



In-House Benefits Guide 2025

Benefits Service Center
(877) 859-6107
www.myprimeinc.com

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Introduction

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Prime, Inc., will be utilizing Professional Enrollment Concepts' (PEC) services for our benefit communication and enrollment this year. PEC's Benefit Counselors will provide you with a detailed explanation of your entire benefit program. They will review your benefits with you on an individual, confidential basis. They will also be able to discuss any personal situations you may have that could potentially impact your benefit decision.

Each year, we strive to offer comprehensive and competitive benefit plans to our associates. In the following pages, you will find a summary of our **2025 benefits plan (January 1, 2025 to December 31, 2025)**.

Please read this guidebook carefully as you prepare to make your elections for the upcoming 2025 Plan Year.

About this Benefits Guidebook

This Benefits Guidebook describes the highlights of Prime's benefits program in non-technical language. Your specific rights to benefits under the plan are governed solely, and in every respect, by the official plan documents and not the information in this guidebook. If there is any discrepancy between the description of the program elements as contained in this benefits guidebook and the official plan documents, the language in the official plan documents shall prevail as accurate. Please refer to the plan-specific documents published by each of the respective carriers for detailed plan information. Any and all elements of Prime's benefits program may be modified in the future, at any time, to meet Internal Revenue Service rules or otherwise as decided by Prime.



To enroll in your benefits or for questions, contact one of our Benefits Counselors at the Benefits Service Center to learn more about your benefits and complete your enrollment process.

Before you speak with a Benefit Counselor, please have the following information ready: dependents' names, birth dates, social security numbers, addresses, and phone numbers.

**Benefits Service Center
(877) 859-6107**

Monday - Friday: 8am – 7pm CST
Saturday: 9am – 3pm CST

For full details about your plans, please refer to the Summary Plan Descriptions located at www.primeincbenefits.com.

Eligibility



WHO IS ELIGIBLE?

All W-2 associates scheduled to work at least 30 hours per week are eligible to participate in Prime's benefits program. Eligible associates may also enroll their legal spouse and dependent children (married or unmarried). A dependent child must be under 26 years old and may be the natural child, stepchild, legally adopted child, child placed for adoption, or other child for whom the associate has permanent legal custody. The effective date of your core benefits (Health, Dental, Vision, & Basic Life) will be the first Saturday following your 30 day anniversary. Voluntary Benefits will be effective the first of the month following your 30 day anniversary.

Once your enrollment is completed, you may not make any changes to your elections unless you have a Qualifying Life Event or your hours worked per week drop below the minimum.

QUALIFYING LIFE EVENTS

If you experience a Qualifying Life Event (QLE), such as getting married or having a baby, please contact Human Resources Department (HR); proof of the QLE must be submitted to your HR department within 30 days to change current benefit election.

Examples of QLEs include:

- A change in the number of dependents (birth, adoption, death, guardianship);
- A change in marital status (marriage, divorce, death, legal separation);
- A dependent's loss of eligibility (attainment of limiting age or change in student status);
- A change in associate's, spouse's, or dependents' work hours;
- A termination or commencement of employment of associate's spouse or eligible dependent with coverage;
- An entitlement to Medicare or Medicaid;
- Other events as the administrator determines to be permitted or any other applicable guidelines issued by the Internal Revenue Service.



Enrollment Instructions



For full details about your plans, please refer to the Summary Plan Descriptions located at www.primeincbenefits.com.

HOW DO I ENROLL?

You can make changes to your benefits two ways. We ask that you to 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 the employer mandate.”

There are Two Options to Enroll

Option 1: MyPrime Self-Service Benefits Portal. Log on and view or change your coverage by using the MyPRIME link in the Prime Mobile app or by going to www.myprimeinc.com and logging in using your sign-on code and password, or click on MyPrime under the Associates Portal. If you do not know your password, contact the Help Desk at 417-521-3148.

Option 2: Speak with a Benefits Educator through the Enrollment Call Center. You can call 877-859-6107 to speak with a representative from 8 a.m. to 7 p.m. CST Monday-Friday and 9 a.m. to 3 p.m. CST Saturday.

Wellness Plan

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The **WELLNESS** Plan

Save up to **\$800** per year!

NON-TOBACCO USING

ASSOCIATE **\$200** /per quarter

SPOUSES **\$81** /per quarter



TOBACCO USING

ASSOCIATE **\$89** /per quarter

SPOUSES **\$44.50** /per quarter

- +** **ALL** non-driving associates and spouses that have taken part in the health insurance offered by Prime Inc. are eligible.
- +** **SIGN UP** by visiting Command Health weekdays 8 am - 5 pm or call 417-521-3925.
- +** **STAY** in the program and reap the rewards. After your first doctor's appointment you will leave with a road map to wellness.

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at 417-866-0001 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

Anthem EAP

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When you need help meeting life's challenges, the Anthem Employee Assistance Program (EAP) is here for you and your household members. Check out some of the services we offer — at no cost to you.

Counseling

- Up to three visits per issue
- Face-to-face counseling or online visits via LiveHealth Online
- Can call EAP or use the online Member Center to initiate services

Legal Consultation

- 30-minute phone or in-person meeting
- Discounted fees to retain a lawyer
- Online resources, including free legal forms, seminars and a library of articles

Financial Consultation

- Phone meeting with financial professionals
- Consultation available during regular business hours — no time limits or appointments needed
- Online resources, including articles, calculators and budgeting tools

ID Recovery

- Identity theft risk level checked by specialists
- Help with reporting to consumer credit agencies
- Assistance filling out paperwork and negotiating with creditors

myStrength

- Online “health club for your mind”
- E-learning modules and mood trackers
- Library of videos, articles and inspirational quotes
- Supports development of personal action plans



Dependent Care and Daily Living Resources

- Information available on child care, adoption, summer camps, college placement, elder care and assisted living through the EAP website
- For help with everyday needs, like pet sitting, relocation resources and more

Other anthemEAP.com Resources

- Well-being articles, podcasts and monthly webinars
- Self-assessment tools for depression, anxiety, relationships, alcohol use, eating habits and more

Crisis Consultation

- Toll-free number for emergencies
- Round-the-clock help available
- Critical event support online to help with planning, coping and recovery resources when tragedy strikes

Available 24/7, 365 days a year. Everything you share is confidential.

Need help? Give EAP a try.

Call: 800-865-1044 | Go online: www.anthemEAP.com

Your company web ID: **PRIME**

Medical



Nobody plans on getting sick or hurt, but most people will need medical care at some point in their lives.

Prime offers several choices for health insurance. The plans have different levels of copays, deductibles, and out-of-pocket maximums. To make an informed decision, please continue reading for brief descriptions of your coverage options.

Prime offers four Medical plans through Anthem Blue Cross Blue Shield. The Medical plans offered for 2025 provide you with the opportunity to select a plan that best meets your needs. Coverage is available for associates only, associates plus spouses, associates plus children, or associates plus family coverage. The outline of the following plans will provide you with a highlight of the respective plan benefits.

Note: Any services not covered by your copays will be subject to your deductible and coinsurance with the exception of preventive care. 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.
- **Coinsurance:** 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%.
- **Copayments:** A flat dollar payment made for an office visit.

Weekly Medical Rates

	Low PPO Option		High PPO Option		HDHP Option (HSA Eligible)		POS Option (Springfield, MO, Associates Only)	
	First-Year Associates	Second-Year Associates	First-Year Associates	Second-Year Associates	First-Year Associates	Second-Year Associates	First-Year Associates	Second-Year Associates
Associate Only	\$81.38	\$31.79	\$140.66	\$94.03	\$71.87	\$27.64	\$121.84	\$81.23
Associate + Spouse	\$160.95	\$62.39	\$273.06	\$182.30	\$142.32	\$54.74	\$236.62	\$157.75
Associate + Child(ren)	\$153.00	\$59.32	\$259.81	\$173.46	\$135.26	\$52.02	\$225.13	\$150.09
Associate + Family	\$237.31	\$91.76	\$400.07	\$266.98	\$209.90	\$80.73	\$346.71	\$231.14

MEDICAL - PLAN COMPARISON

	Low PPO Option		High PPO Option		HDHP Option		POS Option	
	Eligible to All		Eligible to All		HSA - Eligible		Springfield, MO, Associates Only	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible (Calendar Year)	\$900 per member \$2,700 per family	\$1,800 per member \$5,400 per family	\$750 per member \$2,250 per family	\$1,500 per member \$4,500 per family	\$3,300 per member \$5,200 per family	\$3,300 per member \$5,200 per family	\$0 per member \$0 per family	\$1,000 per member \$3,000 per family
Out-of-Pocket Maximum (Includes Deductible)	\$6,350 per member \$12,700 per family	\$11,800 per member \$25,400 per family	\$3,250 per member \$7,250 per family	\$7,000 per member \$14,000 per family	\$5,000 per member \$10,000 per family	\$10,000 per member \$20,000 per family	\$1,500 per member \$4,000 per family	\$5,500 per member \$16,000 per family
Live Health Online Telehealth Visit	\$20 copay	Not covered	\$20 copay	Not covered	\$59 copay	Not covered	\$20 copay	Not covered
Primary Care Physician (PCP)*	\$50 copay	50%	\$30 copay	50%	20%	40%	\$20 copay	40%
Specialty Care Physician (SCP)*	\$50 copay	50%	\$40 copay	50%	20%	40%	\$20 copay	40%
Preventive Care	Covered at 100%	50%	Covered at 100%	50%	Covered at 100%	40%	Covered at 100%	40%
Emergency Room Services	30%	30%	20%	20%	20%	20%	\$200 copay; waived if admitted	\$200 copay; waived if admitted
Ambulance Services	30%	50%	20%	50%	20%	40%	20%	20%
Urgent Care	\$75 copay	50%	\$75 copay	50%	20%	40%	\$50 copay	40%
Inpatient/Outpatient Services	30%	50%	20%	50%	20%	40%	20%	40%
Prescription Deductible	\$100	\$100	No deductible	No deductible			No deductible	No deductible
Retail Rx (30-day and 90-day supply)	Generic (ded. waived if an Rx is generic): 20%	50% (\$45 min)	Generic: 10%	50% (\$45 min)	Generic: 20%	50% (\$60 min)	Generic: 10%	50% (\$45 min)
	Preferred Brand: 30%		Preferred Brand: 20%		Preferred Brand: 20%		Preferred Brand: 20%	
	Non-Preferred Brand: 40%		Non-Preferred Brand: 30%		Non-Preferred Brand: 20%		Non-Preferred Brand: 30%	
	Specialty: 20% with \$100 max		Specialty: 20% with \$100 max		Specialty: 20%		Specialty: 20% with \$100 max	
Mail-Order Rx (90-day supply)	Generic: \$40 copay	Not covered	Generic: \$20 copay	Not covered	Generic: 20%	Not covered	Generic: \$20 copay	Not covered
	Preferred Brand: \$80 copay		Preferred Brand: \$40 copay		Preferred Brand: 20%		Preferred Brand: \$40 copay	
	Non-Preferred Brand: \$120 copay		Non-Preferred Brand: \$80 copay		Non-Preferred Brand: 20%		Non-Preferred Brand: \$80 copay	
	Specialty: 20% with \$100 max		Specialty: 20% with \$100 max		Specialty: 20%		Specialty: 20% with \$100 max	

* Includes virtual visits.

MEDICAL - LIVE HEALTH ONLINE

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Keep in mind that in order to receive these copay rates, you must input your Anthem information to the LiveHealth Online Portal.

As a member of Prime Inc's Health plan, you and your family can receive 24/7/365 access to US board-certified physicians who can consult, diagnose, and prescribe medication, if deemed appropriate, via interactive video. Regardless of time and locations, you can connect with a network physician for common and acute illnesses. The physician will be able to review your visit record and discuss symptoms and treatment options.

LiveHealth Online is one of the lowest cost options for members!
LHO is only \$20 on the PPO plan and POS plan and \$59 on the HDHP.

Benefits of LiveHealth Online

- 24/7/365 access to a physician through your Anthem Sydney mobile app.
- You can speak to a doctor at work, while traveling or from the comfort of your home.
- You can save money by avoiding expensive ER and urgent care visits.
- Access to behavioral health services. If you are enrolled in the PPO plan you can use LiveHealth Online for \$20!
- If you are enrolled in the HDHP you can use LiveHealth Online for only \$59, which is usually significantly less than your out-of-pocket costs for the ER or physician's visit.

When to use LiveHealth Online

- For nonemergency medical issues (especially as an alternative to the high cost of an emergency room or urgent care center visit).
- When your doctor or pediatrician is not available on your schedule.
- When you are traveling and need medical care.
- When it's not convenient to leave your home or work.
- Anytime, anywhere, including nights, weekends and even holidays.

Common conditions treated

- Cold/flu.
- Cough, congestion, sinus infection.
- Urinary tract infection.
- Allergies.
- Nausea.
- Constipation.
- Pinkeye.
- Rashes.

HSA

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A Health Savings Account (HSA) will be available for all associates enrolled in the HDHP. An HSA is a personal healthcare bank account that you can use to pay out-of-pocket medical expenses with pre-tax dollars. You own and administer your healthcare savings account. You determine how much you will contribute to your account, when to use your money to pay for qualified medical expenses, and when to reimburse yourself. HSAs allow you to save and roll over money if you do not spend it in the calendar year. This is a bank account; you must have money in the account before you can spend it. The money in this account is always yours. If you change health plans or jobs, the money in the account is yours to keep.

Note: Bank of America will charge a \$2.25 monthly fee for the HSA account.

You are eligible to open and fund an HSA if:

- You are covered by an HSA-eligible High Deductible Health Plan, such as the HDHP for 2025.
- You are not covered by your spouse's health plan (unless it is a qualified HDHP), Flexible Spending Account (FSA), or Health Reimbursement Account (HRA).
- You are not enrolled in a Healthcare FSA.
- You are not eligible to be claimed as a dependent on someone else's tax return.
- You are not enrolled in Medicare, TRICARE, or TRICARE For Life.

You can use HSA money to pay for qualified medical expenses now or in the future. Your HSA can be used for your expenses and those of your spouse and dependents, even if they are not covered by the HDHP. Qualified medical expenses are defined by the IRS. These expenses include doctor's office visits, deductibles, coinsurance, and prescription drugs. IRS Publication 502 provides a complete list of eligible expenses and can be found at www.irs.gov.

Prime has partnered with Bank of America to administer the HSAs opened by associates participating in the HDHP. You can elect to participate in the HSA and have deductions taken on a pre-tax basis and deposited into your account. You may also start an HSA at a financial institution of your choice. In that case, you would deposit funds on an after-tax basis and deduct the amount of your contributions when you file your income taxes.

Catch-Up Contribution

Individuals age 55 or older may make an additional \$1,000 annual contribution to their HSAs.

There Are Three Ways to Maximize Your Tax Savings

1. Contributions to an HSA are tax-free. (They can be made through payroll deduction on a pre-tax basis when you open an account with Bank of America.)
2. The money in this account (including interest and investment earnings) grows tax-free.
3. As long as the funds are used to pay for qualified medical expenses, they are spent tax-free.

HSA Funding and Limits*

The 2025 IRS maximum contributions for these accounts are:

- \$4,300 self-only and \$8,550 family.

** Employees are responsible for tracking annual limits. Funding limits include both employer and employee contributions.*

Prime's Contribution

Prime will make a contribution to your account based upon your HDHP Medical coverage tier.

Prime's 2025 weekly contribution:

- 1st yr single \$800 = \$15.38/wk
- 2nd yr single \$400 = \$7.69/wk
- 3rd yr single \$300 = \$5.76/wk
- 1st yr family \$1100 = \$21.15/wk
- 2nd yr family \$600 = \$11.53/wk
- 3rd yr family \$500 = \$9.61/wk

WHAT DEPENDENT CARE IS ALL ABOUT?

The Dependent Care Flexible Spending Account (FSA) allows you to set aside pre-tax dollars to cover qualified child care 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 by the end of the calendar year, you will forfeit any remaining funds, so please plan your contributions carefully.
 - 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.
- Re-enrollment is required each year.

	Annual Maximum 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

Dental benefits provided by Anthem Blue Cross Blue Shield include a large network of dental providers. To find an in-network provider in your area, visit www.anthem.com and choose the Dental Complete network, or call Anthem Blue Cross Blue Shield at 855-769-1465. 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.

	Low Option	High Option
	<i>In-Network</i>	<i>In-Network</i>
Deductible (Calendar Year)	\$75 per member \$225 per family	\$75 per member \$225 per family
Calendar Year Maximum (1/1-12/31 per person)	\$750	\$1,000
Type 1 — Preventive Care Routine Oral Exams X-Rays Cleaning	Plan pays 100%; deductible waived	Plan pays 100%; deductible waived
Type 2 — Basic Services Sealants (up to age 16) Extractions Anesthesia Fillings	Plan pays 80% after deductible	Plan pays 80% after deductible
Type 3 — Major Services Crowns, Inlays and Onlays Crown, Denture and Bridge Repair Endodontics Implants Periodontics	Not covered	Plan pays 50% after deductible
Orthodontics (Applies to Eligible Adults And Dependent Children to Age 26) Lifetime Maximum (per person)	Not covered N/A	Plan pays 50% after deductible \$1,000

Weekly Dental Rates

	Low Option	High Option
Associate Only	\$2.97	\$4.99
Associate + Spouse	\$5.96	\$10.02
Associate + Child(ren)	\$7.92	\$13.31
Associate + Family	\$10.88	\$18.28

Vision


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Prime 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.

UV Lenses Covered at 100%!

Note: The chart below is a brief outline of the plan. Please refer to the Summary Plan Description for complete details.

	Vision Option		
	Description (Your Coverage With a VSP Doctor)	Copay	Frequency
WellVision Exam	Focuses on your eyes and overall wellness	\$10	Every calendar year
Prescription Glasses		\$20	See frame and lenses
Frame	\$200 allowance for a wide selection of frames \$220 allowance for featured frame brands 20% off amount over your allowance	Included in prescription glasses	Every calendar year
Lenses	Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children	Included in prescription glasses	Every calendar year
Lens Options	Progressive lenses Anti-reflective coating and UV lenses Average 20%-25% off other lens options	\$20 \$0	Every calendar year
Contacts (instead of glasses)	\$200 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation)	Up to \$60	Every calendar year
Extra Savings and 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 available from only contracted facilities.		

Visit www.vsp.com for details if you plan to see a provider other than a VSP doctor. Potential reimbursements for an out-of-network vision provider:

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.

Weekly Vision Rates

Associate Only	\$2.40
Associate + Spouse	\$4.19
Associate + Child(ren)	\$4.56
Associate + Family	\$6.95

Life / AD&D

TERM LIFE AND AD&D INSURANCE

All Prime Associates have a one-time opportunity to elect Term Life and AD&D coverage through OneAmerica. Associates must sign up within 30 days from your Date of Hire.

*Group Life Benefit

\$15,000

AD&D Benefit

\$15,000

Note: As you grow older, the amount of life and AD&D insurance for you will be reduced according to the following schedule: At the age of 80 the original amount of insurance and cost will reduce to 50%.

Waiver of Premium: If you are deemed totally disabled, your life insurance benefit will continue without payment of premium. Additional paperwork will be required.

*Portability: If your employment with Prime ends, you may take your policy with you by paying the term life rate.

Weekly Life and AD&D Rates

	Weekly Life and AD&D Rates
First Year Associates	\$0.57
Second Year Associates	\$0.38

SUPPLEMENTAL LIFE AND AD&D INSURANCE

Through OneAmerica, you have the Opportunity to obtain additional Life insurance for you and your family members (up to the guaranteed issue amounts) as shown below.

Weekly Life and AD&D Rates per \$1,000 of Benefit

Age	\$1,000
<20	\$0.0309
20-24	\$0.0309
25-29	\$0.0316
30-34	\$0.0369
35-39	\$0.0473
40-44	\$0.0630
45-49	\$0.0958
50-54	\$0.1581
55-59	\$0.2804
60-64	\$0.4235
65-69	\$0.6565
70-74	\$1.0350
75+	\$2.0868

Child Weekly Life and AD&D Rates Live Birth to 26 Regardless of Student Status

\$10,000	\$0.51
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Associate

Coverage: Increments of \$10,000 to a maximum of the lesser of 5 times pay or \$250,000

Associate AD&D coverage will match the Life insurance amount. (New Hire).

Guaranteed issue: \$250,000

Accelerated Life Benefit: Pays up to 75% of the Life insurance benefit for a terminal condition, as defined in the certificate.

Age Reduction: At age 70, benefit will reduce by 33% (of the original Life insurance amount, rounded to the next higher \$10,000, if not already an exact multiple of \$10,000).

At age 75 the benefit will reduce by an additional 22% (of the original amount, similarly rounded. The reduced amount will not be less than \$20,000).

Child – Up to age 26

Coverage: \$10,000

Guaranteed issue: No medical questions are required.

Spouse

Coverage: Increments of \$5,000 to a maximum of \$50,000, not to exceed 50% of associates coverage amount.

Spouse AD&D coverage will match the Life insurance amount (New Hire).

Guaranteed issue: \$50,000

Age Reduction: Same as Associate with a minimum coverage no less than \$10,000.

Important News for Subsequent Open Enrollments

Modified Open Enrollment— Associates who waived coverage when first eligible can elect up to \$20,000 of Voluntary Life and AD&D coverage on themselves without providing Evidence of Insurability (EOI). This is strictly for associates.

Annual Purchase Guarantee— Associates currently enrolled can increase their benefit amount by \$10,000 not to exceed the guaranteed issue amount without providing Evidence of Insurability.



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.
- It 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.
- It builds cash value over time, and you can access it for life's challenges and opportunities.

Benefits can be paid as a death benefit, a 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, your children up to age 23, and your grandchildren up to age 18 with Universal Life insurance, even if you choose not to participate.

Associate Guaranteed Issue (No Health Questions Asked)

New Hires/Newly Eligible (First time offered coverage)

- The lesser of \$16 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 levels of living benefits throughout retirement are provided when you are most likely to need long-term care services¹.

Living Benefits

Long-Term Care (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.

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

²The 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 limitations may apply. Living benefit may not be available in all states or may be named differently. Please consult your policy for complete details.

³Not 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.

Benefit Restoration³

This 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.

Accident

The Trustmark Accident insurance is designed to help cover the out-of-pocket expenses that result from sudden covered accident. Since health insurance covers only certain expenses, an Accident insurance benefit will provide you a lump-sum cash benefit when a covered member is hurt unexpectedly. In addition, Accident Insurance provides a wellness benefit of \$100 per insured person per calendar year.

Accident

Injuries	
Fractures	Up to \$10,000
Dislocations	Up to \$8,000
Second- and Third-Degree Burns	Up to \$15,000
Concussions	\$200
Lacerations	Up to \$800
Eye Injuries	\$400
Services & Treatment	
Ambulance	\$200 Ground / \$1,000 Air
Emergency Room Treatment	\$200
Initial Doctor's Office Visit	\$100
Physician Follow-Up	\$100
Physical Therapy (up to 6 visits per person)	\$50
Medical Appliances	\$200
Surgery	Up to \$2,000
Blood, Plasma and Platelets	\$600
Prosthetic Device or Artificial Limb	Up to \$2,000
Hospital (Per Accident)	
Admission (per admission)	\$2,000
Confinement (per day up to 365 days)	\$400
ICU (per day up to 15 days)	\$600
Dismemberment & Loss	
	Up to \$15,000
Lodging	
Pays for lodging for companion up to 30 nights per calendar year	\$200



Note: 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.

Please speak with a Benefits Counselor for personalized rates.

Critical Illness

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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 diagnosed¹ 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 or she may receive 50% of the associate benefit amount; your child may receive 10% of the associate benefit.

Guaranteed Issue (No Health Questions Asked)

New Hires/Newly Eligible (First time offered coverage)

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

Benefits for a Covered Critical Illness*

- 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 bypass surgery (25% benefit).
- **Wellness visits — \$50 per person on the plan up to a 2 x 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.

¹ 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.

Disability

SHORT TERM DISABILITY (STD)

Prime provides you the opportunity to purchase Short Term Disability insurance through OneAmerica. 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.

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

STD	
Weekly Benefit	60% of their weekly gross salary in increments of \$50
Elimination Period	14 days following accident 14 days following sickness
Benefit Duration	24 weeks
Pre-Existing Condition	6/12

Weekly STD Rates	
Age	Rates per \$10 of Benefit
0<39	\$0.162
40-44	\$0.183
45-49	\$0.231
50-54	\$0.254
55-59	\$0.342
60-64	\$0.439
65-69	\$0.439
70+	\$0.439

Note: 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 (LTD)

Associates may purchase long-term income protection through OneAmerica for possible events in which they 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.

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

LTD	
Monthly Benefit	60% of their monthly gross salary in increments of \$100, to a maximum of \$5,000 per month
Elimination Period	6 month
Benefit Duration	180 days between time of injury and receipt of benefit payment
Pre-Existing Condition	6/12

Weekly LTD Rates	
Age	Rates per \$100 of Benefit
<19	\$0.050
20-24	\$0.050
25-29	\$0.054
30-34	\$0.068
35-39	\$0.106
40-44	\$0.179
45-49	\$0.281
50-54	\$0.387
55-59	\$0.476
60-64	\$0.402
65-69	\$0.402
70+	\$0.402

Note: 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: 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.

One Lump Sum

What you need to know about your One Lump Sum Disability Benefits

About Your Benefit:

This is a single, one-time benefit amount payable to you if you become permanently and totally disabled according to the provisions of the contract. This benefit can pay in addition to other disability plans and will not cause an offset.

Guaranteed Issue:

Up to \$50,000

Elimination Period:

A period of 180 consecutive days of disability before benefits may become payable under the contract.

Benefit Eligibility Period:

The period of consecutive days of disability beginning the first day following the elimination period, 181st day of disability continuing for 24 months.

Pre-Existing Condition Limitation:

Certain disabilities are not covered if the cause of the disability is traceable to a condition existing prior to your effective date of coverage. A pre-existing condition is one for which you have seen a medical practitioner or taken medication in the three 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.

Reduction Schedule:

Upon reaching certain ages, your original benefit amount will reduce to the percentage shown below:

Age	65	70	75	80	85	90
Reduces To	70%	45%	30%	25%	20%	15%

You may select a minimum benefit of \$10,000 up to a maximum amount of \$50,000, in increments of \$5,000.

Elimination Period
180 days

Benefit Eligibility Period
24 months

Pre-Existing Condition Period
3 months / 12 months



ONE LUMP SUM DISABILITY - CONTINUE

Weekly One Lump Sum Disability Payroll Deduction

Lump Sum Options	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	\$0.21	\$0.21	\$0.28	\$0.42	\$0.67	\$1.08	\$1.82	\$2.91	\$4.38	\$7.96	\$7.96	\$7.96	\$7.96
\$15,000	\$0.31	\$0.31	\$0.42	\$0.62	\$1.00	\$1.63	\$2.73	\$4.36	\$6.58	\$11.94	\$11.94	\$11.94	\$11.94
\$20,000	\$0.42	\$0.42	\$0.55	\$0.83	\$1.34	\$2.17	\$3.65	\$5.82	\$8.77	\$15.92	\$15.92	\$15.92	\$15.92
\$25,000	\$0.52	\$0.52	\$0.69	\$1.04	\$1.67	\$2.71	\$4.56	\$7.27	\$10.96	\$19.00	\$19.00	\$19.00	\$19.00
\$30,000	\$0.62	\$0.62	\$0.83	\$1.25	\$2.01	\$3.25	\$5.47	\$8.72	\$13.15	\$23.88	\$23.88	\$23.88	\$23.88
\$35,000	\$0.73	\$0.73	\$0.97	\$1.45	\$2.34	\$3.80	\$6.38	\$10.18	\$15.35	\$27.87	\$27.87	\$27.87	\$27.87
\$40,000	\$0.83	\$0.83	\$1.11	\$1.66	\$2.68	\$4.34	\$7.29	\$11.63	\$17.54	\$31.85	\$31.85	\$31.85	\$31.85
\$45,000	\$0.93	\$0.93	\$1.25	\$1.87	\$3.01	\$4.88	\$8.20	\$13.08	\$19.73	\$35.83	\$35.83	\$35.83	\$35.83
\$50,000	\$1.04	\$1.04	\$1.38	\$2.08	\$3.35	\$5.42	\$9.12	\$14.54	\$21.92	\$39.81	\$39.81	\$39.81	\$39.81

Permanent and Totally Disabled:

Because of an injury or sickness, you are expected to be unable: to work, engage in any activity for profit, receive income from a hobby or perform the substantial duties of any occupation for which you are reasonably fitted by training, education or experience on a full-time basis for a continuous period of not less than 24 months. You must also be under the regular attendance of a physician.

Other Income Offsets:

AUL will not reduce your lump sum disability benefit with other disability income benefits that you might be receiving from AUL or external sources such as Social Security or other carriers.

Waiver of Premium:

If eligible under the insurance contract and approved for this benefit, AUL will waive the premium payments for your coverage while you remain disabled and will continue to be waived during the elimination period and the benefit eligibility period.

Exclusions:

This plan will not cover any disability resulting from war, declared or undeclared or any act of war; active participation in a riot; intentionally self-inflicted injuries; commission of an assault or felony.

Please see [PrimeIncBenefits.com](https://www.primeinc.com/benefits) for more information.

401(k)



Prime's Success Sharing plan allows you to save for your retirement on a pre-tax basis.

Fidelity is our 401(k) provider. For questions, call Fidelity at 800-835-5097, visit www.401k.com, download Fidelity's NetBenefits app, 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 rehires are able to participate immediately after enrolling.

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. There are three ways to enroll:

- Go online to www.401k.com. If you do not have an account with Fidelity, you will need to register online before accessing your account.
- Download Fidelity's NetBenefits app on your mobile device.
- Call Fidelity at 800-835-5097 to speak with a customer service representative.

Can I Roll Over My 401(k) From Another Employer to Prime's Plan?

Yes! To roll over your 401(k) or other qualified plan from another employer, contact Human Resources at 417-799-8883 to receive the instructions and form necessary to complete the rollover.

Contributions and Investment Options

- **You can contribute 1% to 75% of eligible pre-tax income up to the IRS limit of \$23,500*.**
- **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 investment options, including investments managed by SageView Advisory Group.
- Participants are vested at 100% immediately upon contribution; therefore, any funds Prime matches on your 401(K) 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.
- **Anyone over the age of 50 is eligible to contribute an additional \$7,500* annually in Catch-Up Contributions.** In order to elect Catch-Up Contributions, contact Human Resources at (417-799-8883).

**These amounts are subject to change.*

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 Distribution (after age 59 1/2) or a Hardship Withdrawal.*

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

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If you have any questions regarding your 2025 benefit elections, please contact Professional Enrollment Concepts' Benefits Services Center. You may also contact the providers at their given contact methods listed below.



Benefits Services Center
(877) 859-6107

Monday – Friday: 8:00am – 7:00pm CST
Saturday: 9:00am – 3:00pm CST

MEDICAL

Anthem Blue Cross Blue Shield
(833) 828-1977
www.anthem.com

HSA

Bank of America
(866) 791-0250
www.healthaccounts.bankofamerica.com

DENTAL

Anthem Blue Cross Blue Shield
(855) 769-1465
www.anthem.com

VISION

VSP
(800) 877-7195
www.vsp.com

EAP

Anthem Blue Cross Blue Shield
(800) 865-1044
www.anthemEAP.com and
enter Prime

DEPENDENT CARE FSA

PRIME
(417) 799-8883
Contact HR

SHORT TERM DISABILITY
LONG TERM DISABILITY
ONE LUMP SUM DISABILITY
BASIC LIFE
TERM LIFE AND AD&D

OneAmerica
(855)-517-6365
www.oneamerica.com

UNIVERSAL LIFE

Trustmark
(800) 918-8877
www.trustmarksolutions.com

CRITICAL ILLNESS

Trustmark
(800) 918-8877
www.trustmarksolutions.com

ACCIDENT

Trustmark
(800) 918-8877
www.trustmarksolutions.com

401(K) RETIREMENT PLAN

Fidelity
(800) 835-5097
www.401k.com

Please see primeincbenefits.com for more information.

The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official plan documents, the official documents will govern.

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