Single vision, lined bifocal, and lined trifocal lenses</li> <li>- Polycarbonate lenses for dependent children</li> </ul>	Included in Prescription Glasses	Every calendar year
<b>Lens Options</b>	<ul style="list-style-type: none"> <li>- Progressive lenses - Anti-reflective coating</li> <li>- Average 20-25% off other len options</li> </ul>	\$0 \$0	Every calendar year
<b>Contacts (instead of glasses)</b>	<ul style="list-style-type: none"> <li>- \$150 allowance for contacts; copay does not apply</li> <li>- Contact lens exam (fitting an evaluation)</li> </ul>	Up to \$60	Every calendar year
<b>Extra Savings &amp; Discounts</b>	Glasses and Sunglasses - 20% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last WellVision Exam.		
	Retinal Screening - Guaranteed pricing on retinal screening as an enhancement to your WellVision Exam.		
	Laser Vision Correction - Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities		
Visit <a href="http://vsp.com">vsp.com</a> for details if you plan to see a provider other than a VSP doctor. Exam: up to \$45    Single Vision Lenses: up to \$30    Lined Trifocal Lenses: up to \$65    Contacts: up to \$105 Frame: up to \$70    Lined Bifocal Lenses: up to \$50    Progressive Lenses: up to \$50			

*VSP guarantees coverage from VSP doctors only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.*

VSP VISION 2017 WEEKLY RATES – ASSOCIATES				
Plan	Associate	Associate + Spouse	Associate + Child(ren)	Associate + Family
Weekly Rate	\$2.12	\$3.71	\$4.03	\$6.15

## Short-Term Disability Insurance (STD)

Prime, Inc. provides you the opportunity to purchase Short-Term Disability insurance through Sunlife. In the event you become unable to work due to an off-the-job injury or illness, STD will replace a portion of your salary. Associates may elect up to 60% of your weekly gross salary in \$50 increments. You must fulfill the 14-day elimination period before you may receive disability benefits, which are payable at the same frequency as your paycheck. The full benefit duration is 24 complete weeks.

**Guaranteed Issue:** Voluntary Short-Term Disability is Guarantee Issue at each annual enrollment. Evidence of Insurability is not required for new enrollees.

WEEKLY RATES PER \$10 OF BENEFIT	
ASSOCIATES' AGE	RATES
<25	0.1662
25-29	0.1638
30-34	0.1638
35-39	0.1638
40-44	0.1823
45-49	0.2123
50-54	0.2538
55-59	0.3415
60-64	0.4385
65-69	0.4592
70+	0.4592

### Conversion Benefit:

The Short-Term Disability Plan has a built-in conversion benefit which allows participants to take their coverage with them if they leave the company.

### Pre-Existing Condition Limitation:

A pre-existing condition is one for which the associate has seen a medical practitioner or taken medication in the six months prior to the coverage effective date. We will not pay benefits for any disability resulting directly or indirectly from a pre-existing condition unless the disability begins after 12 consecutive months during which the associate is continuously insured under this plan.



## Long-Term Disability Insurance (LTD)

Associates may purchase long-term income protection through Sunlife for possible events in which you become unable to work due to a non-work related illness or injury. Benefit payments begin after you have satisfied the 6 month elimination period. Associates who enroll in this coverage will be subject to a pre-existing condition limitation explained below.

If you meet the policy's definition of disability, you may elect, in 100 increments, up to 60% of your gross monthly earnings with a \$5,000 per month maximum, up to age 65. If your disability occurs at or after age 61, benefits would be paid for a reduced period of time. For covered disabilities, there are 180 days between time of injury and receipt of benefit payment.

**Guaranteed Issue:** Voluntary Long-Term Disability is Guarantee Issue at each annual enrollment. Evidence of Insurability is not required for new enrollees.

### DEFINITION OF DISABILITY:

You would be considered disabled for benefits because of sickness or injury if:

- You are unable to perform all the material and substantial duties of your regular occupation; For partial benefits: you have a 20 % or more loss in monthly earnings due to the same sickness or injury.
- Mental Illness: 12 month lifetime maximum payout. If institutionalized or confined to a hospital then benefits may be payable for a longer term.

### You would continue to receive benefits if:

- The insured must meet the 51% impairment rating definition after the 24 month own occupation definition. Please refer to the plan description for further details.

**Pre-Existing Condition Limitations:** You may not be eligible for benefits if you have received treatment for a condition within the past 6 months until you have been covered under this plan for 12 more or if you remain treatment free for a period of 12 consecutive months.

ASSURANT LONG-TERM DISABILITY 2017 WEEKLY RATES	
ASSOCIATE AGE	WEEKLY RATES PER \$100 OF BENEFIT
<19	\$0.0452
20-24	\$0.0452
25-29	\$0.0494
30-34	\$0.0618
35-39	\$0.0962
40-44	\$0.1629
45-49	\$0.255
50-54	\$0.3514
55-59	\$0.4329
60-64	\$0.3655
65-69	\$0.3655
70+	\$0.3655

## Accident Insurance

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Trustmark Accident insurance is designed to help cover the out-of-pocket expenses that result from a sudden covered accident. Since health insurance only covers certain expenses, an accident insurance benefit will provide you a lump sum cash benefit when a covered member is hurt unexpectedly.

**The plan covers a wide variety of injuries due to covered accidents such as:**

- Burns and stitches
- Emergency dental work
- Dislocations or fractures
- Concussions
- Eye injuries

**Example of covered accident-related expenses:**

- Hospitalization - up to \$2,000 in reimbursable benefit
- Physical therapy - up to \$50 (maximum of 6 visits per year)
- Surgery - up to \$2,000 in reimbursable benefit
- Emergency room services - up to \$200 in reimbursable benefit
- Follow-up office visit - up to \$100 in reimbursable benefit
- Ambulance trips - up to \$450 (100 miles requirement; up to 3 trips)
- **Wellness Visits - \$100 per person on the plan once per year (in most states)**

Benefits are paid for non-occupational accidents\* or off the job accidents and are paid regardless of any other medical benefits you may have. Coverage is available for you, your spouse, and your eligible children. There are no health questions and no physical exams required.

Your coverage is portable, which means you can take your policy with you if you leave the company. Your Benefits Educator can provide you with detailed information about the plan and costs during your enrollment session.

\*Benefits may vary by state and additional benefits may be available in some states. Most benefits are paid once per person per covered accident unless otherwise noted. A-607 is underwritten by Trustmark Insurance Company, Lake Forest, Illinois.

## Term Life and AD&D Insurance – Mutual of Omaha

All Prime Associates have a one-time opportunity to elect Term Life and AD&D coverage during your New Hire Enrollment. Company Drivers must sign up within 90 days from your Date of Hire.

**You will not be eligible to elect Term Life coverage after your New Hire Enrollment.**

- Group Life Benefit: \$15,000
- AD&D Benefit: \$15,000
- Waiver of Premium: If you are deemed totally disabled, your life insurance benefit will continue without payment of premium.
- Portability: If your employment with Prime ends, you may take your policy with you by paying the term life rate.

**Weekly cost for coverage:**

- \$0.80 for First Year Associates
- \$0.54 for Second Year Associates

# Supplemental Life Insurance and AD&D

Through Sunlife, you have the opportunity to obtain additional life insurance for you and your family members with no underwriting (up to the guarantee issue amounts).

## Employee Life and AD&D:

- Employees may purchase up to 5 times their basic annual earnings, capped at \$200,000, in increments of \$10,000.
  - **Guarantee Issue for new hires only:** \$200,000
- Elected AD&D coverage will match the life Insurance amount.
- Accelerated benefit: pays 80% of the life Insurance benefit for a life threatening medical condition (maximum \$160,000)
- Waiver of premium: if you are disabled your premium will be waived until age 65 or retirement.

## Spouse Life and AD&D

- Employees may purchase spousal coverage up to 50% of the employee's amount or \$50,000 in \$5,000 increments.
- **Guarantee Issue for new hires only:** \$50,000
- Spouse AD&D is available if both employee AD&D and Spouse life are chosen. AD&D amount will match life Insurance.

## Child Life and AD&D

- Employees may purchase \$10,000 in Child Life Insurance coverage. Child AD&D is available if both employee AD&D and Child life are chosen. **Guarantee Issue for new hires only is \$10,000.**

**Guaranteed Issue:** No medical questions are required for this amount.

\*Please note, Spouse and Child life benefits are only available to add at the initial enrollment or life event.

\*Please have the name, date of birth, address and phone number for your beneficiaries available at the time of your scheduled call.

## IMPORTANT NEWS FOR THIS OPEN ENROLLMENT

**Modified Open Enrollment** - Associates who declined coverage when first eligible can elect \$20,000 of voluntary life and ADD coverage on themselves without providing Evidence of Insurability. This is strictly for associates. EOI is required to add dependent coverage.

**Second Chance Enrollment** - This option is for associates hired since the last anniversary date that declined coverage when first eligible. At the following annual enrollment, these associates are given a second chance to elect up to the Guarantee Issue amount for themselves, spouse, and dependents.

**Annual Purchase Guarantee** – Associates currently enrolled can increase their benefit amount by \$10,000 up to the Guarantee Issue amount without providing Evidence of Insurability. This is for associates only, dependents will need to complete Evidence of Insurability to increase benefit amount.

WEEKLY LIFE AND AD&D RATES PER \$1,000 OF BENEFIT		
AGE	EMPLOYEE	SPOUSE
<20	\$0.0291	\$0.0245
20-24	0.0291	0.0245
25-29	0.0314	0.0268
30-34	0.0351	0.0305
35-39	0.0438	0.0392
40-44	0.0568	0.0522
45-49	0.0842	0.0796
50-54	0.1375	0.1329
55-59	0.2391	0.2345
60-64	0.3623	0.3577
65-69	0.5792	0.5746
70-74	0.8723	0.8677
75+	1.7562	1.7515

CHILD WEEKLY LIFE AND AD&D RATES AGES: up to 26 regardless of student status	
\$1,000	0.0489
\$5,000	0.2446
\$10,000	0.4892

# Universal Life (Permanent Life Insurance)

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Life insurance is a promise to your family to help protect their future. Trustmark Universal LifeEvents® insurance is permanent life insurance that provides a death benefit for your family if something happens to you or your spouse. It:

- Helps provide permanent financial protection
- Is a financial tool that helps you manage life at every stage – from supporting a family to sending your children to college to the need for long-term care
- Builds cash value over time that you can access for life's challenges and opportunities

Benefits can be paid as a Death Benefit, Living Benefit or a combination of both.

Your coverage is fully portable at the same rate, so you can take it with you if you change jobs or retire. This plan offers family coverage. You may protect your spouse, children up to age 23, and grandchildren up to age 18, with Universal Life insurance even if you choose not to participate.

## Guarantee Issue (No health questions asked):

### New Hires/Newly Eligible (First time being offered coverage)

- Associate: The lesser of \$16 per week or \$200,000 (age 64 max)

### Non Participants (If you did not elect coverage at your first opportunity)

- Associate: The lesser of \$8 per week or \$200,000 (age 64 max)

## The LifeEvents Advantage:

LifeEvents is designed to match your needs throughout your lifetime. It pays a higher death benefit during working years when expenses are high and your family needs maximum protection. Then, at age 70 when financial needs are typically lower, the death benefit reduces to one-third. Consistent Level of Living benefits throughout retirement are provided when you are most likely to need long-term care services.

## Living Benefits

Long-Term Care Benefit (LTC)<sup>2</sup> pays a monthly benefit equal to that of your death benefit for up to 25 months. The LTC benefit accelerates the death benefit and proportionately reduces it.

## Benefit Restoration<sup>3</sup>

Restores the death benefit<sup>1</sup> that is reduced to pay for LTC, so your family receives the full death benefit amount when they need it most.

## Optional benefits available to each individual associate for additional premium:

- Waiver of Premium: This benefit covers total disability of the primary insured and waives the premium for the base coverage and riders after the six (6) month elimination period.

1 Death benefit reduces to one-third at the latter of age 70 or the 15th policy anniversary.

2 The LTC Benefit is an acceleration of the death benefit and is not Long-Term Care Insurance. It begins to pay after 90 days of confinement or services, and to qualify you must meet conditions of eligibility for benefit. Pre-existing condition limitation may apply. Living Benefit may not be available in all states or may be named differently. Please consult your policy for complete details.

3 Not available in all states or may be named differently in some states.

IUL.205/GUL.205 is underwritten by Trustmark Insurance Company, Lake Forest, Illinois. In New York, Policy IUL.205 NY R7-09 is underwritten by Trustmark Life Insurance Company of New York, Albany, New York. Limitations and exclusions may apply. Refer to the policy, certificate and riders for complete details.



# Worksite Critical Illness Insurance with Cancer

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Trustmark Critical Illness Insurance provides cash to help with the extra expenses associated with a critical illness. Benefit dollars are payable to you, when you are diagnosed<sup>1</sup> with a covered critical illness even if you receive benefits from other insurance. You may use those benefit dollars however you see fit. You may elect an amount between \$5,000 and \$20,000. The minimum amount of coverage is \$5,000 or \$3 per week. If you choose to cover your spouse, he/she may receive 50% of the associate benefit amount; your child may receive 10% of the associate benefit.

## **Guarantee Issue (No health questions asked):**

### **New Hires/Newly Eligible (First time being offered coverage)**

- Associate: The greater of \$3 per week or \$20,000
- Spouse: \$10,000
- Child: \$2,000

### **Non Participants (If you did not elect coverage at your first opportunity)**

- Associate: The greater of \$3 per week or \$10,000
- Spouse: \$5,000
- Child: \$1,000

## **Benefits for a Covered Critical Illness\* Include**

- Invasive Cancer
- Heart attack
- Stroke
- Renal Failure
- Blindness
- Paralysis of two or more limbs
- ALS (Lou Gehrig's Disease)
- Carcinoma In Situ (25% benefit)
- Major Organ Transplant
- Coronary Artery By-Pass Surgery (25% benefit)
- **Wellness Visits - \$50 per person on the plan up to a 2x family maximum (in most states)**

*\*Covered critical illnesses may vary by state. Coverage for a subsequent condition is included, please see your Benefits Educator for details.*

<sup>1</sup>As defined by policy/group certificate.

Most states define eligibility as first diagnosis. First diagnosis means the first time a physician identifies a covered condition from its signs or symptoms. If you've been diagnosed with a covered condition prior to having coverage, you may not be eligible for a benefit for that condition. Please consult your policy/group certificate for specific covered conditions. Most skin cancer is excluded. CACI-82001 is underwritten by Trustmark Insurance Company, Lake Forest, Illinois.

# 401(K) Retirement Plan

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Prime, Inc. Success Sharing Plan allows you to save for your retirement before Federal and State income taxes.

Fidelity is our 401(k) provider. For questions, call Fidelity at 1-800-835-5097, visit [www.401k.com](http://www.401k.com) or see your Human Resources Department.

## ***New Hire Enrollment***

Associates become eligible to participate in the 401(k) plan on the first day of the calendar quarter (January 1, April 1, July 1 and October 1) after they have completed 6 full months of service. Previously eligible associates that leave and are rehired are eligible to participate immediately.

## ***How Do I Enroll?***

Prior to your entry date, you will receive an enrollment packet in the mail from Fidelity with valuable information about planning for your retirement:

- Go online to [www.401k.com](http://www.401k.com). If you do not have an account with Fidelity, you will need to register online before accessing your account.
- Call Fidelity at 1-800-835-5097 to speak with a customer service representative.

## ***Contributions and Investment Options***

You can contribute 1% to 75% of eligible pretax income pay up to the IRS limit of \$18,000. Prime, Inc. will match 100% of the first 3% of eligible compensation deferred and 50% of the next 2% of eligible compensation deferred. You may choose from a number of different investment options, including investments managed by Lawing Financial. Participants are vested at 100% immediately upon contribution; therefore, any funds Prime matches on your 401k are yours from day one. If you leave employment, your contributions are yours. Contributions may be changed on a quarterly basis and your investment allocations may be changed at any time.

## ***Can I Withdraw From My Account While Still Employed?***

The option to apply for a loan from your Plan account is available after you have a minimum vested balance of \$2,000. You may take out a loan of up to 1/2 of your vested balance, but no more than \$50,000. Your total loan balance in a 12 month time frame may not exceed \$50,000. Participants may also be eligible for an In-Service Withdrawal (after age 59 1/2), a Rollover Contribution Withdrawal or a Hardship Withdrawal. \*\*

## ***Can I rollover my 401k from another employer to Prime's Plan?***

Yes! To rollover your 401k or other qualified plan from another employer:

- Contact the financial institution that holds the funds for the plan you want to transfer.
- Have them make the rollover check to "Fidelity Investments Institutional Operations Company (or FIIOC) for the benefit of YOUR NAME". (The checks must be from a financial institution - personal checks are not acceptable)
- Once you received the check, DO NOT cash it or put it in your bank. This check must be mailed directly to Fidelity.
- List your Name, SSN and Plan Number (58662) on the check.
- Complete the Rollover Application. Request the Rollover Application for Human Resources.
- Mail the information to:  
Fidelity Investment Client Service Operations  
P.O. Box 770003  
Cincinnati, OH 45277

\*\* Please see the Summary Plan Description for specific information regarding withdrawals.

## Next Steps

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As a Prime In-house Associate you are required to go through an "active enrollment" process to either decline or enroll in Prime's Benefit Offerings. This active enrollment will ensure that all associates are aware of the benefits offered by Prime - including insurance offerings that come with guarantee issue clause for new associates only. During this process, we also ask that you confirm that you understand the following statement: "Due to the Affordable Care Act it is important to know that Prime offers you a qualified, affordable plan that satisfies both the individual mandate and employer mandate.

**YOU MUST HAVE MEDICAL COVERAGE OR PAY A PENALTY UNDER THE NEW HEALTH CARE REFORM ACT. OUR PLANS SATISFY THIS INDIVIDUAL MANDATE.**

## Important Contact Information

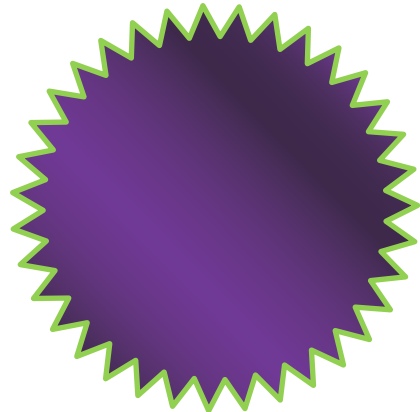
BENEFIT	CARRIER	PHONE NUMBER	WEBSITE
Medical Insurance	Anthem Blue Cross Blue Shield	1-800-490-6145	www.anthem.com
Health Savings Account	Bank of America	1-866-791-0250	www.bankofamerica.com/benefitslogic
Dental Insurance	Anthem Blue Cross Blue Shield	1-800-490-6145	www.anthem.com
Vision Insurance	VSP	1-800-877-7195	www.vsp.com
Dependent Care FSA	PRIME	1-417-866-0001	Contact HR
Short Term Disability Insurance Long Term Disability Insurance Supplemental Life and ADD	Sunlife	1-866-387-0484	www.assuranthealth.com
Universal Life Insurance, Critical Illness Insurance, and Accident Insurance	Trustmark	1-800-918-8877	www.trustmarksolutions.com
401(k) Retirement Plan	Fidelity	1-800-835-5097	www.401k.com
Regions Insurance Group	Enrollment Support	1-877-859-6107	www.regionsinsurance.com

*The information in this guide should in no way be construed as a promise or guarantee of employment or benefit coverage. Pricing, underwriting, plan specifics and all other product features are solely that of the Insurance Company and not Enrollment Advisors, Inc. If there is a conflict between the information in this guide and the actual plan document or policies, the documents or policies will always govern. Complete details about the benefits can be obtained by reviewing current plan descriptions, contracts, certificates, policies and plan documents available from the Human Resources Department*



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