



# **Victory Packaging**

We are *Architects* of Packaging Solutions

## 2017 Employee Benefits Guide

# Victory Packaging Benefits

Victory Packaging understands that every employee has different needs when it comes to the level and type of benefit elections that are needed for themselves and their families. With this knowledge, the company provides a wide range of comprehensive benefit plans that allow you to customize your plan to fit your personal needs.

This company benefits guide provides an overview of the many benefits that are available for eligible employees. If you have any additional questions regarding your benefit options or eligibility, please contact [KapStone Benefits Center](#) representative at 888-995-2778, representatives are available Monday through Friday, from 7 am to 7 pm CT.

The Table of contents below outlines the major categories of this guide. Review each category carefully as you decide on the elections that best work for you.

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*This guide is not to be interpreted as a complete disclosure of plans or entitlement to any of the benefits described. The company reserves the right to adjust, amend and revise benefits plans. In all cases of specific plan interpretations, receipt of benefits or entitlements, the actual plan document shall rule. More information about the benefits offered, required employee contributions and links directly to our insurance carrier websites are contained in the sections that follow. Detailed Summary Plan Descriptions (SPD) are also available online at [KapStone Benefits Center](#).*

# Victory Packaging's Benefits and You

We are committed to providing our employees with quality benefits programs that are comprehensive, flexible and affordable. We strive to provide one of the best benefit plans in the industry because, above all, we want our benefits to reflect the pride we take in our most important asset, our employees. Eligible employees have a robust choice of benefit plans from which to choose; as such, we ask that you read this benefits guide carefully so that you can make the benefit elections that best work for you.

## Benefits Eligibility

Our company sponsored benefit plans provide coverage for all full-time employees who are regularly scheduled to work at least 30 hours per week. These employees can participate in all benefit plans, beginning the first of the month following 60 full days of continuous full-time employment.

## Dependent Eligibility

In addition to benefits for employees, the company also sponsors benefits for eligible employee's family members, or dependents. An employee's lawful spouse or domestic partner, as well as children and legal dependents are all eligible for benefit plan coverage, based on the guidelines outlined here. Please read the plan eligibility rules carefully to verify whether your loved ones qualify for dependent care benefit coverage.

### Dependents are defined as:

- An employee's lawful spouse or domestic partner
- An employee's child, who is:
  - Less than 26 years of age (for medical coverage only)
  - 19 or more years old and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical handicap

## Dependent Specifications

**Children:** A child includes a child for whom you are the legal guardian, a legally adopted child, or a step-child.

**Domestic Partner:** A domestic partner is defined as a person of the same or opposite sex who:

- Shares your permanent residence
- Has resided with you for at least one year
- Is at least 18 years of age
- Can prove financial independence
- Has signed a notarized affidavit declaring domestic partner status
- Is registered as your domestic partner in states that provide for registration.

Domestic partners must meet each of the above requirements to be eligible for company sponsored benefits. Benefits for a dependent will continue until the last day of the calendar month in which the limiting age is reached.

Plan participants are required to provide proper documentation to establish dependents when requested. If the plan participant refuses or if dependents are found to be ineligible, participants may be required to reimburse the plan for all expenses incurred.

Please note correct Social Security Numbers are **NECESSARY** for enrollment of a new dependent. If you do not have the SS# at the time you are enrolling your dependent, you may enter the number 999-99-999.

**Important**

Failure to update the Social Security Number as soon as it becomes available will result in a disruption of coverage. Valid SSNs are required by healthcare providers to accurately process claims.



# Benefits Enrollment -- When can I change my Benefits?

## Open Enrollment and New Hire Enrollment

Eligible employees can enroll for benefits during two occasions, when newly hired as an employee of the company and during annual open enrollment. Below are descriptions of each of these periods for enrollment:

**New Hire:** A newly hired employee will be allowed to choose benefit plans immediately after they have been on boarded to begin on their eligibility date. Once a new hire has chosen plans, these benefits will be in place for the remainder of the calendar year.

**Open Enrollment:** Once a year, the company will offer an open enrollment period when employees may change their benefits at their discretion. The open enrollment period will be announced and usually occurs prior to the start of a new year or at any time when a benefit plan is modified by the company.

## Qualifying Life Events (QE)

In addition to changes made during the open enrollment process, certain qualifying life events may allow a benefit change during the plan year. **You must request the election change within 30 days of the life event.**

The following qualified life events are considered under federal law and regulations to be changes in status which will permit you to revoke an existing election and make a new election with regard to one or more benefits under the plan, provided that you notify the Plan Administrator within 30 days of the event. **IF YOU DO NOT MAKE YOUR CHANGES WITHIN THE 30 DAY PERIOD, then you LOSE THE OPTION TO MAKE THE CHANGE.**

- Change in marital status including marriage, divorce, death of a spouse, legal separation or annulment, or domestic partner status change.
- Change in number of dependents including birth, adoption, and placement for adoption or death of a dependent.
  - *Please note correct the Social Security Numbers are NECESSARY for enrollment of a new dependent. If you do not have the SS# at the time you are enrolling your dependent, you may enter the number 999-99-999 and then correct the Social Security Number as soon as it becomes available.*
- Change in employment status of the employee, spouse or dependent that causes the individual to become or cease to be eligible under the plan.
- Change in dependent eligibility status including events that cause the dependent to gain or cease eligibility such as attainment of age, student status or similar circumstances.

In order for you to make a mid-year election change, a qualified life event must affect you, your spouse or your dependent's eligibility for benefits under the plan. For example, if a dependent ceases to be eligible for health insurance coverage due to age, you may drop coverage, but not the coverage of that individual's other family members.

**IMPORTANT:** If you miss your window of opportunity for enrollment for the plan year, you will **NOT** be able to enroll in benefits unless you have a qualified 'life event' or you wait until the following year's open enrollment.

You will have a maximum of 30 days from the date of the life event to make the change.

**Important**

**You are required to enroll your newborn within 30 days of birth in order for the child to be covered in healthcare. Newborns are *not* automatically covered for the first 30 days.**



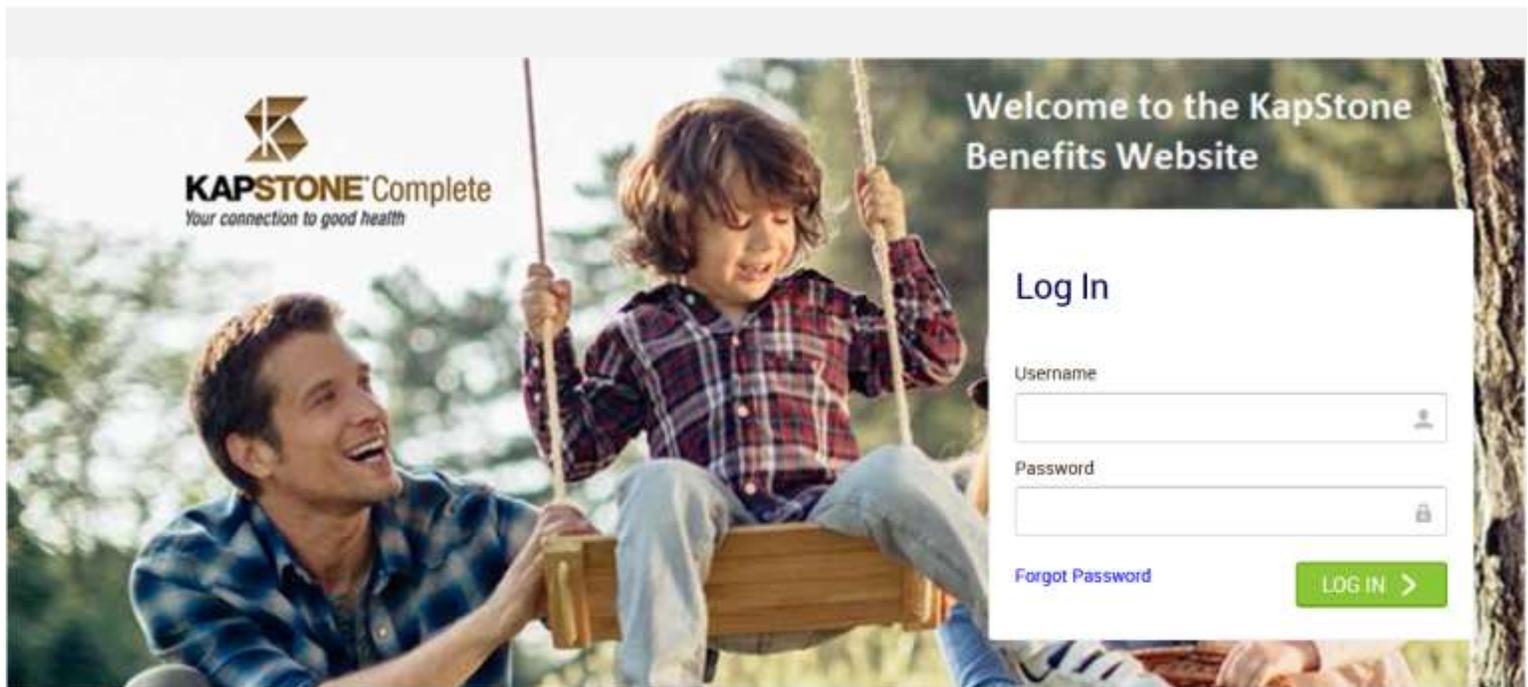
# How do I Enroll?



Check out the online portal:

**KapStone Benefits Center:** [www.kapstonebenefits.bswift.com](http://www.kapstonebenefits.bswift.com)

KapStone Benefits Center representative are available Monday through Friday, from 7 am to 7 pm CT and can be reached at 888-995-2778



**Your Employee ID number (Six digits including leading zeros) preceded by the letters KV**  
**For example, if your Employee ID is 111 your Log In Username is KV000111**

# Medical Insurance through United Healthcare (UHC)

Because we recognize how important medical coverage is for you and your family, the medical plans offered through Victory Packaging allow employees to choose from two different options administered through UHC. These are the Choice Plus HRA and the Choice Plus PPO plans. Below you can review detailed information about each to decide which plan works best for you.

## Choice Plus HRA

We are committed to offering our employees affordable healthcare solutions and the UHC Choice Plus HRA is one of the best ways with which to do this. The HRA plan combines a high deductible health plan with a health reimbursement account, essentially providing employees with the option of paying lower contributions and assuming more responsibility for their healthcare.

Under the HRA plan, the company will provide an annual fund of the following amounts for each employee and their dependents to cover medical expenses at 100%, depending on each employee's level of coverage.

Annual HRA Contribution Amounts, based on Level of Coverage	
Employee	\$1,000
Employee + Spouse or Children	\$2,000
Family	\$2,000

For new employees, HRA funds are pro-rated quarterly depending on your start date. The prorated amounts can be reviewed here:

HRA Funds Availability, based on Employee Start Date			
Annual Quarter	Employee Only	Employee + Spouse/Children	Family
Q1 (Jan. – Mar.)	\$1000	\$2,000	\$2,000
Q2 (April – June)	\$750	\$1,500	\$1,500
Q3 (July – Sept.)	\$500	\$1,000	\$1,000
Q4 (Oct. – Dec.)	\$250	\$500	\$500

### Highlights of the HRA plan include:

- Your HRA fund will cover 100% of covered medical expenses until the account funds are depleted.
  - *Remaining deductibles are paid out of pocket.*
- After the deductible is satisfied, the plan will pay 80% of covered medical expenses (in network) until you have reached the maximum annual out-of-pocket amount.
- The plan will then pay 100% of your covered medical expenses for the remainder of the plan year.
- Any HRA funds not used in a given year will carry over to the next plan year. However, HRA medical fund balances may not exceed the deductible.

## Choice Plus PPO Plan

The UHC Plus PPO plan offers a high level of benefits and the choice of using in or out-of-network physicians and hospitals for your medical needs. However, an annual deductible and out-of-pocket expenses apply under this plan, and there is no HRA funded account for employees.

While the PPO plan provides an expansive network of providers, you are required to pay a \$30 co-pay each time you visit a provider, and a \$50 co-pay to visit a specialist. Emergency room co-pays under this plan are \$250.

A benefit of the PPO plan is that employees in the plan who use in-network providers are not required to file any claim forms. However, claim form completion is required for out-of-network physicians and hospitals.

## Facts about Your Medical Plans with United Healthcare (UHC)

Using Out-of-Network services will significantly increase your out-of-pocket costs.

Co-pays and deductibles are applied separately for each procedure, even when performed within a single office visit.

UHC's pharmacy list (drug list) is available online at [www.MyUHC.com](http://www.MyUHC.com).

Mail order pharmacy orders are handled through UHC's OPTUMRX.

Forms may be found at [www.MyUHC.com](http://www.MyUHC.com) or [KapStone Benefits Center](#). (under the Library).

UHC has the right to require you to use the mail order program.

LAB CORP is the in-network lab facility. Benefits are only paid on lab work services performed by Lab Corp.



## Kaiser HMO – Health Maintenance Organization

***The Kaiser HMO option is available to Employees who reside in California ONLY.***

The Kaiser HMO plan covers many medical costs, but is limited to only in-network providers. This plan requires the selection of a primary care physician to coordinate your medical care. Office Visits under the Kaiser HMO plan are paid at 100% after the \$25 co-pay. Through the Kaiser HMO, most services are covered at 100%.

Participants in the Kaiser HMO choose a Primary Care Physician and can only use physicians and hospitals within the Kaiser HMO network. Any medical services obtained out of the Kaiser HMO network are not covered by this plan and will not be reimbursed.

***Preventative care is covered at 100% for all medical plans – no deductible or co-pay applies.***

# Medical Deductibles by Plan Type

Medical Coverage/Employee Cost					*Available to California residents Only
Benefit	UHC - HRA		UHC - PPO		*Kaiser HMO
	In Network	Out-of-Network	In Network	Out-of-Network	In Network
<b>Deductible:</b>					
Individual	\$2,000	\$4,000	\$1,000	\$2,000	None
Individual + Spouse	\$4,000	\$8,000	\$2,000	\$4,000	None
Individual + Children	\$4,000	\$8,000	\$2,000	\$4,000	None
Individual + Family	\$4,000	\$8,000	\$2,000	\$4,000	None
<b>Co-Insurance</b>	80%/20%	60%/40%	80%/20%	60%/40%	100%
<b>Out-of- Pocket Max. (Includes Deductible and co-pays)</b>					
Individual	\$4,000	\$8,000	\$5,000	\$10,000	\$1,500
Individual + Spouse	\$8,000	\$16,000	\$10,000	\$20,000	\$3,000
Individual + Children	\$8,000	\$16,000	\$10,000	\$20,000	\$3,000
Individual + Family	\$8,000	\$16,000	\$10,000	\$20,000	\$3,000
<b>Preventative Care</b>	100% No Deductible	Not Covered	100% No Deductible	Not Covered	No Deductible
<b>Annual Medical Fund Amt.</b>					
Individual	\$1,000	\$1,000	N/A	N/A	N/A
Individual + Spouse	\$2,000	\$2,000	N/A	N/A	N/A
Individual + Children	\$2,000	\$2,000	N/A	N/A	N/A
Individual + Family	\$2,000	\$2,000	N/A	N/A	N/A
<b>Lab Fees</b>	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	100%
<b>Inpatient Hospitalization</b>	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	N/A
<b>Outpatient Hospitalization</b>	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	\$10 Co-pay per visit
<b>Emergency Room</b>	20% After Deductible		\$250 Copay		<b>\$50 Co-pay</b>
	<i>Note: non-emergency care in an ER is not covered</i>				
<b>Physician Office Visit Co-pay</b>	20% After Deductible	40% After Deductible	\$30 Co-pay	40% After Deductible	\$10 Co-pay
<b>Specialist Office Visit Co-pay</b>	20% After Deductible	40% After Deductible	\$50 Co-pay	40% After Deductible	\$10 Co-pay
<b>Prescription Drug Co-pay</b>	<b>Prescription co-pays are now included in total out-of-pocket dollars</b>				
Generic	\$10 Co-pay	Not Covered	\$10 Co-pay	Not Covered	\$10 Co-pay
Preferred Brand	\$30 Co-pay	Not Covered	\$30 Co-pay	Not Covered	\$20 Co-pay
Non-Preferred Brand	\$50 Co-pay	Not Covered	\$50 Co-pay	Not Covered	\$40 Co-pay
Hearing Aids	\$1,000/3 yrs	\$1,000/3 yrs	\$1,000/3 yrs	\$1,000/3 yrs	N/A
<b>Lifetime Maximum*</b>	Unlimited		Unlimited		

For more detailed information regarding this plans, refer to the online portal [KapStone Benefits Center](#) under the Library section.

# Dental Insurance through CIGNA

Staying healthy includes obtaining quality dental care for you and your family. Victory Packaging offers you a choice of two different dental plans provided by CIGNA; a Dental DHMO and Dental PPO plan. These plans cover routine preventative care, basic and major restorative services as well as orthodontia services.

The Cigna DHMO plan requires the use of a network provider to receive benefits, which are paid based on a schedule of co-pays. The Cigna DPPO plan allows for the selection of an in-network or out-of-network provider and requires you to meet an annual deductible amount.

You can review the plan details in this chart:

CIGNA Dental Coverage/Deductibles by Plan Type			
Benefit	DHMO	DPPO	
	Fee Schedule	In Network	Out-of-Network
<b>Deductible/Basic &amp; Major Services</b>			
Individual	No Deductible	\$50	\$50
Family	No Deductible	\$150	\$150
<b>Preventative/Diagnostic Services</b>	\$5 Office Visit Co-pay	100% Deductible Waived	
<b>Basic Services</b>	See Fee Schedule	See Fee Schedule	
<b>Non-Surgical Extraction</b>	\$50 Co-pay	10% After Deductible	20% After Deductible
<b>Fillings (One Surface Amalgam)</b>	\$16 Co-pay	10% After Deductible	20% After Deductible
<b>Major Services</b>	<i>Refer to fee schedule as provided by CIGNA</i>		
<b>Dentures: Full Upper</b>	\$550 Co-pay	40% After Deductible	50% After Deductible
<b>Crowns: Porcelain to Metal</b>	\$460 Co-pay	40% After Deductible	50% After Deductible
<b>Orthodontia Services</b>	<i>Refer to fee schedule as provided by CIGNA</i>		
<b>Adult: 24 Month Treatment</b>	\$3,120 Co-pay	50% After Deductible	50% After Deductible
<b>Children: 24 Month Treatment</b>	\$2,304 Co-pay	50% After Deductible	50% After Deductible
<b>Calendar Year Maximum (Preventative, Basic, &amp; Major Services)</b>	No Maximum	\$1,000	\$1,000
<b>Orthodontia Lifetime Maximum</b>	No Maximum	\$1,000	\$1,000

For more detailed information regarding this plans, refer to the online portal [KapStone Benefits Center](#) under the Library section.



# Vision Insurance through EyeMed Vision Care

Vision care is another important part of your family’s healthcare. As such, Victory Packaging offers vision services through EyeMed. EyeMed has an extensive network of vision care providers who offer co-payments and/or allowances for eye exams, lenses and frames. Every twelve months the plan will cover your choice of either medically-necessary contact lenses or eyeglass lenses. See your vision care plan benefits below:

EyeMed Vision Care Services		
Benefit	Member In-Network Cost	Out-of-Network Plan Allowance
<b>Exam with Dilation as Necessary</b>	<b>\$10 Co-pay</b>	<b>\$15</b>
<b>Exam Options:</b>		
Standard Contact Lens Fit & Follow-up	Up to \$40	N/A
Premium Contact Lens Fit & Follow-up	10% Off Retail	N/A
<b>Frames</b>	<b>\$0 Co-pay/\$130 Allowance/20% Off Balance over \$130</b>	<b>\$65</b>
<b>Standard Plastic Lenses</b>		
Single Vision	\$25 Co-pay	\$5
Bifocal	\$25 Co-pay	\$15
Trifocal	\$25 Co-pay	\$33
Standard Progressive Lens	\$90	\$15
Premium Progressive Lens	\$90/80% of Charge less \$120 Allowance	\$15
<b>Lens Options</b>		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate – Adult	\$40	N/A
Standard Polycarbonate – Child Under 19	\$40	N/A
Standard Anti-reflective Coating	\$45	N/A
Polarized	20% Off Retail Price	N/A
Additional Add-ons	20% off Retail Price	N/A
<b>Contact Lenses (Materials Only)</b>		
Conventional	\$0 Co-pay/\$150 Allowance/15% off Balance over \$150	\$120
Disposable	\$0 Co-pay/\$150 Allowance/15% off Balance over \$150	\$120
Medically Necessary	\$0 Co-pay/Paid in Full	\$200
<b>Laser Vision Correction (Lasik or PRK from U.S. Laser Network)</b>	<b>15% off Retail Price or 5% off Promotional Price</b>	<b>N/A</b>
<b>Additional Pairs Benefit</b>	Once Funded Member Benefit Used: 40% off Complete Pair of Eyeglass Purchase 15% off Conventional Contact Lenses	N/A
<b>Renewal Frequency</b>		
Exam	Once Every 12 Months	
Lenses or Contact Lenses	Once Every 12 Months	
Frames	Once Every 12 Months	

For more detailed information regarding this plans, refer to the online portal [KapStone Benefits Center](#) under the Library section.

# NEW VENDOR

## Flexible Spending Accounts – bswift®

Victory Packaging has partnered with bswift to administer your Flexible Spending Account plans. We are pleased to offer you and your family this benefit which will save you significant tax dollars - as much as 21% to 41% in tax savings!



**General Purpose Health Care FSA:** The General Purpose Health Care FSA allows you to pay for eligible out-of-pocket medical, dental and vision expenses for you, your spouse, and your eligible dependents.



**Dependent Care FSA:** The Dependent Care FSA allows you to pay for eligible daycare and elder care expenses for children under the age of 13, handicapped children of any age, and dependent parents who are unable to take care of themselves. Please retain the name and tax identification number (or SSN) of your day care provider for tax purposes.

## Flexible Spending Account Plan Details

**Plan Year Start and End Dates**

January 1, 2017 – March 15, 2018

*Expenses for your 2017 election may be incurred through March 15, 2018 (2 ½ month grace period) and must be claimed by April 30, 2018 or your outstanding annual balance will be forfeited per IRS rules.*

**Filing Deadline**

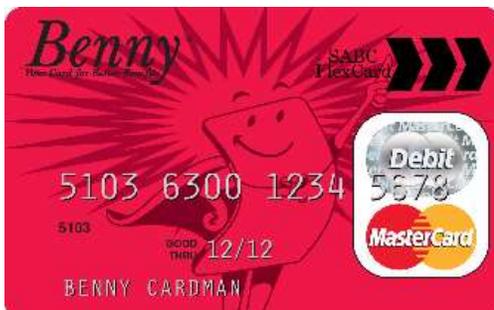
All claims must be received by April 30, 2018

**General Purpose Health Care FSA Limits:**

\$2,600.00 maximum per plan year

**Dependent Care FSA Limits:**

\$5,000.00 maximum per plan year



You will receive two pre-paid Benny™ cards mailed to your home to use for eligible health care expenses.

All **Dependent Care FSA** expenses must be submitted directly to bswift along with a completed claimform in order to receive reimbursement.

# Enrolling, IRS Requirements and Use-or-Lose Rule

**Enrolling in the FSA:** You may only enroll in the FSA during the Annual Enrollment period from November 7, 2016 to November 18, 2016 unless you have a qualifying change in status. Your FSA election does not automatically continue from year to year, therefore you must re-elect it every year.

**IRS Requirement:** You are not eligible to enroll in a General Purpose Health Care FSA if you are also enrolled in a Health Saving Account. However, you may enroll in a Limited Purpose Health Care FSA that covers out-of-pocket Dental and Vision expenses. If you have questions regarding HSA and FSA coordination, please contact the bswift FSA customer service department directly at (866) 365-2413.

**Use-it or Lose-it:** FSA expenses incurred after the Expense Deadline are not eligible for reimbursement from your FSA and FSA balances left in your account at the end of the Filing Deadline will be forfeited per IRS rules.



*Expenses for your 2017 election may be incurred through March 15, 2018 (2 ½ month grace period) and must be claimed by April 30, 2018 or your outstanding annual balance will be forfeited per IRS rules.*

## Flexible Spending Account Services

**Election Confirmation:** You will receive an email to confirm the accuracy of your FSA elections if you choose to enroll. If we do not have your email on file a confirmation letter will be mailed to you.

**Online Access to your Account:** Once you are enrolled in the FSA plan, you may view your account balance or the status of your claim online on the portal [KapStone Benefits Center](#).

**Paper Claims:** Paper claims and supporting expense documentation may be submitted to bswift by email, fax, the bswift claims mobile app or mail. Claim forms can be found online portal [KapStone Benefits Center](#).

## Contact Information for Claims Administrator

<b>Address:</b>	5001 Plainfield Ave NE, Suite A Grand Rapids, MI 49525
<b>Email:</b>	<a href="mailto:FSA@bswift.com">FSA@bswift.com</a>
<b>Website:</b>	<a href="http://www.kapstonebenefits.bswift.com">www.kapstonebenefits.bswift.com</a>
<b>Toll-Free Phone:</b>	(866) 365-2413
<b>Fax:</b>	(616) 301-1873
<b>Mobile App:</b>	Search for “bswift claims” in the Google Play or iTunes stores. Note: You’ll need to log into the FSA web portal to answer security questions before you can register your account on the app.

For more detailed information regarding this plans, refer to the online portal [KapStone Benefits Center](#) under the Library section.

# Short Term Disability (STD) & Long Term Disability (LTD)

## Coverage and FMLA Leaves

Employees who are unable to work due to personal illness or injury are eligible to apply for STD benefits. All STD claims are subject to a 7-day elimination period. In order for a claim to be approved for payment, UNUM must have received all requested documentation from you and/or your physician(s). Incomplete or insufficient documentation will delay approval or payment. Once the claim has been approved by UNUM, benefits will be paid up to 60% of eligible gross earnings, for a maximum period of 13 weeks.

For eligible employees, initiating the STD claim will also begin the FMLA process. **Employees will be required to use all available paid time off before STD benefits begin.**

If your illness or injury prevents you from returning to work after STD benefits have been exhausted, you may be transitioned to LTD. LTD benefits paid are contingent upon your physician(s) diagnosis. Long Term Disability provides 60% of your eligible **base** annual salary, until you no longer qualify for benefits due to your physician's release, or until you reach the Social Security normal retirement age.

## Filing for a Leave or STD Claim

As soon as you become aware that an illness or injury will prevent you from being available for work for 7 days or more, it is important that you:

1. **Notify your immediate supervisor or manager, and/or contact Human Resources**
2. **Call UNUM at 1-866-779-1054.**

UNUM will coordinate with the STD and LTD policies to ensure that you receive your full benefits while on leave.

**REMINDER:** in order for your claim to be processed and paid in a timely manner, you must respond to, and provide all the documentation that UNUM requests. Please consult the FMLA policy.

Please see STD/LTD coverage details below

STD & LTD Coverage & Cost Table			
Short Term Disability		Long Term Disability	
Benefit Percentage	60% of earnings	Benefit Percentage	60% of earnings
Maximum Weekly Benefit	\$2,500	Maximum Monthly Benefit	\$10,000
Minimum Weekly Benefit	\$25	Minimum Monthly Benefit	\$100
Benefit Waiting Period	7 days	Benefit Waiting Period	90 days

# AETNA Life Insurance/Accidental Death & Dismemberment

Life insurance is an important part of your financial well being, especially if others depend on you for support. As such, Victory Packaging provides \$45,000 of Basic Life insurance coverage to eligible employees at no cost. To provide protection in the event of an unforeseen accident that results in bodily dismemberment or death, the company also provides \$45,000 of Accidental Death and Dismemberment (AD&D) insurance at no cost.



These coverage options are provided through AETNA. Your AETNA Life insurance policy can be ported to an individual policy (at your expense) in the event that you terminate your employment with Victory Packaging.

## Voluntary Life and AD&D Insurance

In addition to the company provided insurance benefit of \$45,000 each for Basic Life and Basic AD&D, you have the opportunity to elect additional life and AD&D insurance coverage for yourself, your spouse and your legal dependents so that you may strengthen your family's financial security.

**The election of Employee Voluntary Life is REQUIRED in order to elect any Life insurance for Spouse/Child(ren) as well as to elect Employee/Spouse/Child(ren) AD&D coverage**

Employees may purchase Life, or a combination of Life and AD&D coverage, up to seven (7) times their base annual salary, to a maximum of \$1,045,000 (a total combination of all Employee basic and voluntary insurances).

The maximum amount that can be purchased without EOI (Evidence of Insurability) is three (3) times your base annual salary, if you are enrolling for the first time as a new hire. Employees who currently have voluntary life coverage can increase one level during annual enrollment without EOI (up to the plan maximums). Employees who currently do not have voluntary coverage, must provide EOI for ANY amount elected, if electing coverage during annual enrollment. Employees must elect voluntary life coverage in order to elect or continue voluntary AD&D coverage.

In addition you may purchase Spousal life, up to a maximum of \$250,000. If you are enrolling for the first time as a new hire, you can select \$20,000 in coverage without EOI. If your spouse currently has \$10,000 in coverage, you can increase to \$20,000 during open enrollment, without EOI. Employees who do not currently have spousal life coverage, must provide EOI for ANY amount elected, if electing coverage during open enrollment. If you elect spouse life, you are also eligible to elect Spouse AD&D in the amount of \$10,000.

Child(ren) Life may be purchased in the amounts of either \$10,000 or \$25,000. If you currently have child(ren) life in the amount of \$5,000, you can continue this coverage amount or increase to one of the new coverage limits. You may also elect child(ren) AD&D in the amount of \$5,000, if you have child(ren) life policies.

Spouse/child(ren) AD&D coverage is not available unless they also have voluntary life coverage. If coverage is elected over the EOI limits, AD&D coverage would not be effective until, and unless, life insurance coverage is approved.

## Evidence of Insurability (EOI)

If you elect Voluntary Life Insurance coverage for you and your spouse that exceeds the Guarantee Issue amount when you first become eligible, or if you elect to increase your coverage more than one level during the Annual Enrollment period, you will need to provide EOI for amounts above the Guarantee Issue amounts listed in the chart below. Any increase in coverage after your initial eligibility date, or other situations listed above, will require EOI.

Coverage Type	Coverage Amounts
<b>Employee</b>	Any multiple of your salary, up to seven times Maximum: \$1,045,000*(Combined Employer-paid Basic Life/AD&D plus voluntary amount) Guarantee issue amount: Three times your base annual salary
<b>Spouse</b>	\$10,000 increments Maximum: \$250,000 Guarantee issue amount: \$20,000
<b>Child(ren)</b>	For children 14 days to 6 months: \$1,000 For children 6 months to eligible age: \$10,000 or \$25,000

\*this amount may be of greater value for those enrolled prior to 12/31/2015

## Life & AD&D Insurance Rate Charts & Samples

The examples below provide an overview of the calculation methods for Life and AD&D insurance, as well as your monthly rates for supplemental coverage. Review each chart below to decide if you will choose supplemental coverage.

### Life Insurance Rates & Sample

Monthly Supplemental Life Insurance Contribution Rates – Per \$1,000 of Coverage			
Age Categories	Employee (7X Salary Max or \$1,000,000)	Spouse amounts per \$1,000 of coverage (\$250,000 Max)	Children (\$10,000 or \$25,000 Max per Child)
<25	\$0.052	\$0.074	<b>14 days to 6 months - \$1,000</b>  Children are covered to age 19, or age 23 if a full time, unmarried student.  <b>Child Coverage from 6 months to age 19 is \$0.191 per \$1,000</b>
25-29	\$0.060	\$0.089	
30-34	\$0.078	\$0.099	
35-39	\$0.090	\$0.126	
40-44	\$0.103	\$0.163	
45-49	\$0.167	\$0.242	
50-54	\$0.281	\$0.383	
55-59	\$0.446	\$0.630	
60-64	\$0.749	\$1.006	
65-69	\$1.100	\$1.712	
70-74	\$2.017	\$1.712	
75-79	\$3.538	\$1.712	
80-84	\$3.506	\$1.712	
85-89	\$8.760	\$1.712	
90+	\$14.19	\$1.712	

Voluntary Employee Life Coverage Examples			
Age	Coverage Amount	x Voluntary Life Rate	Monthly Cost
35	\$200,000/\$1,000=200	200x\$0.090	\$18.00 (\$8.31 bi-weekly)
42	\$300,000/\$1,000=300	300x\$0.103	\$30.09 (\$14.26 bi-weekly)

## AD&D Insurance Rates & Sample

Monthly Supplemental AD&D Insurance Contribution Rates – Per \$1,000 of Coverage		
Employee (7X Salary Max or \$1,000,000)	Spouse (\$10,000 Max)	Children (\$5,000 Max per Child)
\$0.02	\$0.02	\$0.02

Supplemental AD&D Coverage Examples			
Individual	Coverage Amount	x Voluntary Life Rate	Monthly Cost
Employee	\$200,000/\$1,000=200	200x\$0.02	\$4.00 (\$1.85 bi-weekly)
Spouse	\$10,000/\$1,000=10	10x\$0.02	\$0.20 (\$0.10 bi-weekly)
Child	\$5,000/\$1,000=5	5x\$0.02	\$0.10 (\$0.03 bi-weekly)

# Additional Employee Benefits

## MyUHC.com

For all eligible employees, [MyUHC.com](http://MyUHC.com) is an online health, wellness, and benefits portal that can provide you with round the clock access to all the information you need to understand your benefits. Through MyUHC.com you can research wellness information and view and update all of your personal information in a central, secure location. You can:

- Find personalized benefit and claim information
- Access wellness and healthcare information
- Print a temporary ID card or request a new one
- Track your deductible on all plans
- Plan for health expenses
- Compare cost and quality between doctors and hospitals



To make the most of your time when you need help making informed health care decisions, visit [www.MyUHC.com](http://www.MyUHC.com) or call the number located on the back of your healthcard.

## UHC Allies Discount Program

As a supplemental program, the UHC Allies Discount Program provides you and your family with an opportunity to receive discounts (up to 60%) on a range of health and wellness related services and products that promote a healthier lifestyle. The program includes discounts on:

- Vision and hearing care
- Weight management
- Fitness club memberships
- Smoking cessation
- Chiropractic care
- Massage therapy
- Acupuncture
- Pharmacy and vitamins



To access the UHC Allies Discount Program, log into [www.MyUHC.com](http://www.MyUHC.com) and look for the Extra Programs and Discounts link on the home page.

## **UHC MyNurseLine (a 24-Hour; 7/day week Health Information Line) -**

UHC provides a helpful health information phone hotline with access to registered nurses 24 hours a day, every day, from any phone, nationwide.

With a staff of registered nurses on duty around the clock, this service provides great support if you find yourself with an immediate medical issue or question that you maybe unsure of. When you call the hotline, a nurse will ask you a few questions about your symptoms and situation, and will then direct you to the type of care that should make you more comfortable. If your condition does not require immediate care, the nurse will give you self-care tips to use until you see the doctor.



In the event that you need urgent care, the UHC registered nurse will be able direct you to the nearest UHC HealthCare participating provider and will help you with any necessary authorization requirements.

You can also access the Health Information Library to listen to taped programs on hundreds of different topics, including aging, women's health, nutrition and surgery. The tapes are updated regularly to include new treatments and medical data. You can listen to as many tapes as you like. You'll find a list of topics on [myuhc.com](http://myuhc.com)

To get in touch with the UHC MyNurseLine, call the toll free number (also found on your UHC HealthCare ID card) at 1-855-520-1966.

# 1-855-520-1966

## **UNUM Life Assistance Program (EAP), 1-800-854-1446**

UNUM's EAP program, offered free of cost to all full time company employees, offers services designed to help you reduce stress, balance your work and family responsibilities and improve the overall quality of your life. All regular full time employees of the company are automatically enrolled in UNUM's EAP program at no cost once they become benefits eligible.

The UNUM EAP Program is a resource, consultation, and referral service that offers phone consultations as well as online information with interactive tools. All services are available to you and all members of your household and provide free, confidential and accessible services, 24 hours a day, 365 days a year. Should you require services beyond the scope of the program, staff members can coordinate referrals to appropriate resources.

The website for mental health inquiries and assistance is [www.liveandworkwell.com](http://www.liveandworkwell.com).

### **UNUM's EAP program includes:**

- 24 hour/365 day live phone access
- 24 hour crisis intervention
- 24 hour phone consultations with licensed behavioral health clinicians
- Referrals for up to 3 free, face-to-face counseling visits for behavioral issues
- Referrals to community resources for localized support
- Referrals for financial and legal guidance
- Consultation and referrals for work related issues, including coping with work stress, working with difficult people, time management, and talking with your manager
- An online resource library with a variety of health and emotional well being content, as well as interactive tools and behavioral health provider search capabilities
- Comprehensive life event services that provide information, research and qualified referrals on an extensive range of topics to help you balance work



# 401(K) Retirement Plan – Wells Fargo

Planning for your life after retirement is as important as ensuring your health and wellness in the present. As such, Victory Packaging offers a comprehensive 401(K) Retirement Plan through Wells Fargo for all eligible employees. With the Wells Fargo 401(K) you can contribute pre-tax dollars towards your retirement savings and you are also offered a vested company match, based on your years of service and our performance for the current calendar year.

***All 401(K) plan eligible employees are automatically enrolled in a Wells Fargo 401(K) plan with a 3% contribution at the time that they become benefits eligible.***

## 401(K) Plan Eligibility

Participation in the Wells Fargo 401(K) Plan is open to all full-time employees who are at least 21 years of age and who have completed two full months of service with the company. Eligible employees are automatically enrolled at 3% of their bi-weekly payroll on the first of the month following two full months of service.

While newly hired employees are automatically enrolled at a 3% contribution, changes to this contribution rate can be made, or you can decline participation altogether, by accessing your 401(K) plan through Wells Fargo.

## Accessing Your Wells Fargo 401(K) Plan

To access and make changes to your 401(K) plan you can contact Wells Fargo by phone at **1-800-377-9188** or you can login to your account online by visiting [www.wellsfargo.com/401k](http://www.wellsfargo.com/401k).

### **1-800-377-9188**

Wells Fargo's toll free Participant Account Services number has retirement specialists available for consultations between **7:00 AM to 10:00 PM EST** to provide you with assistance in both English and Spanish.

### **[Wellsfargo.com/401k](http://www.wellsfargo.com/401k)**

Through Wells Fargo's 401(K) website, you can manage your retirement savings account completely by reviewing your account balances and contributions, and making changes to your contribution rates and your investment options. The Wells Fargo 401(K) website is your portal to your retirement savings account.



## 401(K) Plan Contributions

Employees can contribute up to 100% of compensation up to the maximum amount allowed by law. Employees age 50 or older can also make 'catch-up contributions' to their 401(K) retirement plan. Maximum dollar amounts that may be contributed are determined by the Internal Revenue Service (IRS).

You may change the amount of your 401(K) contribution and your investment elections at any time by logging into your Wells Fargo 401(K) account online or by contacting a customer service representative. All plan contribution changes become effective as soon as administratively feasible and remain in effect until they are changed or terminated by you. You can discontinue and re-start your plan contributions at any time as well.

Effective January 1, 2013, all newly eligible employees are enrolled at 3%. Those employee who do not make any change to this contribution election, will see an increased contribution rate of 1% annually, to a maximum of 6%. If you make changes to your automated plan elections, this increase will not take place.

## 401(K) Company Match & Vesting

Dependent upon our company's profitability and growth, we are proud to offer eligible employees a company match and profit sharing contribution to our employee's 401(K) retirement accounts. Details about these company contributions are announced on a yearly basis and depend on our performance for a given year.

Company matching contributions have two components, a match based on each employee's dollar contributions to their 401(K) retirement savings plan and a profit sharing contribution based on the year's performance.

All funds generated by company match and profit sharing contributions are subject to a vesting schedule, based on your years of employment. Below you can see the company match and profit sharing contribution vesting schedule, based on years of service:

401(K) Company Contribution Vesting Schedule	
Years of Service	Vested Percentage
Less than 1 year	0%
1 Year	20%
2 Years	40%
3 Years	60%
4 Years	80%
5 Years	100%

**For more specific 401(K) retirement plan details, refer to your Wells Fargo 401(K) Summary Plan.**

*Victory Packaging reserves the right to amend then plan features of the 401(K) retirement savings plan, as permissible under ERISA. Please refer to the Summary Plan Description available on the online portal [KapStone Benefits Center](#) under the Library section for the latest plan information.*

# Additional Voluntary Benefits

Through MetLife's Voluntary Benefits programs, you now have a convenient option to purchase additional insurance specific to your family's needs. You can take advantage of these benefits by electing this coverage during open enrollment.

## Hyatt Legal Services

Talk with an attorney, on the phone or in person, to review the law, discuss your rights and responsibilities, explore your options and recommend a course of action. These services are a flat \$16.50 per month. Once elected, the benefit remains in effect for the calendar year.

## Auto & Home Insurance

Access to group discounts for auto and home insurance. Contact MetLife at 1-800-438-6388 to set up your personal auto and home insurance coverage. Payroll deductions will begin once MetLife notifies the payroll department of your per-payroll deduction amount.

## Pets Insurance

Help to cover your pet's medical care, including coverage for the diagnosis and treatment of illnesses (including cancer and hereditary conditions), accidents and wellness. Payroll deductions begin once MetLife notifies the payroll department of your per-payroll deduction amount.

Voluntary benefits are 100% paid through payroll deductions on an after-tax basis. Legal Services remain in effect the entire calendar year, once elected. Auto & Home and Pet Insurance may be cancelled at any time once elected.

# Reference & Contact Information

Here you can review and reference important contact information for the many benefit providers that manage our employee benefit offerings. Refer to this chart to contact your benefit providers.

Benefit Provider	Policy #	Phone # / Email	Website
<b>Benefits Enrollment</b> bswift	N/A	888-995-2778	<a href="http://www.kapstonebenefits.bswift.com">www.kapstonebenefits.bswift.com</a>
<b>UHC Medical</b> HRA, PPO	0903587	855-520-1966	<a href="http://www.myuhc.com">www.myuhc.com</a>
<b>Kaiser Permanente</b> HMO Available to California residents Only	N/A	800-464-4000	<a href="http://www.kaiserpermanente.com">www.kaiserpermanente.com</a>
<b>CIGNA Dental</b> DHMO, DPPO	3305632	800-244-6224	<a href="http://www.cigna.com">www.cigna.com</a>
<b>EyeMed</b> Vision	9768540	866-299-1358	<a href="http://www.eyemedvisioncare.com">www.eyemedvisioncare.com</a>
<b>bswift</b> FSA & Child Care	N/A	866-365-2413 <a href="mailto:FSAddept@bswift.com">FSAddept@bswift.com</a>	<a href="#">KapStone Benefits Center</a>
<b>AETNA</b> Life Insurance Benefits	N/A	800-523-5065	Phone only
<b>UNUM</b> STD, LTD	498358	800-421-0344	<a href="http://www.UNUM.com">www.UNUM.com</a>
<b>UNUM</b> FMLA - Filing a leave claim	N/A	866-779-1054	<a href="http://www.UNUM.com">www.UNUM.com</a>
<b>UNUM</b> EAP (Life Assistance)	N/A	1-800-854-1446	<a href="http://www.UNUM.com">www.UNUM.com</a>
<b>Wells Fargo</b> 401(k)	00000VPK	800-377-9188	<a href="http://www.wellsfargo.com/401k">www.wellsfargo.com/401k</a>
<b>MetLife</b> Voluntary Benefits	N/A	800-438-6388	<a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>
<b>KapStone Benefits Center</b>	N/A	888-995-2778	<a href="http://www.kapstonebenefits.bswift.com">www.kapstonebenefits.bswift.com</a>
<b>UltiPro</b>	N/A		<a href="https://n21.ultipro.com/Login">https://n21.ultipro.com/Login</a>