



VICTORY PACKAGING

2014 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 our Benefits Department at 1-888-261-1268, or email us at benefits@victorypackaging.com.

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.

Table of Contents

Victory Packaging Benefits.....	2
Victory Packaging’s Benefits and You	3
Benefits Enrollment	4
Medical Insurance through CIGNA Healthcare.....	5
CIGNA Medical Deductibles by Plan Type.....	7
Dental Insurance through CIGNA.....	8
Vision Insurance through EyeMed Vision Care.....	9
Flexible Spending Accounts – Chard Snyder.....	10
Short Term and Long Term Disability Insurance – UNUM.....	12
Life Insurance/Accidental Death & Dismemberment - UNUM.....	13
401(K) Retirement Plan – Wells Fargo.....	18
Reference & Contact Information	20

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 <https://n21.ultipro.com>.

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)*
- 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 that Social Security Numbers are *NOT REQUIRED* for enrollment of a new dependent. However, the UltiPro system will require a number in that space. 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 at a later time, when it becomes available.

Children: A child includes a child for whom you are legal guardian, a legally adopted child, a step-child and a grandchild who lives with you.

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 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.



Benefits Enrollment

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, and will 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.

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 open enrollment.

When can I change my Benefits?

In addition to changes made during the open enrollment process, certain qualifying life events may allow a benefit change during the plan year.

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 AND SAVE THEM WITHIN THE 30 DAY PERIOD, THEN YOU LOSE THE OPTION TO MAKE THE CHANGE UNTIL THE NEXT OPEN ENROLLMENT PERIOD OR LIFE EVENT.**

- 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 that Social Security Numbers are *NOT REQUIRED* for enrollment of a new dependent. However, the UltiPro system will require a number in that space. 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 at a later time, when 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.
- Change in residence of the employee, spouse or dependent.

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 must request the election change within 30 days of the life event.

How do I Enroll?

Benefits enrollment is managed online through the UltiPro payroll website. Step by step instructions are provided during open enrollment. You can also contact the benefits department by phone at 1-888-261-1268 or by email to benefits@victorypackaging.com

The UltiPro Benefits Enrollment website is provided below

<https://n21.ultipro.com>

Medical Insurance through CIGNA Healthcare

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 CIGNA Healthcare. These are the CIGNA HealthCare Reimbursement Account (HRA) and the CIGNA Open Access Plus (OAP) plans. Below you can review detailed information about each to decide which plan works best for you.

Health Reimbursement Account (HRA)

We are committed to offering our employees affordable healthcare solutions and the CIGNA Choice Fund[®] Health Reimbursement Account (HRA) is one of the best ways with which to do this. The CIGNA 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 CIGNA 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	\$1,500
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	\$1,500	\$2,000
Q2 (April – June)	\$750	\$1,125	\$1,500
Q3 (July – Sept.)	\$500	\$750	\$1,000
Q4 (Oct. – Dec.)	\$250	\$375	\$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.

Open Access Plus (OAP)

The CIGNA Open Access Plus 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 CIGNA OAP plan provides an expansive network of providers, you are required to pay a \$30 co-pay each time you visit a primary care provider, and a \$50 co-pay to visit a specialist. Emergency room co-pays under this plan are \$250.



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

CIGNA Medical Deductibles by Plan Type

CIGNA Medical Coverage/Employee Cost				
Benefit	HRA		OAP	
	In Network	Out-of-Network	In Network	Out-of-Network
Deductible:				
Individual	\$2,000	\$4,000	\$1,000	\$2,000
Individual + Spouse	\$3,000	\$6,000	\$1,500	\$3,000
Individual + Children	\$3,000	\$6,000	\$1,500	\$3,000
Individual + Family	\$4,000	\$8,000	\$2,000	\$4,000
Co-Insurance	80%/20%	60%/40%	80%/20%	60%/40%
Out-of-Pocket Max. (Includes Deductible)				
Individual	\$4,000	\$8,000	\$5,000	\$10,000
Individual + Spouse	\$6,000	\$12,000	\$7,500	\$15,000
Individual + Children	\$6,000	\$12,000	\$7,500	\$15,000
Individual + Family	\$8,000	\$16,000	\$10,000	\$20,000
Preventative Care	100% No Deductible	Not Covered	100% No Deductible	Not Covered
Annual Medical Fund Amt.				
Individual	\$1,000	\$1,000	N/A	N/A
Individual + Spouse	\$1,500	\$1,500	N/A	N/A
Individual + Children	\$1,500	\$1,500	N/A	N/A
Individual + Family	\$2,000	\$2,000	N/A	N/A
Lab Fees	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Inpatient Hospitalization	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Outpatient Hospitalization	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Emergency Room	20% After Deductible		\$250 Copay	
Physician Office Co-pay	20% After Deductible	40% After Deductible	\$30 Co-pay	40% After Deductible
Specialist Office Co-pay	20% After Deductible	40% After Deductible	\$50 Co-pay	40% After Deductible
Prescription Drug Co-pay				
Generic	\$10 Co-pay	Not Covered	\$10 Co-pay	Not Covered
Preferred Brand	\$30 Co-pay	Not Covered	\$30 Co-pay	Not Covered
Non-Preferred Brand	\$50 Co-pay	Not Covered	\$50 Co-pay	Not Covered
Lifetime Maximum*	Unlimited		Unlimited	

For more detailed information regarding medical plan costs, refer to the 2014 Benefits Rate Sheet found under the Benefits section on the UltiPro website.

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

For more detailed information regarding these plan costs, refer to the Benefits section on the UltiPro website.



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
Exam with Dilation as Necessary	\$10 Co-pay	\$15
Exam Options:		
Standard Contact Lens Fit & Follow-up	Up to \$40	N/A
Premium Contact Lens Fit & Follow-up	10% Off Retail	N/A
Frames	\$0 Co-pay/\$130 Allowance/20% Off Balance over \$130	\$65
Standard Plastic Lenses		
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
Lens Options		
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
Contact Lenses (Materials Only)		
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
Laser Vision Correction (Lasik or PRK from U.S. Laser Network)	15% off Retail Price or 5% off Promotional Price	N/A
Additional Pairs Benefit	Once Funded Member Benefit Used: 40% off Complete Pair of Eyeglass Purchase 15% off Conventional Contact Lenses	N/A
Renewal Frequency		
Exam	Once Every 12 Months	
Lenses or Contact Lenses	Once Every 12 Months	
Frames	Once Every 12 Months	

For more detailed information regarding plan costs, refer to the Benefits section on the UltiPro website.

Flexible Spending Accounts – Chard Snyder

Flexible Spending Accounts are a voluntary tax-free account designed to help pay for your medical and child care expenses while allowing you to keep more of your paycheck and lower your taxable W-2 wages. Through payroll deductions, you can set aside money on a tax-free (you pay no federal income or FICA taxes) basis through a **Health Care Reimbursement Account** to reimburse yourself for eligible non-insured medical, dental, and vision care expenses incurred by you, your spouse and your eligible dependents. You may also set aside money to pay for dependent care as needed with a **Dependent Care Flexible Spending Account**.

Healthcare Flexible Spending Account

Healthcare flexible spending accounts set aside your pre-tax dollars to cover reimbursable expenses that include, but are not limited to, doctor visit co-pays, prescription co-pays, medical and dental deductibles, co-insurance, eyeglasses, contacts, Lasik procedures, and orthodontia. With a healthcare flexible spending account, you can take care of your family's medical needs while lowering taxable wages. You can view a comprehensive list of reimbursable medical expenses at www.chard-snyder.com just find the Quick Access link for Flexible Spending Accounts on the site.

Health Care FSA Information

- You may contribute up to a maximum of \$2,500 to the Healthcare FSA plan each calendar year.
- Your annual election amount is available at any time during the plan year.
- **If you do not use all the funds in your account by the end of the calendar year, up to \$500 can be carried forward for expenses incurred in the following year. The carry-forward does not reduce your maximum election; you may still elect to contribute up to the \$2,500 each year.**



Dependent Care Spending Account

Dependent Care Spending Accounts are separate flexible spending accounts specifically designed to help you to pay for dependent daycare services on a pre-tax basis for children, ages 13 and under. To be eligible for a Dependent Care FSA, daycare expenses incurred must be as a result of your being gainfully employed or being a full time student. If married, the incurred expenses must be a result of you and your spouse being gainfully employed or full time students. Daycare must be provided by a licensed or certified daycare provider. Additionally, daycare expenses incurred while there is a stay at home parent are not reimbursable.

Dependent Care FSA Information

- You may contribute up to a maximum of \$5,000 to a Dependent Care FSA plan each calendar year.
- Your Dependent care account will only reimburse up to your actual account balance at the time a reimbursement request is processed.
- If a reimbursement request is received for more than the account balance, a check will be issued for the account balance and a pending request for the difference will be noted on your account.
- **Per IRS Regulations, funds in your Dependent Care FSA account not used by the end of the calendar year are forfeited. Funds do not roll over from year to year.**

There is a childcare tax credit available at the end of the year which may not be available if a Dependent Care FSA is used. It is important to compare the tax credit to the dependent care spending account to determine which is the better option for your family.

Reimbursement Options

To be reimbursed for FSA covered expenses, participants can fax, email or mail claim forms and supporting documentation to Chard Snyder. Supporting documentation can be a receipt, a bill, an explanation of benefits summary and/or any documentation that provides the date of service, the type of service and the amount.

After the claim has been reviewed and the expense approved, payment is then issued to the employee via direct deposit or a check. Claims are processed daily and payments are issued at least once per week. Additionally, Healthcare FSA participants may choose to use a Benny Prepaid Benefits Card to immediately withdraw funds when an eligible purchase is made.

Submitting Reimbursements

For both the Healthcare and Dependent Care FSA account, each time you have an out of pocket expense, simply submit your receipts along with a completed request for reimbursement form directly to Chard Snyder. Chard Snyder will process the receipts and a reimbursement check will be sent to your home or deposited directly to your checking or savings account.



Reimbursement Direct Deposit

Chard Snyder offers the advantage of having all of your flexible spending account reimbursements deposited directly to your checking or savings account. To select the direct deposit option, complete the Authorization Agreement for Direct Deposit form located at www.chard-snyder.com and return it to Chard-Snyder.

Benny Prepaid Benefits FSA Debit Card

The Benny Prepaid Benefits Card is an alternative FSA account option, applicable to the Chard Snyder Healthcare Flexible Spending Accounts, and is similar to any debit or credit card in appearance and use. You can use this card to pay for prescription drug co-payments, physician visit co-payments, and other eligible medical expenses under the Healthcare FSA.

Using a Benny Card

With the Benny Prepaid Benefits Card, when you make an eligible purchase, you immediately apply your co-payment from your FSA account by swiping the Benny Card at participating retailers. The co-payment amount is paid automatically from your FSA account and you no longer have to submit a reimbursement request.

Once you use the debit card for an eligible medical expense, you may be required to submit proper documentation (receipts) for the expense through a Debit Card Substantiation form available at www.chard-snyder.com within fifteen days from the date of purchase. A hold status may be placed on your account for any documentation not submitted.

Benny Card participants will receive two Benny Cards. Additional cards may be purchased for \$10.00 each. To obtain additional cards or a replacement, you should contact Chard Snyder Customer Service at **1-800-982-7715**.

Flexible Spending Account Example:

Bob and Jane’s combined gross income is \$30,000. They have two children and file their income taxes jointly. Since Bob and Jane expect to spend \$2,000 in orthodontia and \$3,300 for daycare next plan year, they decide to direct a total of \$5,300 into their FSAs.

Sample FSA/Non-FSA Account Salary Comparison		
Income/Contributions	Without FSA Account	With FSA Account
Gross Income	\$30,000	\$30,000
Total FSA Contribution	\$0	\$5,300
Adjusted Gross Income	\$30,000	\$24,700
Federal Taxes	\$2,550*	\$1,755*
State Taxes	\$900**	\$741**
FICA	\$2,295	\$1,890
Total After Tax Earnings	\$24,255	\$20,314
Out of Pocket Medical/Dependent Care Expenses	\$5,300	\$0
Remaining Spendable Income	\$18,955	\$20,314
Spendable Income Increase		\$1,359

*Assumes standard deductions and four exemptions. **Varies, assume 3%.
The example above is for illustrative purposes only.

Because of their total account contributions to their Chard Snyder Healthcare and Dependent Care accounts, Bob and Jane were taxed for less total income and ultimately saw an increase in their annual spendable income.

Contacting Chard Snyder

Victory Packaging’s Flexible Spending Plans are administered through Chard Snyder. Chard Snyder can be reached at **1-800-982-7715** or you can find many valuable tools related to your FSA plan(s) at their website www.chard-snyder.com. All FSA account information and forms are available through Chard Snyder’s website.

As of 2011 you must have a doctor’s prescription to receive FSA reimbursement for most over-the-counter medicines.

Short Term and Long Term Disability Insurance – UNUM

To ensure that your income is protected if you cannot work due to illness or an injury, Victory Packaging provides a Short Term Disability (STD) and Long Term Disability (LTD) insurance program, administered by UNUM. These programs are provided to all benefits eligible employees who have satisfied the benefits waiting period. The Short Term and Long Term disability programs are designed so that any income you receive while disabled is free from federal income tax requirements.

The Victory Packaging STD and LTD programs provide some very attractive benefits, as well as the security of knowing that your income is protected, from the first week after become ill or disabled, through normal retirement age.

STD and LTD Coverage

If you cannot work due to a personal illness or injury, you become eligible for the UNUM STD program which provides 60% of your annual earnings for a maximum period of 13 weeks. If your illness or injury prevents you from returning to work after STD benefits have expired, you will be transitioned to LTD.

Long Term Disability provides 60% of your base annual salary until you no longer qualify for benefits under the plan's definition of disability or until you reach the Social Security normal retirement age.

STD and LTD benefits being paid are contingent upon satisfactory documentation of disability. **Employees will be required to use all available paid time off benefits before starting to receive STD benefits.**

Filing an STD/LTD Claim

When you become aware that an illness or injury will prevent you from being available for work for 7 days or more, you may file a Short Term Disability claim with UNUM. The claims process starts when you contact the Victory Packaging HR department for FMLA information. After you contact HR you must then contact UNUM either by phone at 1-800-247-6875 with the proper documentation, or by completing the online claims process at www.unum.com. Please note, in order for your claim to be processed and paid in a timely manner, you must respond and provide all the documentation that UNUM requests in a timely manner.

If you reach the maximum Short Term Disability 13 week period before you can return to work, your claim will automatically be considered for Long Term Disability.

Below you can see detailed coverage and cost information for STD and LTD benefits:

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
Bi-weekly Rate	\$7.82	Bi-weekly Rate	\$11.77

Life Insurance/Accidental Death & Dismemberment - UNUM

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 also provided through UNUM;



your UNUM Life insurance policy can be ported to an individual policy (at your expense) in the event that you terminate your employment with Victory Packaging.

Supplemental Life Insurance

In addition to the company provided insurance benefit of \$45,000, Victory Packaging is pleased to offer you the opportunity to elect additional life insurance for yourself, your spouse and your legal dependents in order to strengthen your family's financial security, if you choose to do so.

Supplemental employee life insurance coverage can be purchased up to five (5) times base annual salary, up to a max of \$750,000, with up to \$400,000 or three (3) times your annual salary available for purchase without evidence of insurability. Supplemental coverage for an employee's spouse and/or children can also be purchased in amounts of \$10,000 and \$5,000 respectively, provided the employee has signed up for supplemental life for themselves.

Supplemental Accidental Death & Dismemberment (AD&D)

To further protect you and your loved ones in the unfortunate event of accidental death or dismemberment, the company also allows eligible employees to purchase Supplemental AD&D coverage over the basic \$45,000. This benefit is specific to death from accidental causes and protection due to the loss of limbs, sight, speech or hearing. You may purchase AD&D insurance without purchasing supplemental life insurance.

Supplemental AD&D insurance for employees can also be up to five (5) times base annual salary, up to a maximum of \$750,000, with up to \$400,000 of that eligible for purchase without evidence of insurability. As with supplemental life insurance, supplemental AD&D coverage for an employee's spouse and/or children can also be purchased in amounts of \$10,000 and \$5,000 respectively (again, provided the employee has signed up for AD&D for themselves).

New Employee Enrollment

Newly hired employees may choose supplemental life insurance and AD&D insurance coverage, up to five (5) times their annual compensation, up to \$750,000 in Supplemental Life and AD&D benefits during the initial enrollment period. Up to \$400,000 of this supplemental coverage can be elected without providing evidence of insurability.

Normal Employee Enrollment

Current employees who have previously purchased life insurance can purchase additional insurance coverage, up to one time their compensation during the annual enrollment period without evidence of insurability. Again, up to \$400,000 (not to exceed three (3) times annual earnings) of coverage can be purchased without evidence of insurability.

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 (5X Salary Max or \$750,000)	Spouse amounts per \$1,000 of coverage (\$10,000 Max)	Children (\$5,000 Max per Child)
<19	\$0.089	\$0.262	14 days to 6 months - \$500 Children are covered to age 19, or age 23 if a full time, unmarried student. Child Coverage from 6 months to age 19 is \$0.02 per \$1,000
20-24	\$0.089	\$0.262	
25-29	\$0.096	\$0.262	
30-34	\$0.117	\$0.262	
35-39	\$0.132	\$0.262	
40-44	\$0.170	\$0.262	
45-49	\$0.275	\$0.262	
50-54	\$0.451	\$0.262	
55-59	\$0.781	\$0.262	
60-64	\$1.245	\$0.262	
65-69	\$2.132	\$0.262	
70-74	\$3.354	\$0.262	
75+	\$4.894	\$0.262	

Supplemental Life Coverage Examples			
Age	Coverage Amount	x Voluntary Life Rate	Monthly Cost
35	\$200,000/\$1,000=200	200x\$0.132	\$26.40 (\$12.18 bi-weekly)
42	\$300,000/\$1,000=300	300x\$0.170	\$51.00 (\$23.64 bi-weekly)

AD&D Insurance Rates & Sample

Monthly Supplemental AD&D Insurance Contribution Rates – Per \$1,000 of Coverage		
Employee (5X Salary Max or \$750,000)	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)

MyCIGNA.com

For all eligible employees, www.cigna.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 MyCigna.com you can research wellness information and view and update all of your personal information in a central, secure location. Through MyCigna.com 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.mycigna.com

Healthy Rewards Discount Program

As a supplement to CIGNA's Wellness program, the Healthy Rewards 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 Healthy Rewards Discount Program includes discounts on:

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



To access the CIGNA Healthy Rewards Discount Program, simply call **1-800-538-3543** or log onto www.cignabehavioral.com On the website you will enter the **USERID: lap** and **PASSWORD: member**.

CIGNA 24 Hour Health Information Line -1-800-244-6224

CIGNA 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 CIGNA registered nurse will be able direct you to the nearest CIGNA 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 mycigna.com

To get in touch with the CIGNA 24 Hour Health Information Hotline, call the toll free number (also found on your CIGNA HealthCare ID card) at 1-800-244-6224.

CIGNA Life Assistance Program, 1-800-538-3543

CIGNA's Life Assistance 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 CIGNA's Life Assistance program at no cost once they become benefits eligible.

The CIGNA Life Assistance Program is a resource, consultation, and referral service that offers phone consultations as well as online information with interactive tools. All CIGNA Life Assistance Program 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 as needed.

CIGNA's Life Assistance 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. If you do not make changes to your contribution election, your contribution rate will increase 1% annually, to a maximum of 6%. If you make changes to your automated plan elections, this increase will not take place.

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 or by calling 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

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.

Contribution Changes in 2014

Effective January 1, 2013, all newly eligible employees who are enrolled at 3% and do not make any changes 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. This will remain in effect for 2014.

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 the company's 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 for the latest plan information.

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 #	Website
Benefits Enrollment UltiPro	N/A	888-261-1268	https://n21.ultipro.com
CIGNA Medical HRA, OAP	3305632	800-244-6224	www.cigna.com
CIGNA Dental DHMO, DPPO	3305632	800-244-6224	www.cigna.com
EyeMed Vision	9768540	866-299-1358	www.eyemedvisioncare.com
Chard Snyder FSA	N/A	800-982-7715	www.chard-snyder.com
UNUM Life, STD, LTD, AD&D	498358	800-421-0344	www.UNUM.com
CIGNA Life Assistance Program	N/A	800-538-3543	www.cignabehavioral.com/cgi
Wells Fargo 401(k)	00000VPK	800-377-9188	www.wellsfargo.com/401k
Victory Packaging Payroll & Benefits Department	N/A	713-961-3299 888-261-1268	Email benefits@victorypackaging.com