PRIME inc.

>> driven by the best®

2027

In-House Associates

BENEFIT ENROLLMENT
OCT. 19TH - NOV. 13TH

Marsh

Empower Resource Center

855-206-1956

Monday - Friday
9am - 5pm CST

HEALTH & WELLNESS | FAMILY & LIFE | FINANCIAL SECURITY | PROFESSIONAL GROWTH | STRONGER TOGETHER

For more information visit **www.PrimeIncBenefits.com**
or to enroll visit **MyPrimeInc.com** using your sign-on code and password or your MyPrime mobile app.

WELCOME TO YOUR BENEFITS

Our most important asset is our people. That's why Prime, Inc. offers a comprehensive benefits program to meet all your needs. Review this guide to learn about all the benefits you are offered and determine which benefits are best for you and your family. You will find many resources available during enrollment and throughout the year to help you make the most of your benefits plans and answer your questions.

The coverage you elect begins with your initial eligibility date and continues through the end of the enrollment year. You may also enroll or change your benefits during the annual Open Enrollment period. Prime's benefit plan year begins January 1st and ends December 31st.

You must make your elections during the specified enrollment window, or you will not have coverage.

Visit PrimeIncBenefits.com to review plan documents and learn more about your coverage options.

This Benefits Guidebook describes the highlights of Prime's benefits program in nontechnical 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.

Marsh Empower Resource Center

Prime, Inc. utilizes the Marsh Empower Resource Center for benefits communication and enrollment. To enroll in your benefits or to learn more about your benefits, you may contact a Benefits Counselor Monday through Friday from 9:00 a.m. to 5:00 p.m. CST by calling 855-206-1956.

Marsh's Benefits Counselors can provide you with a detailed explanation of your entire benefits program and review your options on an individual, confidential basis. They can also discuss any personal situations you may have that could potentially impact your benefits decisions.

Enrollment Options

Option 1: Call the Marsh Empower Resource Center
Call 855-206-1956 to speak with a representative Monday - Friday, 9:00 a.m. to 5:00 p.m. CST.

Please have the following information ready before you call: dependents' names, birth dates, Social Security numbers, addresses, and phone numbers.

Option 2: Online Self-Service Portal
Log in at myprimeinc.com using your sign-on code and password, or via the MyPrime mobile app. If you do not know your password, contact the Help Desk at 417-521-3148.

MARSH EMPOWER RESOURCE CENTER

855-206-1956

Monday - Friday
9:00 a.m. - 5:00 p.m. CST

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CONTACTS & RESOURCES

If you have questions regarding your benefits, you may contact the Marsh Benefits Resource Center at 855-206-1956, log in to myprimeinc.com, or contact the carriers directly per the information below.

BENEFIT	CARRIER	PHONE	WEB/EMAIL
Medical	UMR	800-826-9781	umr.com/member
Medical	Surest	866-683-6440	surest.com/members
Dental	Sun Life	866-806-3619	sunlife.com/us
Vision	VSP	800-877-7195	vsp.com
Life and AD&D	OneAmerica	855-517-6365	oneamerica.com
Disability	OneAmerica	855-517-6365	oneamerica.com
Universal Life	Trustmark	800-918-8877	trustmarksolutions.com
Worksite Benefits	Trustmark	800-918-8877	trustmarksolutions.com
Employee Assistance Program	OneAmerica / ComPsych GuidanceResources	855-365-4754	guidanceresources.com
Wellness Program	Command Health	417-521-3925	wellcord@trinityhc.net
401(k) Retirement	Fidelity	800-835-5097	401k.com

Visit PrimeIncBenefits.com for additional coverage details and resources.

ACCESSING YOUR BENEFITS INFORMATION

Register on the Carrier Websites

Access plan information, including your ID cards, coverages, claims, network providers, and more.

Download the Carrier Apps

Search for the carrier apps on Google Play™ or the App Store® to access your benefits from a mobile device.

Contact the Benefits Service Center

If you still have questions about your coverage or need help with enrolling in your benefits.

ELIGIBILITY & ENROLLMENT

Associate Eligibility

All W-2 associates scheduled to work at least 30 hours per week are eligible to participate in Prime's benefits program. The effective date for newly eligible associates benefits will be as follows:

- **Medical, Dental, Vision & Basic Term Life:** On the first Saturday following your 30-day anniversary.
- **Voluntary Benefits:** First of the month following your 30-day anniversary.

Dependent Eligibility

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 placed for adoption, or other child for whom the associate has permanent legal custody.

When You Can Enroll

You may enroll as a new hire before your 30-day anniversary with benefits effective as listed above. All eligible associates may enroll or make changes to their benefits during the annual Open Enrollment period for a January 1st effective date. Once your enrollment has been completed, you may not make any changes to your elections outside of Open Enrollment unless you experience a Qualifying Life Event, or your hours worked per week drop below the minimum.

MAKING CHANGES TO YOUR BENEFITS

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

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.

MEDICAL BENEFITS

Nobody plans on getting sick or hurt, but most people will need medical care at some point in their lives. Prime offers a choice of health insurance plans with varying levels of copays, deductibles, and out-of-pocket maximums. Coverage is available for eligible associates and their dependents. To make an informed decision, please continue reading for brief descriptions of your coverage options.

You have the choice between four medical plans offered through UMR and Surest. With the Low PPO, you pay copays for office visits, and coinsurance for covered services once you reach the deductible. On the HDHP you pay coinsurance for covered services after you meet the deductible; there are no copays for office visits. It is also compatible with a Health Savings Account (HSA) that allows you to put aside pre-tax money to pay for health care expenses. In addition, HDHP participants benefit from an employer contribution to their HSA to help pay for out-of-pocket costs. With our new Surest plans, there are no deductibles and you have an assigned copay for in-network services.

You can find network providers online at umr.com using the UnitedHealthCare Choice Plus network or surest.com using the Choice Plus network.

WEEKLY MEDICAL RATES	UMR LOW PPO PLAN		UMR HDHP WITH HSA		SUREST COPAY LOW PLAN		SUREST COPAY HIGH PLAN	
	1st Year	2nd Year	1st Year	2nd Year	1st Year	2nd Year	1st Year	2nd Year
Associate Only	$95.74	$36.82	$84.20	$32.38	$95.74	$36.82	$154.32	$98.76
Associate + Spouse	$190.28	$73.18	$166.72	$64.12	$190.28	$73.18	$300.40	$192.26
Associate + Child(ren)	$180.82	$69.54	$158.46	$60.95	$180.82	$69.54	$285.78	$182.90
Associate + Family	$280.99	$108.07	$245.89	$94.57	$280.99	$108.07	$440.53	$281.94

MEDICAL PLAN COMPARISON

	UMR LOW PPO PLAN		UMR HDHP WITH HSA		SUREST COPAY LOW PLAN		SUREST COPAY HIGH PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible » Per member » Per family	$900 $2,700	$1,800 $5,400	$3,500 $5,400	$3,500 $5,400	$0 $0	$0 $0	$0 $0	$0 $0
Out-of-Pocket Maximum » Per member » Per family	$6,350 $12,700	$11,800 $25,400	$5,000 $10,000	$10,000 $20,000	$6,500 $13,000	$13,000 $26,000	$2,500 $5,000	$8,000 $16,000
Preventive Care	Covered at 100%	50%	Covered at 100%	40%	$0 copay	$195 copay	$0 copay	$60 copay
Primary Care Visit[1]	$50 copay	50%	20%	40%	$25-$130 copay	$220 copay	$5-$40 copay	$120 copay
Telehealth Visit	$20 copay	Not covered	$20 copay	Not covered	$0-$130 copay	Not covered	$0-$40 copay	Not covered
Specialist Visit[1]	$50 copay	50%	20%	40%	$25-$130 copay	$220 copay	$5-$40 copay	$120 copay
Urgent Care Visit	$75 copay	50%	20%	40%	$80 copay	$210 copay	$20 copay	$60 copay
Emergency Room	30%	30%	20%	20%	$900 copay	$900 copay	$225 copay	$225 copay
Inpatient Hospital	30%	50%	20%	40%	$40-$3,500 copay	Up to $10,000 copay	$10-$2,000 copay	Up to $6,000
Outpatient Surgery	30%	50%	20%	40%	$40-$3,500 copay	Up to $10,000 copay	$10-$2,000 copay	Up to $6,000
Prescription Deductible	$100	$100	Combined with medical	Combined with medical	None	None	None	None
Retail Rx *(30 & 90-day supply)* » Generic » Preferred brand » Non-preferred brand » Specialty	20%[2] 30% 40% 20% to $100 max	$45 up to 50% Preferred brand Specialty not covered	20% 20% 20% 20%	$60 up to 50% Specialty not covered	20% 30% 40% 20% to $100 max	$45 up to 50% Preferred brand Specialty not covered	10% 20% 30% 20% to $100 max	$45 up to 50% Preferred brand Specialty not covered
Mail Order Rx *(90-day supply)* » Generic » Preferred brand » Non-preferred brand » Specialty	$40 $80 $120 20% to $100 max	Not Covered	20% 20% 20% 20%	Not Covered	$40 $80 $120 20% to $100 max	Not Covered	$20 $40 $80 20% to $100 max	Not Covered

1 Includes virtual visits.
2 Deductible waived for generic.

HOW DOES THE PLAN WORK?

Deductible

You pay 100% of all out-of-pocket medical expenses before insurance begins to pay.

Cost Sharing

You pay a copay or coinsurance for office visits and services. The plan pays the remaining cost.

Out-of-Pocket Max

The plan pays 100% of medical expenses once you reach the Out-of-Pocket Maximum.

MEDICAL PLAN RESOURCES

UMR Member Resources

Get the most out of your benefits with UMR member tools and resources. Find information on what's available to you as a member, estimate your costs for care, receive tips on how to live a healthier life, and get answers to your benefits questions at umr.com/member.

UMR App

The UMR app, a smarter, simpler, faster way for members to stay connected to their health care benefits information, on demand, anytime, anywhere.

With a single tap, you can:

- Access your digital ID card
- View claims information
- Find out if there is a co–pay for your upcoming appointment
- See how much you've paid toward your deductible, and more

Plus, you can easily add your health plan details to your mobile wallet. To download the app, scan the QR code or visit your app store.

UMR App Download

Surest Member Resources

See how the Surest health plan works, find resources, and learn more about how Surest supports its members at surest.com/members. Set up a username and password to start using your plan. With your account, you can access your digital member ID card, search for care, compare options, and see prices before a visit.

Surest App

First, set up a username and password to begin using your plan and download the app. Once you're logged in, you'll have access to easily search for care, see your claims, access your ID card, review your plan details and more.

Whether using the app or logging in online, you can search for care in several ways, including by:

- Condition
- Symptom
- Treatment
- Procedure
- Specialty
- Provider

Once you've completed a search for care, you can click on "View" to see details about cost, coverage, location and how to set up an appointment.

Surest App Download

How to Save Money on Your Health Care Expenses

- **Stay in network:** Doctors and other health professionals in your plan's network have agreed to provide services to you at a discount, so you'll pay less out of pocket. Find care by logging in to umr.com or surest.com or the UMR or Surest mobile app.
- **Review your plan's covered drug list:** A drug list is a list of generic and brand name medicines covered by your health plan. They are listed in groups called tiers. Tiers 1 and 2 include low-cost and generic medicines that will save you the most money. To check the drug list on your plan, log in to your account at umr.com or surest.com, or the UMR or Surest mobile app.
- **Use your preventive care benefits:** Getting lower- or no-cost checkups, screenings, and vaccines can prevent illness and catch issues early, when they're easier to treat. Preventive care services are covered at 100%, or a $0 copay, for all plans when you see an in-network provider. Talk to your healthcare provider to determine which screenings are recommended for you and when you need them

Visit PrimeIncBenefits.com for more information and resources.

WELLNESS PROGRAM

Prime, Inc. is committed to rewarding associates who have a desire to positively change their health and wellness, and reward those who are already living a healthy lifestyle. You can save up to $800 per year!

EARN UP TO $200 PER QUARTER IN REWARDS

ASSOCIATES/NON-TOBACCO USERS

Rewards for participating in the The Wellness Plan are available to all active non-driving associates and their spouses enrolled in a Prime medical plan.*

- **Associates:** $200 per quarter (non-tobacco) / $89 per quarter (tobacco)
- **Spouses:** $81 per quarter (non-tobacco) / $44.50 per quarter (tobacco)

Sign up by visiting Command Health weekdays between 8:00 a.m. and 5:00 p.m., or call 417-521-3925. Stay in the program to reap the rewards. You will receive a map to wellness at your first doctor's visit.

If you think you might be unable to meet a standard for a reward under the program, you might qualify for an opportunity to earn the same reward by different means. Call 417-866-0001 to find a program with the same reward that is right for you based on your health status.

**Associate must be active with Prime the week of the payout to receive the credit.*

EMPLOYEE ASSISTANCE PROGRAM

The Employee Assistance Program provided by ComPsych® GuidanceResources® offers counseling, legal and financial consultation, work-life assistance, and crisis intervention services to all our associates and their household family members. The program is strictly confidential and provided at no cost to you.

There are many reasons to use EAP services. You may wish to contact the EAP if you:

- Are feeling overwhelmed by the demands of balancing work and family
- Are experiencing stress, anxiety or depression
- Are dealing with grief and loss
- Need assistance with child or elder care concerns
- Have legal or financial questions
- Have concerns about substance abuse for yourself or a dependent

GuidancResources EAP

When you call, you will speak with a GuidanceConsultant, a master's- or PhD-level counselor who will collect some general information, talk with you about your needs, and provide the name of a counselor who can assist you. The EAP provides free short-term counseling with counselors in your area who can help you with your emotional concerns. If it is determined that you need longer-term treatment, you will be referred to a specialist and your insurance coverage will be activated.

Call 855-365-4754 anytime 24/7 for live assistance, or visit guidance resources.com or download the GuidanceNow app for more information. Use Web ID: ONEAMERICA6

HEALTH SAVINGS ACCOUNT

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.

Prime has partnered with Bank of America to administer the HSAs. You can elect to participate 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.

How It Works

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.

Eligibility

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 2027.
- 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.

Eligible Expenses

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 irs.gov/forms-pubs/about-publication-502.

Maximizing Your Tax Savings

Tax-free contributions

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.

Interest and investment earnings

A drug list is a list of generic and brand name. The money in this account (including interest and investment earnings) grows tax-free.

Qualified expenses

As long as the funds are used to pay for qualified medical expenses, they are spent tax-free.

IRS Contribution Limits

The 2027 IRS maximum contributions for these accounts are as follows:

- **Associate only:** $4,500
- **Family coverage:** $9,000
- **Ages 55+:** Additional $1,000 catch-up contribution

In addition, Prime will make a contribution to your account based upon your HDHP medical coverage tier. It is your responsibility to monitor the amounts deposited not to exceed the maximum limit, keeping in mind that any fund contributed by Prime also count towards the maximum amount.

PRIME INC. CONTRIBUTIONS

	Year 1	Year 2	Year 3
SINGLE	$800 $15.38/week	$400 $7.69/week	$300 $5.76/week
FAMILY	$1,100 $21.15/week	$600 $11.53/week	$500 $9.61/week

DENTAL BENEFITS

Prime, Inc. offers two dental plan options through Sun Life. These plans allow you to use in-network or out-of-network benefits. However, you will be responsible for paying the difference between the allowed amount and what the dentist may charge, also known as "balance billing," when you visit an out-of-network provider.

To find in-network providers, go to sunlife.com/us and search the Sun Life Dental Network. The chart below provides a brief overview of the plan. Refer to the Summary Plan Description for detailed coverage information.

	DENTAL LOW PLAN	DENTAL HIGH PLAN
	In-Network	In-Network
Calendar Year Deductible » Per member » Per family	$75 $225	$75 $225
Calendar Year Maximum	$750 per member	$1,000 per member
Type 1 Preventive Care Routine exams, X-rays, cleanings	Covered in full	Covered in full
Type 2 Basic Services Sealants (to age 16), extractions, anesthesia, fillings	Plan pays 80% after deductible	Plan pays 80% after deductible
Type 3 Major Services Crowns, inlays, onlays, dentures, endodontics, periodontics	Not covered	Plan pays 50% after deductible
Orthodontia Adults and dependent children to age 26	Not covered	Plan pays 50% after deductible to $1,000 lifetime maximum

WEEKLY DENTAL RATES	DENTAL LOW OPTION	DENTAL 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 BENEFITS

Vision coverage is offered through Vision Service Plan (VSP). The plan allows you to use in-network or out-of-network providers. However, when using out-of-network providers, you will pay expenses at the time of service and must file a claim for reimbursement.

To find in-network providers visit vsp.com and enter your search criteria. The chart below provides a brief overview of the plan. Refer to the Summary Plan Description for detailed coverage information.

	VISION PLAN	
	In-Network	Out-of-Network Reimbursement
WellVision Exam	$10 copay	Up to $45
Materials Copay	$20 copay	N/A
Eyeglass Frames	$200 allowance + 20% off balance ($220 allowance for featured brands)	Up to $70
Eyeglass Lenses » Singe vision » Lined bifcoal » Lined trifocal » Progressive lenses	 Covered in full after materials copay Covered in full after materials copay Covered in full after materials copay $25 copay	 Up to $30 Up to $50 Up to $65 Up to $50
Contact Lenses » Fitting & evaluation » Elective contact lenses	 Up to $60 $200 allowance	 N/A Up to $105
Frequency of Services » Eye exam » Eyeglass frames » Eyeglass lenses » Contact lenses	 Once every calendar year Once every calendar year Once every calendar year Once every calendar year instead of eyeglasses	

WEEKLY VISION RATES

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

EXTRA SAVINGS & DISCOUNTS

GLASSES & SUNGLASSES

20% off additional glasses and sunglasses, including lens options, within 12 months of your last WellVision Exam.

RETINAL SCREENING

Guaranteed pricing on retinal screening as an enhancement to your annual WellVision Exam.

LASER VISION CORRECTION

Average of 15% off the regular price or 5% off the promotional price. Discounts are available from contracted facilities only.

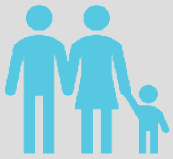
LIFE INSURANCE

Associate Basic Term Life and AD&D

Prime associates have a one-time opportunity to elect Basic Term Life and Accidental Death & Dismemberment (AD&D) coverage through OneAmerica in the amount of $15,000. Associates must sign up within 30 days from their date of hire.

FIRST YEAR ASSOCIATES	SECOND YEAR ASSOCIATES
$0.57	$0.38

This coverage includes a Waiver of Premium if you are deemed totally disabled meaning your benefit will continue without payment of premium, and is portable if your employment with Prime, Inc. ends, meaning you may take your policy with you by continuing to pay the term life rate. Benefits reduce by 50% at age 80. Refer to the Certificate of Coverage for details.



Beneficiaries

Ensuring your beneficiary information is correct at enrollment and throughout the year is essential. Log in to myprimeinc.com to update this information anytime.

Supplemental Group Life and AD&D

Prime associates may supplement their Basic Term Life and AD&D insurance by purchasing additional coverage through OneAmerica up to the Guarantee Issue amount. The policy includes an Accelerated Life Benefit which pays up to 75% of the Life insurance benefit for a terminal condition as defined in the Certificate of Coverage. Refer to the official plan documents for details.

New Hires

Associates may purchase coverage up to the Guarantee Issue maximum without completing Evidence of Insurability (EOI). This applies to newly eligible associates only. You may also purchase coverage for a spouse and child(ren) during your new hire enrollment. The amount of AD&D will match the Life amount.

Open Enrollment

Associates who waived coverage when first eligible may purchase up to $20,000 of coverage during Open Enrollment without providing EOI. If you are currently enrolled, you may increase your benefit amount by $10,000 during Open Enrollment, not to exceed the Guarantee Issue amount, without providing EOI.

ASSOCIATE	SPOUSE	CHILD(REN)
Increments of $10,000 to the lesser of 5x annual pay or $250,000 max. Guarantee Issue: $250,000	Increments of $5,000 to $50,000 not to exceed 50% of associate amount. Guarantee Issue: $50,000	$10,000 Guarantee Issue: N/A

Associate/Spouse 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). Spouse and Child coverage only available as a new hire unless you have a QLE.

SUPPLEMENTAL LIFE/AD&D WEEKLY RATES PER $1,000

<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+	Child*
$0.0309	$0.0309	$0.0316	$0.0369	$0.0473	$0.0630	$0.0958	$0.1581	$0.2804	$0.4235	$0.6565	$1.035	$2.0868	$0.51

**Children: $10,000 in coverage up to age 26*

LIFE INSURANCE

Universal Life

Prime associates also have the opportunity to purchase Universal Life insurance through Trustmark. Universal Life is permanent life insurance that offers lifelong coverage, cash value accumulation, and premium flexibility. Refer to the Certificate of Coverage for plan details including pre-existing condition limitations.

- Universal life provides 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.
- Associate Guaranteed Issue (no health questions asked)
- New hires and newly eligible associates (first time coverage offered): the lesser of $16 per week or $200,000 (age 64 max)

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.

- **The LifeEvents Advantage:** LifeEvents pays a higher death benefit during working years when expenses are high and your family needs maximum protection. Then at age 70, 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 services.
- **Living Benefits:** Long-Term Care (LTC) pays a monthly benefit equal to that of your death benefit for up to 25 months. The LTC benefit accelerates the death benefit and proportionately reduces it.
- **Benefit Restoration:** This restores the death benefit that is reduced to pay for LTC, so your family receives the full death benefit amount when they need it most.
- **Optional 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. This is available for an additional premium.

DISABILITY

Short-Term Disability

Prime provides associates the opportunity to purchase Short-Term Disability (STD) 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. Voluntary STD is Guaranteed Issue during Open Enrollment. Evidence of Insurability is not required for new enrollees.

Long-Term Disability

Associates may purchase Long-Term Disability (LTD) through OneAmerica for possible events in which you may 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. Voluntary LTD is Guaranteed Issue during Open Enrollment. Evidence of Insurability is not required for new enrollees.

One Lump Sum Disability

One Lump Sum Disability insurance serves as a supplemental source of income protection used alongside Short-Term or Long-Term Disability coverage. It provides a single, lump sum payment that can help with disability-related expenses such as medical bills or modifications and day-to-day living expenses 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. Benefits reduce to 70% at age 65, 45% at age 70, 30% at age 75, 25% at age 80, 20% at age 85, and 15% at age 90.

	SHORT-TERM DISABILITY	LONG-TERM DISABILITY	ONE LUMP SUM
Benefit Amount	60% of weekly salary in increments of $50	60% of monthly salary in increments of $100	Increments of $5,000 to $50,000 max, $10,000 min
Benefit Maximum	$1,000 per week	$5,000 per month	N/A
Elimination Period	14 days	6 months	180 days
Benefit Duration	24 weeks	180 days between the time of injury and receipt of benefit payment	24 months
Pre-Existing Condition	6/12	6/12	3/12

Refer to the plan documents for pre-existing condition limitation details, conversion benefits, reduction schedules, and additional plan information.

DISABILITY CONTRIBUTIONS

SHORT-TERM DISABILITY WEEKLY RATES PER $10

<39	40-44	45-49	5-54	55-59	60-64	65+
$0.162	$0.183	$0.231	$0.254	$0.342	$0.439	$0.439

LONG-TERM DISABILITY WEEKLY RATES PER $100

<24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
$0.050	$0.054	$0.068	$0.106	$0.179	$0.281	$0.387	$0.476	$0.402

ONE LUMP SUM DISABILITY WEEKLY RATES

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

WORKSITE BENEFITS

Prime offers its associates the option to purchase supplemental worksite benefits through Trustmark. In addition, you may cover your spouse and child(ren) after electing coverage for yourself. The premiums for elected benefits are deducted from your paycheck. Your cost for coverage can be calculated when making your benefit elections on myprimeinc.com.

BOTH PLANS INCLUDE A WELLNESS BENEFIT

Voluntary Accident

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

Receive reimbursement for covered services, including:

- Hospital/ICU admission
- Emergency transportation and care
- Fractures, burns, lacerations, and more
- Dismemberment and loss

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.

Voluntary Critical Illness

Trustmark Critical Illness insurance provides cash to help with the extra expenses when you are diagnosed with a covered critical illness, even if you receive benefits from other insurance. You may use those benefit dollars however you see fit.

Benefits for a covered illness may include:

- Invasive cancer
- Heart attack
- Stroke
- Renal failure
- Major organ transplant
- Blindness
- Paralysis of two or more limbs
- ALS (Lou Gehrig's disease)
- Carcinoma in situ (25% benefit)
- Coronary artery bypass surgery (25% benefit)

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. The policy also includes a $50 wellness benefit per person, up to a 2x family maximum.

DEPENDENT CARE FSA

The Dependent Care Flexible Spending Account (FSA) allows you to set aside pre-tax dollars for qualified childcare or disabled dependent care expenses you would usually 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 It Works

- Choose an 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 2-1/2 months of the following 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 if you wish to continue participating in the plan.

Contribution Limits

The Internal Revenue Service (IRS) sets the annual contribution levels for FSAs. You are responsible for monitoring the amounts deposited into your accounts not to exceed the maximum annual limits.

For 2027, the FSA contribution limits are as follows:

- **Married filing jointly:** $7,500
- **Single/filing separately:** $3,750

Eligible Expenses

Use Dependent Care FSA funds to pay for qualified daycare expenses for children aged 12 and younger and adult dependents incapable of self-care. Eligible expenses include daycare, preschool, elder care, and in-home aids. Visit irs.gov/publications/p503 to see a complete list of IRS-qualified dependent care expenses.

401(K) or Roth RETIREMENT PLAN

Prime's Success Sharing plan through Fidelity allows you to save for your retirement on a pre-tax basis and/or Roth. For questions, call Fidelity at 800-835-5097, visit 401k.com, download Fidelity's NetBenefits app, or contact your Human Resources Department.

New Hire Enrollment

Associates become eligible to participate in the 401(k) plan or Roth on the first day of the month after completing six (6) full months of service. Previously eligible rehires are able to participate immediately after enrolling.

How to Enroll in 401(k) or Roth

Prior to your entry date, you will receive an enrollment packet in the mail or email from Fidelity with valuable information about planning for your retirement. If you do not have an account with Fidelity, you will need to register online before accessing your account. There are three ways to enroll.

1. **Visit Fidelity Online.** Go to 401k.com to register or log in.
2. **Via the Mobile App.** Download Fidelity's NetBenefits app on your mobile device.
3. **Contact By Phone.** Call Fidelity at 800-835-5097 to speak with a customer service representative.

Contributions and Investment Options

- You can contribute 1% to 75% of eligible pre-tax income up to the IRS limit of $24,500.*
- Prime Inc. will match 100% of the first 3% of eligible compensation and 50% of the next 2% of eligible compensation.
- 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 monthly basis, and your investment allocations may be changed at any time.
- Anyone over the age of 50 is eligible to contribute an additional $8,000* annually in catch-up contributions.
- You may roll over your 401(k) or other qualified plan from another employer. Contact Human Resources for instructions and the form.

**Contribution limits subject to change per IRS guidelines.*

WITHDRAWALS

You may apply for a loan from your account after you have a minimum vested balance of $2,000. You may take out a loan of up to half of your vested balance in a 12-month time-frame not to exceed $50,000. You may also be eligible for an In-Service Distribution after age 59-1/2 or a Hardship Withdrawal. Contact HR for information.

NOTES

TERMS TO KNOW

Deductible: The amount an associate pays out of pocket before the insurance company pays a percentage of the provider charges.

Coinsurance: The amount of payment split between the associate and the insurance company. Example: The insurance company pays 80%, and the associate pays 20% of the charges after you meet the deductible.

Out-of-Pocket Maximum: The maximum amount an associate is responsible for paying out of pocket in any calendar year before the insurance company pays the entire eligible amount for the remaining calendar year.

Network Providers: Doctors, hospitals, and other health care providers with an agreement/contract with insurance companies agreeing to charge a discounted amount for services rendered.

Pre-Authorization: Certain procedures or hospitalizations may require that the provider receive authorization. The provider is typically the one to go through this process with the insurance company and obtain pre-authorization.

Explanation of Benefits (EOB): The EOB is mailed to the associate after the insurance company receives and processes a claim. The EOB describes how the claim was processed and outlines what portion of the charges have been applied to the deductible, what amount the associate is responsible for, and explains if there was a denial or error in processing the claim.

Appeal: If your health insurance company doesn't pay for a specific health care provider or service, you have the right to appeal the decision and have it reviewed by an independent third party.

Guarantee Issue: The maximum amount of voluntary life insurance you can choose when making your initial election that does not require the answering of medical questions.

Evidence of Insurability (EOI): The form containing medical questions you must answer if you decide to elect voluntary life insurance after you have previously declined coverage and wish to increase your current coverage later. The form may also be required if you add disability coverage after previously declined.

Visit PrimeIncBenefits.com for additional coverage details and resources.

ENROLLMENT INSTRUCTIONS

You can make changes to your benefits two ways. We ask 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.” Visit PrimeIncBenefits.com for additional coverage details and resources.

TWO OPTIONS TO ENROLL

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 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.

Contact the Marsh Empower Resource Center

You can call 855-206-1956 to speak with a representative from 9:00 a.m. to 5:00 p.m. CST Monday-Friday.

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The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by your employer. The text contained in this Summary was taken from various summary plan descriptions and benefits information. While every effort was taken to report your benefits, discrepancies or errors accurately are always possible. In case of a discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this Summary, contact Human Resources.

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