BENEFIT PLAN SUMMARY

Owner Operator

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 owner operator 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 Term Disability, becomes effective the first of the month following 30 calendar days of affiliation with the Company. (Example: With an affiliation date of February 14, coverage would become effective April 1.) Enrollment must be completed within 31 days of the driver's qualification date.
- Short-term disability benefits becomes effective the first day of the month following 12 consecutive months of service.

If the owner operator elects not to participate when initially eligible, the owner operator may elect to secure coverage, except for Short Term Disability, no sooner than the Company's next open enrollment period or the occurrence of a qualifying event under the plan. The option to elect Short Term Disability benefits is only available at the start of the owner operator's affiliation with the Company. There is no open enrollment for Short Term Disability.

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

- Plan pays 100% for preventive care
- Using a PPO Provider, the owner operator 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 Owner Operator Monthly Cost	NE Blueprint (NE residents only) Owner Operator Monthly Cost
Single Coverage	$793.00	$746.00
Owner Operator and Children	$1,354.00	$1,273.00
Owner Operator and Spouse	$2,106.00	$1,981.00
Owner Operator and Family	$2,413.00	$2,269.00

Changes in Coverage

Any of the following events can result in changes in coverage allowing owner operators 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*
- » *Birth of a Newborn*
- » *Divorce*
- » *Adoption of a Child*
- » *Legal Separation*
- » *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	$19.00 or 20%	$34.00 or 30%
Formulary	$49.00 or 20%	$59.00 or 30%
Non-Formulary	$86.00 or 20%	$96.00 or 30%
Mail (90-Day Supply):		
Generic	$40.00	$55.00
Formulary	$138.00	$153.00
Non-Formulary	$235.00	$250.00

- Owner operators 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, owner operators should purchase their 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 owner operator.

Type of Coverage	Monthly Premium Cost
Owner Operator	$22.48
Owner Operator and Children	$48.00
Owner Operator and Spouse	$46.84
Owner Operator 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)		
Owner Operator	$0.70	$10.00
Owner Operator and Children	$1.41	$10.00
Owner Operator and Spouse	$1.36	$10.00
Owner Operator and Family	$2.02	$10.00
OPTION #2 - Annual Exam with Ophthalmic Materials		
Owner Operator	$9.26	$25.00
Owner Operator and Children	$18.48	$25.00
Owner Operator and Spouse	$17.57	$25.00
Owner Operator and Family	$27.14	$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

- Premiums are paid 100% by the owner operator.
- 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.
- The weekly benefit amount is 60% of the owner operator'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 owner operator's contracted work.

Type of Coverage	Monthly Premium Cost
Single	$37.50

Additional Benefits

Provided by Mutual of Omaha

Ability Assist (EAP)

All owner operators 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 owner operators 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

- Premiums are 100% paid by the owner operator.
- Basic life coverage with a face value of $50,000. (This benefit may be reduced based on the age of the owner operator 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.

Type of Coverage	Monthly Premium Cost
$50,000	$13.50

Additional Group Term Life

Provided by Mutual of Omaha

- Available for owner operator and/or dependents. Premiums paid 100% by the owner operator through payroll deduction.
- Portability or conversion may be elected upon termination.
- This policy reduces by 50% at age 70.

Type	Amount of Coverage Available	Additional Information
Owner Operator	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 owner operator 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 Owner Operator	Tobacco Owner Operator	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 Owner Operator	Tobacco Owner Operator
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 Owner Operator	Tobacco Owner Operator
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 Owner Operator	Tobacco Owner Operator
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.

Payroll Deductions

- Owner Operator benefits are deducted monthly. For more details, please refer to the Independent Contractor Deduction Schedule.

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
Ability Assist (EAP)	Mutual of Omaha	800-316-2796	MutualofOmaha.com
Travel Assistance	Mutual of Omaha	800-856-9947	MutualofOmaha.com
Voluntary Term Life Insurance	Mutual of Omaha	800-775-8805	MutualofOmaha.com
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