BENEFIT PLAN SUMMARY
OFFICE, SHOP, and COMPANY DRIVER

This benefit plan summary is only a partial description and is for information purposes only. This document is not, and should not be considered a contract or any part of one. If there are any discrepancies between this summary and the various benefit documents, the terms of the specific benefit document will govern. For more detailed information, consult your employee benefit booklets/summary plan descriptions. The company cannot guarantee premiums will not increase in the future.

EFFECTIVE DATE OF COVERAGE FOLLOWING ACCEPTANCE OF THE APPLICATION

- All insurance coverage, except short- and long-term disability, becomes effective the first of the month following 30 calendar days of continuous employment. (Example: With a hire date of February 14, coverage would become effective April 1.) Enrollment must be completed within 31 days of the starting date of the employee's employment.
- Short-term disability benefits becomes effective the first day of the month following 12 consecutive months of service.
- For covered employees, long-term disability benefits become effective the first day of the month following 12 consecutive months of service.

If the employee elects not to participate when initially eligible, the employee may elect to secure coverage no sooner than the company's next open enrollment period or the occurrence of a qualifying event under the plan.

Payroll Deductions

Office/Shop Employees

- Deductions are made throughout the year in twenty four equal amounts due to the bi-weekly pay schedule.

Company Driver Employees

- Deductions are made throughout the year in forty eight equal amounts due to the weekly pay schedule.

Health Care Coverage

Provided by Highmark Blue Cross Blue Shield

- Comprehensive hospital and major medical insurance
- Choice of PPO (Preferred Provider Organization) or non-PPO providers of medical services.

This table compares the deductible, coinsurance percentage and annual maximum coinsurance amounts for PPO and non-PPO providers:

	PPO Provider	Non-PPO Provider
Deductible: Single Family	 $1,350.00 $2,700.00	 $2,700.00 $5,400.00
Coinsurance	80% / 20%	70% / 30%
Annual Maximum Out of Pocket: Single Family	 $3,800.00 $7,600.00	 $6,500.00 $13,000.00
Lifetime Maximum = None		

- Plan pays 100% for preventive care
- Using a PPO Provider, employees will pay a lower percentage of the coinsurance, a lower deductible, a lower annual maximum out-of-pocket amount and the user should have no claim forms to file and no billing concerns.
- Additional $250 co-pay for emergency room utilization (will not apply to deductible.)

Health Care Premiums

Type of Coverage	General Plan Employee Monthly Cost	NE Blueprint (NE residents only) Employee Monthly Cost
Single Coverage	$161.00	$135.00
Employee and Children	$382.00	$340.00
Employee and Spouse	$547.00	$485.00
Employee and Family	$569.00	$507.00

Changes in Coverage

Any of the following events can result in changes in coverage allowing employees to drop or enroll themselves or dependents.

Requests of changes can be done via **My.ADP.com** or by calling the Crete Carrier Enrollment Center at **1-877-340-0369** (Monday–Friday; 7am–5pm CST) within 31 days of the occurrence of any of the following events:

- » *Marriage*
- » *Divorce*
- » *Legal Separation*
- » *Birth of a Newborn*
- » *Adoption of a Child*
- » *Death*
- » *Certain Losses of Other Coverage*

Prescription Drug Card

Provided by MaxCare.

- The prescription drug card benefit is included as part of the health care premium.
- MaxCare's preferred retail pharmacy network includes 66,000+ pharmacies nationwide. For a list of participating pharmacies, call **855-537-5843** or visit **MyMaxCareRX.com**.

The following table lists co-payments for various types of prescriptions:

Types of Prescriptions	Co-Payments	
	Preferred Pharmacy	Non-Preferred Pharmacy
Retail (30-Day Supply): Generic Formulary Non-Formulary	 $19.00 or 20% $49.00 or 20% $86.00 or 20%	 $34.00 or 30% $59.00 or 30% $96.00 or 30%
Mail (90-Day Supply): Generic Formulary Non-Formulary	 $40.00 $138.00 $235.00	 $55.00 $153.00 $250.00

- Employees are strongly encouraged to use generic drugs instead of brand name drugs whenever possible. The plan requires use of generic drugs when a generic equivalent is available.
- To avoid a significant increase to your out-of pocket costs, you should purchase your maintenance drugs through the mail-order program or at a participating Retail 90 location.

Dental Coverage

Provided by Ameritas

	Amount
Coinsurance (Plan Pays):	
Type I Preventive (periodic exams / cleanings)	100%
Type II Basic (fillings, simple extractions, endodontic/periodontic procedures)	80%
Type III Major (dentures, bridges, implants)	50%
Type IV Child Orthodontia	50%
Deductible:	
Type I Preventive	$0
Type II Basic and Type III Major	$50.00
Type IV Child Orthodontia	$0
Maximum per calendar year per person = $1,750.00	

Dental insurance premiums are paid 100% by the employee.

Type of Coverage	Monthly Premium Cost
Employee	$22.48
Employee and Children	$48.00
Employee and Spouse	$46.84
Employee and Family	$71.64

Vision Coverage

Provided by VSP

Participants have nationwide access vision care providers. It's to the participant's advantage to use a designated provider to receive maximum benefits. The plan has two options as summarized below:

Type of Coverage	Monthly Premium Cost	Co-Payments
OPTION #1 - Annual Exam (once every 12 months)		
Employee	$0	$10.00
Employee and Children	$0.60	$10.00
Employee and Spouse	$0.60	$10.00
Employee and Family	$1.16	$10.00
OPTION #2 - Annual Exam with Ophthalmic Materials		
Employee	$8.56	$25.00
Employee and Children	$17.68	$25.00
Employee and Spouse	$16.84	$25.00
Employee and Family	$26.28	$25.00

Maximum benefit paid after co-pay:

	PPO	Non-PPO
Exam Only	100%	$45.00
Lenses per pair - Annual:		
Basic Single Vision	100%	$30.00
Lined Bifocal	100%	$50.00
Lined Trifocal	100%	$65.00
Contacts (Medically Necessary)	100%	$210.00
Contact (Elective)	Up to $200.00 †	$105.00 †
Frames	*Up to $200.00	$70.00

* For frames over $200, you will pay 80% of the amount over $200. Transition lenses, anti-reflective coatings, and scratch resistant coatings are covered in full with in-network provider.

† This is a once per year allowance so be sure to spend the full amount at one time if you are purchasing disposable contacts.

Short-Term Disability

Provided by Mutual of Omaha

- All office, shop, and company driver employees are automatically provided short-term disability and do not need to enroll. Premiums are paid 100% by the company.
- Provides financial protection by paying a portion of your income while you are disabled. Disabilities are subject to a pre-existing condition limitation.
- Maximum benefit period of 22 weeks, subject to a 29 day elimination period for drivers and maximum benefit period of 24 weeks, subject to a 14 day elimination period for office and shop employees.
- The weekly benefit amount is 60% of the employee's weekly wage or salary, subject to a maximum of $500 per week. The benefit may be reduced by deductible sources of income and disability earnings. Some disabilities may not be covered under this plan.
- The disability coverage is for non-work related sickness or injury. Benefits are not payable for any disability which is due to a sickness or injury arising out of, or in the course of the employee's employment.

Long-Term Disability

Provided by Mutual of Omaha

- All **full-time exempt** office and shop employees are automatically provided long-term disability and don't need to enroll. Premiums are paid or reimbursed 100% by the company.
- Provides financial protection by paying a portion of your income while you are disabled. Disabilities are subject to a pre-existing condition limitation.
- Subject to a 180-day elimination period.
- The monthly benefit amount is 60% of the employee's monthly wage/salary or a maximum of $12,500, whichever is less.
- The disability coverage is for non-work related sickness or injury. Benefits are not payable for any disability which is due to a sickness or injury arising out of, or in the course of the employee's employment.

Additional Benefits

Provided by Mutual of Omaha

Ability Assist (EAP)

All office, shop, and company driver employees are automatically provided access to this resource at no additional cost.

- Emotional, financial, marital/family and legal counseling
- Substance abuse information
- Child/Elder care information and resources
- Work-life consultation

Travel Assistance
All office/shop and company driver employees are automatically provided access to this resource at no additional cost.

- Pre-trip information
- Emergency medical assistance
- Emergency personal services

Life Insurance

Provided by Mutual of Omaha

- All office, shop, and company driver employees are automatically provided basic life coverage and do not need to enroll. Premiums are 100% paid by the company.
- Basic life coverage with a face value of $20,000 until the first of the month following one year of service at which time the coverage will increase to $50,000. (This benefit may be reduced based on the age of the employee according to the terms and provisions of the policy.)
- An Accelerated Life Benefit is available in the event of a terminal illness.
- This policy does reduce by age, starting at age 65.

Additional Group Term Life

Provided by Mutual of Omaha

- Available for employee and/or dependents. Premiums paid 100% by the employee through payroll deduction.
- Portability or conversion may be elected upon termination.

Type	Amount of Coverage Available	Additional Information
Employee	Up to $200,000 (See monthly rates below)	Accidental Death & Dismemberment coverage is available equal to the additional life amount.
Spouse	$25,000 (See monthly rates below under $25,000 chart)	In order to qualify for spouse or dependent coverage, the employee must submit an application for a minimum of $25,000 coverage on themselves.
Dependent child up to age 19	$10,000 per child Rate is $1.20 / month regardless of # of children	

$25,000 Coverage

Age	No Tobacco Employee	Tobacco Employee	Spouse
Under 30	$1.75	$3.00	$1.75
30 - 34	$2.00	$4.00	$2.25
35 - 39	$2.75	$5.50	$3.25
40 - 44	$4.00	$8.25	$4.50
45 - 49	$6.75	$14.50	$7.00
50 - 54	$12.00	$26.25	$11.50
55 - 59	$21.25	$42.50	$19.50
60 - 64	$31.25	$56.25	$28.50
65 - 69	$64.50	$104.75	$51.25
70+	$97.50	$163.75	$91.25
Subscriber Accidental Death & Dismemberment adds an additional $1 per month.			

$50,000 Coverage

Age	No Tobacco Employee	Tobacco Employee
Under 30	$3.50	$6.00
30 - 34	$4.00	$8.00
35 - 39	$5.50	$11.00
40 - 44	$8.00	$16.50
45 - 49	$13.50	$29.00
50 - 54	$24.00	$52.50
55 - 59	$42.50	$85.00
60 - 64	$62.50	$112.50
65 - 69	$129.00	$209.50
70+	$195.00	$327.50
Subscriber Accidental Death & Dismemberment adds an additional $2 per month.		

$100,000 Coverage

Age	No Tobacco Employee	Tobacco Employee
Under 30	$7.00	$12.00
30 - 34	$8.00	$16.00
35 - 39	$11.00	$22.00
40 - 44	$16.00	$33.00
45 - 49	$27.00	$58.00
50 - 54	$48.00	$105.00
55 - 59	$85.00	$170.00
60 - 64	$125.00	$225.00
65 - 69	$258.00	$419.00
70+	$390.00	$655.00
Subscriber Accidental Death & Dismemberment adds an additional $4 per month.		

$150,000 Coverage

Age	No Tobacco Employee	Tobacco Employee
Under 30	$10.50	$18.00
30 - 34	$12.00	$24.00
35 - 39	$16.50	$33.00
40 - 44	$24.00	$49.50
45 - 49	$40.50	$87.00
50 - 54	$72.00	$157.50
55 - 59	$127.50	$255.00
60 - 64	$187.50	$337.50
65 - 69	$387.00	$628.50
70+	$585.00	$982.50
Subscriber Accidental Death & Dismemberment adds an additional $6 per month.		

Universal Life Insurance

Provided by The Standard

- Additional Life Insurance coverage that builds cash value.

Accident Insurance

Provided by The Standard

- 24-hour coverage for all insured for accident/injury
- Payments for emergency, doctor visits, follow-up or referral visits, hospitalization, specific injuries/treatments/surgeries, ambulance, appliances, physical therapy and more.
- In addition to accident coverage, this plan also pays Outpatient Physician's Treatment benefit for any reason, including sickness.

Critical Illness Insurance

Provided by The Standard

- Provides a $10,000 lump sum cash benefit to help cover the out-of-pocket expenses for the following critical illnesses: stroke, heart attack, major organ transplant, and end stage renal failure. Also pays $2,500 for coronary bypass surgery.
- Option to buy a $10,000 lump sum cash benefit for invasive cancer. Also pays $2,500 for carcinoma in situ.
- Dependents receive 50% of the basic benefit amount and 100% of the wellness benefit.

Hospital Indemnity Insurance

Provided by The Standard

- Provides a $1,000 benefit for hospital admission (max of 1 admission per month per insured).
- Provides an additional $100 benefit for each day of hospital confinement, up to 30 days.

Health Care Flexible Spending Account (FSA)

- Provides pre-tax funds for employees to pay for eligible healthcare expenses that are not covered, or only partially covered, by insurance plans. (Examples: uncovered expenses such as deductibles, co-payments, and insurance differential.)
- Funded through payroll deduction.
- Min. Deduction: $260/year; Max. Deduction: $3,400/year

Dependent Care Flexible Spending Account (FSA)

- Provides pre-tax funds for employees to pay for eligible expenses related to the care and supervision of your child or disabled elder dependent. (Examples: daycare and before and after school care.)
- Funded through payroll deduction.
- Minimum Deduction: $260/year; Maximum Deduction: $7,500/year

FSA Payroll Deductions

Office/Shop Employees

- Deductions are made throughout the year in twenty-six equal amounts due to the bi-weekly pay schedule.

Company Driver Employees

- Deductions are made throughout the year in fifty-two equal amounts due to the weekly pay schedule.

Profit Sharing

- Consists of discretionary annual contribution made by the Company. Contribution amounts determined using Company's profitability, employee's years of service, and employee's annual compensation.
- Employees become eligible on January 1 or July 1 after completing one year of service. Vesting starts after two years.

401k

- Ability to contribute 80% of wages up to annual dollar limitations set by IRS.
- Company provides a partial match of 10 cents for every dollar of the first 5% of compensation deferred into the 401k. Fully vested after three years.
- Eligible rollover retirement dollars from a prior employer are accepted at any time after hire date.
- On the first of the month following 30 days of employment, employees are auto enrolled at 3%.

Contact Numbers

For additional information or to find addresses, phone numbers and providers or pharmacies in the networks:

Program	Provider	Customer Service Phone #	Website
Health Coverage	Highmark Blue Cross Blue Shield	866-370-2583	MyHighmark.com
Prescriptions	MaxCare	855-537-5843	MyMaxCareRX.com
Dental Coverage	Ameritas	800-487-5553 (Enter SSN & "0" to speak to an associate)	Ameritas.com
Vision Coverage	VSP - Ameritas	800-877-7195	VSP.com
Short-Term Disability	Mutual of Omaha	800-877-5176	MutualofOmaha.com
Long-Term Disability	Mutual of Omaha	800-877-5176	MutualofOmaha.com
Ability Assist (EAP)	Mutual of Omaha	800-316-2796	MutualofOmaha.com
Voluntary Term Life Insurance	Mutual of Omaha	800-775-8805	MutualofOmaha.com
Flexible Spending Accounts	WEX	866-451-3399	wexinc.com/contact/health
Universal Life, Critical Illness, Accident, & Hospital Indemnity Insurance	The Standard	866-828-8501	mybenefits.standard.com
Enrollment	Enrollment Call Center / ADP	877-340-0369	MyADP.com
Crete Carrier Benefits Department	400 NW 56th St. Lincoln, NE 68528	800-998-8005 402-479-2579 fax	CreteCarrierBenefits.com Email: benefits@CreteCarrier.com