

2016 NEW HIRE ENROLLMENT GUIDE

COMPANY DRIVER 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.

Listed below are the Prime, Inc. benefits available during your new hire enrollment:

- Driver Health and Fitness (PRIME) page 2
- EAP Employer Assistance Program Page 3
- Medical Insurance (Anthem Blue Cross Blue Shield) page 4,5
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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. 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 a Prime Company Driver 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 in which you can enroll by:

Option 1: MyPrime Self-Service Benefits Portal

Log on and view or change your coverage using the MyPrime button in the Prime Mobile app or by going to www.MyPrimeinc.com and logging in using your email address and password. (This is the email and password used to set up Settlements by Email and Prime Mobile) If you do not know your password or do not have an account use the Forgot Password button or Sign up options.

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. - 5 p.m. CST. If you prefer to make an appointment with the representative on a time that works best for you, please go to www.primeincbenefits.com.

When is My Coverage Effective?

Your Core Benefits (medical, dental, vision, and basic life) will be effective on your 90th at Prime. All other benefits (supplemental life, permanent life, accident, critical illness, and dependent care) are effective the 1st of the month following 90 days of employment. The Benefit Educator will inform you of your specific effective date at time of enrollment.

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.

Paid Sick Leave Policy

Prime, Inc. Company Employee Drivers accrue paid sick leave as follows:

- Sick Leave will accrue at a rate of 1 hour per every 30 log hours worked, up to a maximum of 48 hours (6 days).
- Sick Leave usage may be limited to 24 hours (3 days) in any one calendar year.
- Sick Leave accrual, usage, and balance will be reflected on your weekly pay stub.
- Sick Leave pay will be based on your average wage per hour during the previous 90 days.
- Company Employee Driver Associates are eligible to use paid sick leave after 90 days of employment.

****This policy pertains to all employee drivers.**

Driver Health and Fitness Program

Living a happy and health life is top priority at Prime, Inc. This is why we feel so strongly about our Wellness Initiatives. Understanding that you are on the road we want to make sure you have the tools necessary to maintain a healthy, work/life balance and not sacrifice your wellness in the long run. Take advantage today of the Driver Health and Fitness program so you can get started down the path of feeling great.

Who is Eligible?

All Company Driver Associates.

How Do I Sign Up?

Attend a one day orientation class in Springfield, MO. The cost (\$399) is reimbursed upon compliant completion.

How do I stay in the program?

This is a 13 week program with all the tools you need to succeed. Personal one-on-one coaching will help you complete the assigned workouts each week. Close to 100 drivers have completed this program losing an average of 16.7 lbs after the 13 week process.

Join Your Fleet Manager's TransFormation Team

Join the your fleet manager's team and reap the benefits of this less intense fitness program. This program is designed to reach the entire fleet at once. Using an app, drivers are encouraged to keep a 7 day food log that will be reviewed by a Prime fitness coach. A fitness app designed for truck drivers is also provided.



Thirteen week program with all of the tools you need to succeed. The cost (\$399) is reimbursed upon compliant completion. Attend a one day orientation class in Springfield, MO. Personal one on one coaching will help you complete assigned workouts each week. Close to 100 drivers have completed this program losing an average of 16.7 lbs. after the thirteen weeks.

Join your fleet manager's TransFormation team and reap the benefits of this less intense fitness program. This program is designed to reach the entire fleet at once. Using an app, drivers are encouraged to keep a seven day food log that will be reviewed by a Prime fitness coach. A fitness app designed for truck drivers is also provided.



TAKE YOUR TRAINING ONE MILE AT A TIME

Get expert advice to help you cross the finish line while operating a successful business.

START YOUR JOURNEY >>

visit www.driverhealthandfitness.com to learn more





Call ComPsych® GuidanceResources® anytime for confidential assistance.

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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 GuidanceConsultantsSM—highly trained master’s 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.

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CALL ANYTIME
Call: **844.393.4975**
TDD: 800.697.0353
Online: **guidanceresources.com**
Your company Web ID: **PRIME**

Medical Insurance Overview

Prime offers two medical plans through Anthem Blue Cross Blue Shield. The medical plans offered for 2016 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 office visit.

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

Prescription Drug Plan

	LOW PPO PLAN		HIGH PPO PLAN	
	In-Network	Out-of Network	In-Network	Out-of Network
Network Tier structure equals 1/2/3 (and 4, if applicable)	\$100 deductible	\$100 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)
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
Member may be responsible for additional cost when not selecting the available generic drug.	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

2016 Weekly Medical Rates

FIRST YEAR COMPANY DRIVER 2016 WEEKLY MEDICAL RATES				
Plan	Associate Only	Associate + Spouse	Associate + Child(ren)	Associate + Family
High PPO	\$108.47	\$211.14	\$200.86	\$309.63
Low PPO	\$62.50	\$124.21	\$118.03	\$183.42

SECOND YEAR COMPANY DRIVER 2016 WEEKLY MEDICAL RATES				
Plan	Associate Only	Associate + Spouse	Associate + Child(ren)	Associate + Family
High PPO	\$72.31	\$140.76	\$133.91	\$206.42
Low PPO	\$24.04	\$47.77	\$45.40	\$70.54

Your Two 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

Dependent Care FSA

The Dependent Care Flexible Spending Account (FSA) plan allows you to set aside pre-tax dollars to cover qualified 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 money to contribute each pay period pre-tax, 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

Met Life 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.metlife.com and choose the Premier Choice Network, or call Met Life Customer Service number at **1-800-438-6388**. The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

Note: If you do not sign up when first eligible, you will be considered a late entrant and benefits will be limited for 12 months.

Dental Benefits Overview

COVERED BENEFITS	PDP PLUS NETWORK
Deductible	\$75 Single/ \$225 Family
Calendar Year Maximum (1/1-12/31) (per person)	\$1,000
Includes:	
Type 1	
Routine Oral Exams	Plan pays 100%, deductible waived
X-rays	
Cleanings	
Type 2	
Sealants (up to age 16)	Plan pays 80% after deductible
Extractions	
Anesthesia	
Type 3	
Crowns, inlays & onlays	Plan pays 50% after deductible
Crown, denture & bridge repair	
Endodontics	
Implants	
Periodontics	
Orthodontics	Plan pays 50% after deductible
Orthodontic Lifetime Maximum (per person)	\$1,000
All services related to the straightening of teeth including installation, services, and supplies	Applies to eligible adults and dependent children to age 26

METLIFE DENTAL 2016 WEEKLY RATES – ASSOCIATES				
Plan	Associate	Associate + Spouse	Associate + Child(ren)	Associate + Family
Weekly Rate	\$4.02	\$8.07	\$10.72	\$14.72

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.

- **New in 2016: 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
Your Coverage with a VSP Doctor			
WellVision Exam	Focuses on your eyes and overall wellness	\$15	Every calendar year
Prescription Glasses		\$25	See frame and lenses
Frame	<ul style="list-style-type: none"> - \$150 allowance for a wide selection of frames - \$170 allowance for featured frame brands - 20% off amount over you allowance 	Included in Prescription Glasses	Every calendar year
Lenses	<ul style="list-style-type: none"> - Single vision, lined bifocal, and lined trifocal lenses - Polycarbonate lenses for dependent children 	Included in Prescription Glasses	Every calendar year
Lens Options	<ul style="list-style-type: none"> - Progressive lenses - Anti-reflective coating - Average 20-25% off other len options 	\$0 \$0	Every calendar year
Contacts (instead of glasses)	<ul style="list-style-type: none"> - \$150 allowance for contacts; copay does not apply - Contact lens exam (fitting an evaluation) 	Up to \$60	Every calendar year
Extra Savings & Discounts	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		
Your Coverage with Other Providers			
Visit vsp.com 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 2016 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 Assurant Employee Benefits. In the event you become unable to work due to an illness or injury, STD will replace a portion of your salary. Associates may elect up to 60% of your weekly base 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 raved the 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 Assurant Employee Benefits in the event you become unable to work due to a non-work related illness or injury. Benefit payments begin after you have satisfied the 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 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 unless 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 months or if you remain treatment free for a period of 12 consecutive months.

ASSURANT LONG-TERM DISABILITY 2016 MONTHLY RATES	
ASSOCIATE AGE	WEEKLY RATES PER \$100 OF BENEFIT
<25	\$0.0422
25-29	\$0.0462
30-34	\$0.0577
35-39	\$0.0900
40-44	\$0.1523
45-49	\$0.2384
50-54	\$0.3284
55-59	\$0.4045
60-64	\$0.3415
65-69	\$0.3415
70-99	\$0.3415
100+	\$0.000

Accident Insurance

Trustmark's 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

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 \$50 (100 miles requirement; up to 3 trips)
- **Wellness Visits - \$100 per person on the plan (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 are 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.

Basic Term Life and ADD 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
 - o Waiver of Premium: If you are deemed totally disabled, your life insurance benefit will continue without payment of premium
 - o 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 Assurant Employee Benefits, 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 ADD 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 employees amount or \$50,000 in \$5,000 increments.
 - **Guarantee Issue for new hires only:** \$50,000
- Spouse ADD is available if both employee ADD and Spouse life are chosen. ADD amount will match life Insurance.

Child Life and AD&D

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

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

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 EOI. This is strictly for associates. Evidence of Insurability 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)

S&A... [a...]... [a...]...

- P... [a...]...
• Q... [a...]...
• O... [a...]...

... [a...]... [a...]... [a...]...

Guarantee Issue (No health questions asked): New Hires/Newly Eligible (First time being offered coverage)

- [a...]...

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

- [a...]...

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 when you are most likely to need long-term care services.

Living Benefits

Long-Term Care Benefit (LTC)² 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 Restoration³

Restores the death benefit¹ 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 benefits. Pre-existing condition limitation may apply. Living Benefits 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

Trustmark's Critical Illness Insurance provides cash to help with the extra expenses associated with a critical illness. When you are diagnosed¹ with a covered critical illness, your cash benefit can be used however you wish - even if you receive benefits from other insurance. 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 en 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.*

¹As 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

Prime, Inc. Success Sharing Plan allows you to save for your retirement before Federal and State income taxes. You must be at least 18 to participate.

Fidelity is our 401(k) provider. For questions call Fidelity at 1-800-835-5097, visit 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 12 full months of service and have worked a **minimum of 1,000** hours. Previously eligible associates that leave and are rehired are eligible to participate immediately, no waiting period.

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 at 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% in eligible compensation deferred and 50% of the next 2% in 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, Plan Number (58662) on the check.
- Complete the Rollover Application. Attach the Rollover Application for Human Resources.
- Mail the information to:
Fidelity Investment Client Service Operations
P.O. Box 770003
Cincinnati, OH 5277-00

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

Legal Notices

Women's Health and Cancer Rights Act – Associates insured for medical coverage under their medical group plan who have had a mastectomy at any time may decide to have breast reconstruction, based on consultation between the attending physician and the patient. The following benefits will be subject to the same coinsurance and deductibles which apply to other plan benefits:

- Reconstruction of the breasts on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and physical complications in all stages of mastectomy, including lymph edemas.

For additional information and benefits, contact Anthem Blue Cross or consult your medical Summary Plan Description (SPD)

Newborns' & Mothers' Health Protection Act – Group health plans and health insurance issuers offering group health insurance coverage generally may not, under Federal Law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 8 hours following vaginal delivery, or less than 6 hours following a cesarean section, or required that a provider obtain authorization from the plan or insurance issuer for prescribing a length of stay not in excess of the above periods. The law generally does not prohibit an attending provider of the mother or newborn, in consultation with the mother, from discharging the mother or newborn earlier than 8 or 6 hours, as applicable. Please review the plan for further details on the specific coverage available to you and your dependents.

HIPPA Notice of Privacy Practice – The associate benefit plan provides health benefits to eligible associates and their eligible dependents as described in the Summary Plan Descriptions of the plan. The plan creates, receives, uses, maintains and discloses health information about participating associates and dependents in the course of providing these health benefits.

The plan is required by law to provide notice to you of the plan's duties and privacy practices with respect to your Personal Health Information (PHI), and is doing so through this notice. It is not feasible in this notice to describe in detail all the specific uses and disclosures the plan may make of PHI. If you have coverage under the plan as a dependent of an associate or COBRA qualified beneficiary, you can get a copy of the notice by requesting one from your local Human Resources contact.

For additional information, refer to the HIPPA Notice of Privacy Practice located in the SPDs.

Special Enrollment Notice – If you are declining for yourself or your dependents (including your spouse) because of existing health, dental, and/or vision insurance you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility from their existing coverage (or if the employer stops contributing towards you or your dependents coverage). However, you must request enrollment within 30 days after you or your dependents' existing coverage ends (or after the employer stops contributing toward the coverage). In addition, if you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependent. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Effective April 1, 2009 special enrollment rights also exist in the following circumstances:

- If you or your dependents experience loss of eligibility for Medicaid or your State Children's Health Insurance Program (SCHIP)
- If you or your dependents become eligible for premium assistance under an optional state Medicaid or SCHIP program that would pay the associate's portion of the health insurance program.

Note: In the two above listed circumstances only you or your dependents will have 60 days to request special enrollment into our group health plan coverage.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, 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, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. 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).

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of July 31, 2014. You should contact your State for further information on eligibility

To see if any more states have added a premium assistance program since July 31, 2013, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Associate Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 10/31/2016)

ALABAMA – Medicaid
Website: http://www.medicaid.alabama.gov Phone: 1-855-692-5447
COLORADO – Medicaid
Medicaid Website: http://www.colorado.gov/ Medicaid Phone (In state): 1-800-866-3513 Medicaid Phone (Out of state): 1-800-221-3943
ALASKA – Medicaid
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529
FLORIDA – Medicaid
Website: https://www.flmedicaidprecovery.com/ Phone: 1-877-357-3268
ARIZONA – CHIP
Website: http://www.azahcccs.gov/applicants Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437

GEORGIA – Medicaid
Website: http://dch.georgia.gov/ Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 1-800-869-1150
IDAHO – Medicaid and CHIP
Medicaid Website: www.accesstohealthinsurance.idaho.gov Medicaid Phone: 1-800-926-2588 CHIP Website: www.medicaid.idaho.gov CHIP Phone: 1-800-926-2588
MONTANA – Medicaid
Website: medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml Phone: 1-800-694-3084
INDIANA – Medicaid
Website: http://www.in.gov/fssa Phone: 1-800-889-9949

NEBRASKA – Medicaid
Website: http://www.ACCESSNebraska.ne.gov Phone: 1-800-383-4278
IOWA – Medicaid
Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562
NEVADA – Medicaid
Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900
KANSAS – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-800-792-4884
KENTUCKY – Medicaid
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570
NEW HAMPSHIRE – Medicaid
Website: www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
LOUISIANA – Medicaid
Website: http://www.lahipp.dhh.louisiana.gov Phone: 1-888-695-2447
NEW JERSEY – Medicaid and CHIP
Medicaid Website: state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 1-800-365-1561 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MAINE – Medicaid
Website: www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-977-6740 TTY: 1-800-977-6741
MASSACHUSETTS – Medicaid and CHIP
Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120
NEW YORK – Medicaid
Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831

MINNESOTA – Medicaid
Website: http://www.dhs.state.mn.us/ Click on Health Care, then Medical Assistance Phone (Outside of Twin City area): 800-657-3739
NORTH CAROLINA – Medicaid
Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100
MISSOURI – Medicaid
Website: www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
NORTH DAKOTA – Medicaid
Website: www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604
UTAH – Medicaid and CHIP
Website: http://health.utah.gov/upp Phone: 1-866-435-7414
OKLAHOMA – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
VERMONT – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-925-1706
OREGON - Medicaid & CHIP
Website: http://www.oregonhealthykids.gov http://www.hijosaludablesoregon.gov Phone: 1-877-314-5678
VIRGINIA – Medicaid and CHIP
Medicaid Website: http://www.dmas.virginia.gov/rcp-HIPP.htm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.famis.org/ CHIP Phone: 1-866-873-2647
PENNSYLVANIA – Medicaid
Website: http://www.dpw.state.pa.us/hipp Phone: 1-800-692-7462
RHODE ISLAND – Medicaid
Website: www.ohhs.ri.gov Phone: 401-462-5300

Exchange Notice

The Health Insurance Marketplace provides you options when selecting healthcare that meets your needs. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers a one-stop shopping to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins November 15th and ends January 31st, 2016. For coverage starting as early as January 1, 2016 you must enroll by December 15th, 2015. After January 31st 2016, you can get coverage through the Marketplace, but only if you qualify for a special enrollment period or are applying for Medicaid or the Children's Health Insurance Program (CHIP).

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5 percent of your household income for the year, or if the coverage your employer provides does not meet the minimum value standard set by the Affordable Care Act, you may be eligible for a tax credit.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your associate contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Human Resources.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs

Next Steps

As a Prime Company Driver 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.

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
Dental Insurance	MetLife Dental	1-800-GET-MET8	www.metlife.com/dental
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	Assurant	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	1-877-857-6107	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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