



**Victory  
Packaging**

We are *Architects* of Packaging Solutions

**2019 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 the Victory Packaging benefits department at 713-961-3299, during regular business hours - Monday through Friday, from 8 am to 5 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 on the Victory Packaging UltiPro Payroll Site online at <https://n21.ultiopro.com/> under MySelf> My Company> Company Forms> Benefits.*

# 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 employees' 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, dental and vision coverage)
  - 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

Please note correct Social Security Numbers (SSN) **are** REQUIRED for enrollment of a dependent. If you do not have the SSN at the time you are enrolling your dependent, you may enter the number 999-99-999. Failure to update the SSN as soon as it becomes available will result in a disruption/cancellation of coverage. Valid SSNs are required by healthcare providers to accurately process claims.

**Children:** A child includes a child for whom you are the legal guardian, a legally adopted child, or a step-child. Benefits for a dependent will continue until the last day of the calendar month in which the limiting age is reached.

**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
- Has signed a notarized affidavit declaring domestic partner status
- Is registered as your domestic partner in states that provides for registration

Domestic partners must meet each of the above requirements to be eligible for company sponsored benefits.

**Plan participants ARE required to provide proper documentation to establish dependent relationship. If the plan participant refuses or if dependents are found to be ineligible, participants will be required to reimburse the plan for all expenses incurred.**



# 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 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. **Enrollment must take place within 30 days of the hire date.**

**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 Social Security Numbers (SSNs) are REQUIRED for enrollment of a new dependent. If you do not have the SSN at the time you are enrolling your dependent, you may enter the number 999-99-999 and then correct the SSN 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. You may modify existing coverage, but **may not change** from one plan to another.

**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.

Changes must be made within 30 days from the date of the life event.

**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?

Log In

User Name

Password

[Forgot your password?](#)

Log In

# 1 – Log into UltiPro → <https://n21.ultipro.com/Login>

**User Name:** First letter of your first name, First letter of your last name and the last four of your social security number  
Example for John Smith = JS9999

**Password:** Letter/Number/Character combo that you created

**FORGOT PASSWORD?** Please use the [Forgot your password?](#) link to reset.  
If you continue have trouble logging in, email [benefits@victorypackaging.com](mailto:benefits@victorypackaging.com)

MENU

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Open Enrollment

Prior Pay

## Open Enrollment

Description

2019 OPEN ENROLLMENT

# 3 to start your Open Enrollment.

If you do not see this option, you may not be an eligible employee. If you believe you are an eligible employee but you do not see this option, please email [benefits@victorypackaging.com](mailto:benefits@victorypackaging.com).

# 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 three different options administered through UHC. They are the Choice Plus HRA, the Choice Plus PPO or the Choice Plus HDHP. 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.

**Please note - HRA funds not used by December 31<sup>st</sup>, do not carry over into the next year.**

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 ONLY 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.

## Choice Plus High Deductible Health Plan (HDHP) with Health Savings Account (HSA)

The UHC High Deductible Health Plan (HDHP) with Health Savings Account (HSA) is a high deductible healthcare solution with a savings account that both you and your employer can contribute to in order to pay your medical expenses. The HSA offers the same high level of benefits and the choice of using in or out-of-network physicians and hospitals for your medical needs as our other UHC plans, however, in the HSA you own the account.

The company will provide a per pay period contribution up to the maximum annual amount for each employee enrolled in the HDHP, who has also opened an HSA, depending on each employee's level of coverage.

For new employees, annual contribution amounts will be pro-rated based on the coverage start date.

*Annual HSA Employer Contribution Amounts, based on Level of Coverage			
Employee	\$1,000	Bi-Weekly \$38.47	Weekly \$19.23
Employee + Spouse or Children	\$2,000	\$76.93	\$38.46
Family	\$2,000	\$76.93	\$38.46

To receive the employer AND/OR your elected contributions, **you are REQUIRED to open an account with Optum Bank.**

**If you are participating in the HDHP plan, click on this link to set up your account:**

<https://enrollhsa.optumbank.com/enrollment#/?group=903587>

**NOTE!!! Contributions are deposited ONLY IF an account is opened immediately. Missed contributions will not be made retroactive to the election date.**

HSA Contribution Limits – must be reduced by the employer contribution.

IRS 2019 limits:            Individual - \$3,500.00            Family - \$7,000.00

Individuals, who at any time within the plan year, attain the ages of 55+, should enroll in the “catch-up contributions” plan, as the IRS allows an extra \$1,000.00 for the year. This is meant to help save additional money for medical expenses once you are retired.

You are allowed to contribute the entire year's limit when you first become eligible for the HSA as long as you are still eligible on the first day of the last month of your tax year (December 1<sup>st</sup>). If you join mid-year and contribute the maximum amount to your HSA, you must remain eligible for at least 12 months after the last day of the last month of that tax year (December 31<sup>st</sup>), or you will be subject to taxes and penalties on the amount you contributed.

## Highlights of the HSA plan include:

- Funds rollover each year, so you can use your HSA to save tax-free money for retirement medical expenses.
- You own the account, even if you leave the company.
- Distributions from your HSA are tax free if they are taken for “qualified medical expenses”.
- Regular income taxes will still apply for nonmedical distributions

### How does it work?

- You can use HSA dollars to pay your health insurance deductible, along with other qualified medical expenses such as dental or vision services.
- Once you meet your deductible, your insurance pays additional covered expenses in accordance with our plan.

### Who is Eligible for an HSA?

Anyone who is covered by an HDHP and:

- Not enrolled in Medicare
- Not covered under other health insurance  
Other health insurance does not include specific disease or illness insurance, accident, disability, dental care, vision care and longer term care insurance.
- Not another person’s dependent



### Drawback

It is tough to accurately budget for your yearly medical expenses, as illness is unpredictable. Please be aware, under the HDHP plan you will have first dollar exposure to incurred medical expenses. There are no co-pays under the HDHP plan; you must meet your deductible before the carrier will pay towards any expense. Until your HSA balance is built up, you will be paying for expenses out of your pocket.

For additional regulations and information about the HSA, refer to the “HSA – FAQs” document in Ultipro – Myself – My Company – Benefits.



## 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 ALL Medical Plans offered 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

*On the Victory Packaging UltiPro Payroll Site online at <https://n21.ultipro.com/> under MySelf> My Company> Company Forms> Benefits.*

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.

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



## **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 Coverage by Plan Type

\*Available to CA residents ONLY

Benefit	UHC - HRA		UHC - PPO		UHC -HDHP		*Kaiser HMO
	In Network	Out-of-Network	In Network	Out-of-Network	In Network	Out-of-Network	In Network
<b>Deductible:</b>							
Individual	\$2,000	\$4,000	\$1,000	\$2,000	\$1,350	\$2,700	None
Individual + Spouse	\$4,000	\$8,000	\$2,000	\$4,000	\$2,700	\$5,400	None
Individual + Children	\$4,000	\$8,000	\$2,000	\$4,000	\$2,700	\$5,400	None
Individual + Family	\$4,000	\$8,000	\$2,000	\$4,000	\$2,700	\$5,400	None
<b>Co-Insurance</b>	80%/20/%	60%/40%	80%/20%	60%/40%	80%/20/%	60%/40%	100%
<b>Out-of- Pocket Max. (Includes Deductible &amp; co-pays)</b>							
Individual	\$4,000	\$8,000	\$5,000	\$10,000	\$4,000	\$8,000	\$1,500
Individual + Spouse	\$8,000	\$16,000	\$10,000	\$20,000	\$8,000	\$16,000	\$3,000
Individual + Children	\$8,000	\$16,000	\$10,000	\$20,000	\$8,000	\$16,000	\$3,000
Individual + Family	\$8,000	\$16,000	\$10,000	\$20,000	\$8,000	\$16,000	\$3,000
<b>Preventative Care</b>	Preventative care is covered 100% <b>IN NETWORK</b> for all medical plans Preventative Care is not covered out of network						
<b>Lab Fees</b>	20 % AFTER Deductible	40 % AFTER Deductible	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	20 % AFTER Deductible	40 % AFTER Deductible	N/A
<b>Outpatient Hospitalization</b>	20 % AFTER Deductible	40 % AFTER Deductible	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		20 % AFTER Deductible		\$50 Co-pay per visit
	<i>Note: non-emergency care in an Emergency Room is not covered</i>						
<b>Physician Office Visit Co-pay</b>	20 % AFTER Deductible	40 % AFTER Deductible	\$30 Co-pay	40 % AFTER Deductible	20 % AFTER Deductible	40 % AFTER Deductible	\$10 Co-pay per visit
<b>Specialist Office Visit Co-pay</b>	20 % AFTER Deductible	40 % AFTER Deductible	\$50 Co-pay	40 % AFTER Deductible	20 % AFTER Deductible	40 % AFTER Deductible	\$10 Co-pay per visit
<b>Prescription Drug Co-pay</b>	<b>Prescription co-pays are applied to your total out-of-pocket maximum</b>						
<b>Generic</b>	\$10 Co-pay	Not Covered	\$10 Co-pay	Not Covered	\$10 Co-pay AFTER Deductible	Not Covered	\$10 Co-pay
<b>Preferred Brand</b>	\$30 Co-pay	Not Covered	\$30 Co-pay	Not Covered	\$30 Co-pay AFTER Deductible	Not Covered	\$20 Co-pay
<b>Non-Preferred Brand</b>	\$50 Co-pay	Not Covered	\$50 Co-pay	Not Covered	\$50 Co-pay AFTER Deductible	Not Covered	\$40 Co-pay
<b>Hearing Aids</b>	\$1,000/3 yrs	\$1,000/3 yrs	\$1,000/3 yrs	\$1,000/3 yrs	\$1,000/3 yrs	\$1,000/3 yrs	N/A
<b>Lifetime Maximum*</b>	Unlimited		Unlimited		Unlimited		

# 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 DPPO plan. These plans cover routine preventative care, basic and major restorative services as well as orthodontia services.

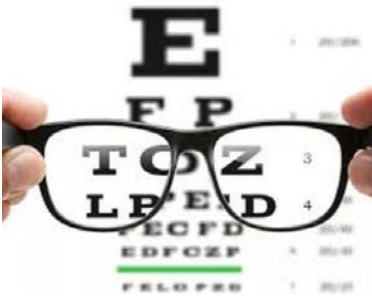
The Cigna DHMO plan requires the use of a network provider to receive benefits, which are paid based on a schedule of co-pays. The Cigna DPPO plan allows for the selection of an in-network or out-of-network provider and requires you to meet an annual deductible amount.

## 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



# 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.

## 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

# Flexible Spending Accounts – Chard Snyder

Chard Snyder administers 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!

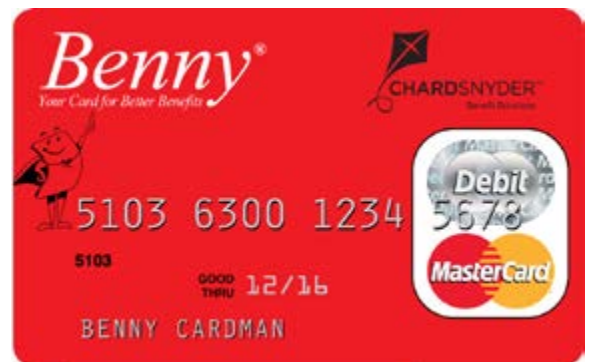
**General Purpose Health Care FSA:** The General Purpose Health Care FSA allows you to pay for eligible out-of-pocket medical, dental and vision expenses for you, your spouse, and your eligible dependents. The General Purposes Heath Care FSA may be used with all medical plan options, EXCEPT if you chose the HDHP Plan (see Limited Purpose FSA below).

**Limited Purpose Health Care FSA:** The Limited Purpose Health Care FSA is designed to partner with the HDHP w/HSA Medical Option. It is similar to the general purpose FSA, in that you may use pretax dollars for eligible medical expenses, **but it is limited to dental and vision expenses only!**



**General Purpose Health Care FSA Annual Maximum: \$2,700**

**Limited Purpose Health Care FSA Annual Maximum: \$2,700**



**Dependent Care FSA:** Paying for daycare through a dependent daycare flexible spending account can help you keep more of your money in your pocket. You choose how much to put into the account. Then you pay using tax-free dollars. The Dependent Care FSA can be used 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.

**Dependent Care FSA Annual Maximum: \$5,000**

You will be reimbursed for the amount of money in your plan at the time of your claim.



**Expenses for ALL Flexible Spending accounts; General or Limited Purpose FSA funds, as well as Dependent Care funds, MUST be incurred during the plan year January 1 – December 31, 2019.**

**Any unused funds from 2019 will be forfeited.**

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

## Coverage and FMLA Leaves

UNUM administers the STD/LTD programs. 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/manager and contact Human Resources.**
2. **Call UNUM at 1-866-779-1054.**

UNUM will coordinate 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	14 days to 6 months - \$1,000  Children are covered to age 19, or age 23 if a full time, unmarried student.  Child Coverage from 6 months to age 19 is \$0.191 per \$1,000
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



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 health card.

## 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 24/7 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 may be 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 to 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 log into your account online by visiting [www.wellsfargo.com/401k](http://www.wellsfargo.com/401k). Wells Fargo has retirement specialists consultations available by phone at **1-800-377-9188** between **7:00 AM to 10:00 PM EST** to provide you with assistance in both English and Spanish.

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.

Those employees 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 Description. Victory Packaging reserves the right to amend the plan features of the 401(K) retirement savings plan, as permissible under ERISA.

## 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.

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.

### 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.



**Protection for the furriest member of your family**

### Pet 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.

### 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.



## 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>UHC Medical</b> HRA, PPO, HDHP	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>OPTUM Bank (HSA Funds)</b>	0903587	866-234-8913	<a href="https://enrollhsa.optumbank.com/enrollment#/?group=903587">https://enrollhsa.optumbank.com/enrollment#/?group=903587</a>
<b>EyeMed</b> Vision	9768540	866-299-1358	<a href="http://www.eyemedvisioncare.com">www.eyemedvisioncare.com</a>
<b>Chard Snyder</b> General/ Limited FSA & Child Care	N/A	800-982-7715	<a href="http://www.chard-snyder.com">www.chard-snyder.com</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	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>UltiPro</b>	N/A		<a href="https://n21.ultipro.com/Login">https://n21.ultipro.com/Login</a>

Your Victory Packaging Benefits team is available at [benefits@victorypackaging.com](mailto:benefits@victorypackaging.com) or 713-961-3299