LTI TRUCKING SERVICES

2022-2023

Your Benefits, Your Choice

Employee Benefits Guide

Medicare D Coverage Disclosure is Located on Page 25-26.

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WELCOME TO YOUR EMPLOYEE BENEFITS

As an Employee of LTI Trucking Services, you have the opportunity to enroll in valuable benefits to protect the health and financial security of you and your family. Within this guide you will find the highlights of each of the benefits including Medical, Dental, Vision, Company-Paid Life & AD&D Insurance, Voluntary Life Insurance, Disability Insurance, and Supplemental Coverages. These benefits are yours to choose and will be paid for through convenient payroll deductions as long as you are a benefit-eligible employee of LTI Trucking Services.

We encourage you to read through this guide, share it with your family members, and ask us any questions that you may have so that you are educated and empowered to choose the benefits that are best for you.

Current Employees

Annual Open Enrollment takes place in May. Elected benefits will go into effect as of May 1st. This is your once-per-year chance to make changes to your benefits including electing or declining coverage and adding or dropping dependents from coverage.

New Employees

Your benefit elections will become effective following 90 days of continuous, active, employment. You must make your elections NO LATER THAN 90 days following your date of hire so that we are able to begin your coverage when you reach the eligibility date. If you don't take action now, you will not have the opportunity to enroll again until the next open enrollment period, unless you experience a qualifying life event such as a change in your legal marital status or change in dependents before that time.

Thank you again for your service to the company and we look forward to an outstanding year!

Sincerely,
Paula Naugle
LTI Trucking Services Human Resources Department

BENEFIT CONTACT INFORMATION

Coverage	Provider	Contact Information
Medical Insurance	United Healthcare	Refer to the number on the back of your ID Card www.myuhc.com
Rx Insurance	United Healthcare	Refer to the number on the back of your ID Card www.myuhc.com
Dental Insurance	United Healthcare	Refer to the number on the back of your ID Card www.myuhc.com
Vision Insurance	United Healthcare	Refer to the number on the back of your ID Card www.myuhc.com
Life & AD&D Insurance	Voya	Speak with Human Resources to begin claims
Disability Insurance	Voya	Speak with Human Resources to begin claims
Accident / Critical Illness Insurance	UNUM	Speak with Human Resources to begin claims
Virtual Visits	United Healthcare	www.myuhc.com
Employee Assistance Program	Voya	877-533-2363 Guidanceresources.com APP: GuidanceNow WebID: MY5848i

LTI Trucking Services Human Resources Benefits Department Contacts

Paula Naugle
Human Resource / Office Manager
(314) 932-6972
pnaugle@ltitrucking.com

The information described within this guide is only intended to be a summary of your benefits. It does not describe or include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review your Summary Plan Description for a complete explanation of your benefits. If the benefits described herein conflict in any way with the Summary Plan Description, the Summary Plan Description will prevail. You can obtain a copy of the Summary Plan Description from the HR Department.

ELIGIBILITY, ENROLLMENT & CHANGES

Employee Eligibility

Employees working 30 hours or more per week are eligible for benefits on the 90th day of continuous active employment. **These benefits may require employees to be actively at work at the time benefits become effective. Please review policy documents, or contact HR, for additional information.*

Dependent Eligibility

- Your Spouse: The term "spouse" shall mean the legally recognized marital partner of a covered Employee. The Plan Administrator may require documentation proving a marital relationship.
- Your Dependent Children*: The term "children" shall include
  1. Natural-born children
  2. Step-children.
  3. Adopted children or children placed in the covered Employee's home in anticipation of adoption.
  4. Unmarried Disabled children over age 26 if the child is dependent on you for support and maintenance, is incapable of self-sustaining employment because of physical handicap, intellectual disability, mental illness or mental disorders, AND the child was covered by the plan prior to his/her 26th birthday**.

Coverage for a dependent child will terminate the last day of the month in which the dependent child turns twenty-six (26) years old.

****The Plan Administrator may require, at reasonable intervals following the Dependent's reaching the limiting age, subsequent proof of the child's disability and dependency.***

Benefit election changes during the year may be made for the following reasons:

- Changes in the employee's legal marital status such as marriage, divorce, separation, or the death of a spouse.
- A change in the number of dependents such as birth, death, or adoption.
- A dependent becomes eligible or ceases to be eligible for coverage due to age.
- Loss of job or loss of benefits

An election change must be made within 31 days of the qualifying event.

Pretax Elections

Some employee premiums will be deducted on a pretax basis through pay roll deduction. Due to IRS rules, elections cannot be revoked or changed during the plan year, unless you experience a qualifying event or "Status Change" as described above. Employees wishing to opt for a post-tax deduction should contact Human Resources.

HOW MY HEALTH PLAN WORKS

Let's take a look at an example of how a typical plan works when you receive care from a network provider. Your plan may be different than this example, so to find your specific details go to myuhc.com > **Coverage & Benefits**.

Plan Start	Deductible Reached		Out-Of-Pocket Limit Met
You Pay 100%*	**You Pay 20%**	**Your Plan Pays 80%**	**Your plan pays 100%**
At the start of your plan year, you pay 100% of your covered health services until you meet your **deductible**, which is the amount you pay before your plan starts sharing costs.	Now, your health plan starts to share a percentage of the costs with you — this is your **coinsurance**.*		Here, your plan's got you covered at 100%. Your **out-of-pocket limit** is the most you could pay for covered services in a plan year — copays and coinsurance count toward this.

Along the way, you may also be required to pay a fixed amount — or **copay** — each time you see a provider.

* Your deductible and coinsurance may vary by plan or service. This example is for illustrative purposes only. Please refer to your official plan documents for coverage details.

Here's what to do if you need…

- **Hospital Care –** Talk to your PCP first to determine which hospital in your network can meet your medical or surgical needs. You or the admitting physician may be required to notify us before you're admitted.
- **Prior Authorization** – Your plan may also require prior authorization, sometimes called preauthorization, before you receive certain services. This means that you or your network provider may need to get approval from your plan before the services are covered. Call the member phone number on your ID card or sign in at myuhc.com > Coverage & Benefits to check if prior authorization is needed.
- **Referrals** – If your ID card says "Referrals Required," have your PCP send us an electronic referral before you make an appointment with a specialist or other network provider. Without it, your care may not be covered and you may end up paying more. To learn what services require referrals, or to confirm that a referral has been made, sign in at myuhc.com > Coverage & Benefits.

Referrals aren't needed to see the following network providers:

- Obstetricians/gynecologists
- Behavioral health or substance use disorder clinicians

Emergencies are covered anywhere in the world — including hospitals out of the network — without a referral.

UNDERSTANDING A HEALTH SAVINGS ACCOUNT

LTI Trucking offers eligible employees the option to enroll in their choice of 2 medical plans. It is important to note that one of the 2 plans offered is an HSA Qualified High Deductible Health Plan! That means the IRS allows you to open a health savings account (HSA) to pay for your out of pocket medical, dental, vision, and Rx expenses, when you are enrolled in this specific plan!

Any money you contribute to your HSA is yours to keep forever! It never expires. It can be used on eligible medical expenses at any time or used on anything you want after age 65!

This plan offers lower employee contributions, wellness care at no cost, and the tax-advantages of a Health Savings Account (HSA).

Learn more about health savings accounts and how one might benefit you by watching these animated videos:

- **www.cottinghambutler.com/HSABenefits/**
- **www.cottinghambutler.com/HSATraditional/**

What is a High Deductible Health Plan (HDHP)?

- Has a slightly higher deductible and out-of-pocket limit than a traditional PPO plan.
- Premium contributions are lower than a traditional PPO plan.
- Preventive/Wellness care is covered in full before meeting the deductible.
- All covered expenses track towards the deductible and out-of-pocket maximum.
- Allows use of a Health Savings Account to pay for out-of-pocket expenses such as deductible and coinsurance.

Key Features of the Health Savings Account (HSA):

- Contribute via pre-tax payroll deductions.
- Or contribute after-tax money and deduct your contributions when you file income taxes.
- Your HSA is owned and controlled by YOU just like a personal checking or savings account.
- Money is yours forever. It never expires and is not "use it or lose it."
- HSA contributions reduce your taxable income.
- HSA money can grow over time.
- Funds can be used tax-free at any time on eligible medical, dental, vision, and prescription expenses.
- Funds can be withdrawn without penalty for non-medical use after age 65. Normal taxes will apply at that time.

UNDERSTANDING A HEALTH SAVINGS ACCOUNT

If you enroll in the LTI Health Savings Account qualified medical plan option, you are eligible to utilize a Health Savings Account (HSA) which is administered by the bank of your choice. All money in your HSA is yours to save for use on medical, dental, & vision expenses or for retirement. By using these accounts, you can save money and bring home more of your income by paying for medical care expenses using PRE-TAX dollars from your paycheck.

Points to Consider:

- You can make Federal pre-tax deposits to the account through payroll deductions.
- These accounts operate just like a checking account with personal checks and/or a debit card.
- These contributions ultimately help reduce your taxable income.
- The contributions and the earnings will be tax deferred, much like an Individual Retirement Account (IRA).
- The money in the account can be rolled over from year to year, potentially building up thousands of dollars over time if funds are not used to pay for medical expenses.
- Withdrawals for medical expenses are tax-free for federal income tax purposes. Withdrawals after age 65 for any purpose are penalty-free.
- The accounts come with "catch-up" provisions allowing people age 55 and over contribute an additional $1,000 a year.
- These accounts are owned and controlled by YOU. There is no "use-it-or-lose-it" feature.
- The accounts are portable and money can be used on any qualified medical expenses even if you leave LTI. Funds can also be used to pay COBRA premiums if collecting unemployment.
- Eligible expenses for HSA reimbursement can be found at www.irs.gov/publications/p502/

How Much Can I Save by Using an HSA?

In this example, a person with a salary of $40,000 would bring home **$600** in a year just by contributing $2,400 to their HSA instead of paying medical care costs out of pocket post-tax. That does not even include the fact that HSA money can be invested and grow over time like a retirement account!

Because you keep your HSA money forever, this tax savings is realized even if you don't spend all of your designated money in the same year. ***HSA FUNDS ARE NOT "USE IT OR LOSE IT."***

This is an example for illustration purposes only. Your personal income and tax savings will vary based on your income, tax rate, and the amount of money you contribute to your HSA.

	Without HSA	With HSA
You Earn	$3,333 per month	$3,333 per month
You Set Aside (Pre-Tax)	$0 per month	$200 per month
The IRS Taxes You On	$3,333 per month	$3,133 per month
You spend this much money on your family's eligible medical, dental, & vision expenses.*	$2,400 per year	$2,400 per year *Money contributed but not spent remains in your account for future use.
You Bring Home	$27,600 per year	$28,200 per year

Important Information Regarding Your HSA Account:

- **Managing an HSA:** A Health Savings Account is similar to a normal checking or savings account and it is owned by you--not by your employer. You contribute to the account via pre-tax payroll deductions and the money in your account is there for you to use on eligible medical, dental, and vision expenses when you need it. You will pay for your expenses using a debit card linked to the account or you may reimburse yourself if you paid for eligible expenses with non-HSA funds.
- **Eligible expenses for reimbursement from an HSA:** HSA dollars may be used for qualified medical expenses incurred by the account holder and his or her spouse and dependents. Qualified medical expenses are expenses for medical care and are outlined within IRS Section 213(d). In summary, the IRS Section 213(d) states that "the expense has to be primarily for the prevention or alleviation of a physical or mental defect or illness." For a complete list of eligible expenses, refer to IRS publication 502 which can be found at www.irs.gov/publications/p502/
- **In addition to qualified medical expenses, the following insurance premiums may be reimbursed from an HSA account:** COBRA premiums; Health insurance premiums while receiving unemployment benefits; qualified long-term care premiums; Any health insurance premiums paid, other than for Medicare supplemental policy, by individuals age 65 and over.
- **Expenses NOT eligible for reimbursement from an HSA Include:** Premiums for Medicare supplemental policies; Expenses covered by another insurance plan; or Expenses incurred prior to the date the HSA was established.
- **HSA funds run out**: If your medical expenses exceed your HSA account balance, you will still need to pay the portion of your expenses not covered by your insurance plan.
- **HSA dollars for non-eligible expenses:** Money withdrawn from an HSA account to reimburse non-eligible medical expense is taxable income to the account holder and is subject to a *20% tax penalty unless you are over age 65*, disabled, or upon death of the account holder.
- **Start using HSA dollars:** You can use your HSA dollars immediately following your HSA account activation and once contributions have been made. You can only use HSA dollars that have been put into the account, however, you can save your receipts and get reimbursed later in the year for medical expenses you incur earlier in the year.
- **Contributing to an HSA:** You can contribute to your HSA account through payroll deductions. You can contribute as often as you like, provided you do not exceed the annual contribution limits for 2022: $3,650 for individual coverage or $7,300 for family coverage; Individuals that are age 55 or older may contribute an additional $1,000 per year.

UNITED HEALTHCARE

Activate your myuhc.com account

Get the most out of your benefits

Your personalized website, myuhc.com®, features tools designed to help:

- Find, price and save on care — you can save with Virtual Visits and other tools. You can save an average of 36%[1] when you compare costs for providers and services
- Get care from anywhere with Virtual Visits. A doctor can diagnose common conditions by phone or video 24/7
- Understand your benefits and the financial impact of care decisions
- Find tailored recommendations regarding providers, products and services. You can even generate an out-of-pocket estimate based on your specific health plan status
- Access claim details, plan balances and your health plan ID card quickly
- Follow through on clinical recommendations and access wellness programs
- Order prescription refills, get estimates and compare medication pricing**
- Check your plan balances, access financial accounts and more

Activation is quick

1. Go to myuhc.com > **Register Now**
2. Fill out the required fields and create your username/password
3. Enter your contact information and security questions
4. Agree to the website's policies and be sure to opt-in for email updates. We promise you'll only see our name in your inbox with relevant news and wellness updates

Get Started!

Visit myuhc.com

Download the UnitedHealthcare® mobile app

The mobile app is perfect for on-the-go access, help finding a nearby doctor and more.

[1] UnitedHealthcare Internal Claims Analysis, 2019.

* Virtual Visits phone and video chat with a doctor are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. Virtual Visits are not intended to address emergency or life threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Check your benefit plan to determine if these services are available.

** Available only for insured plans and self-funded plans with Optum Rx integrated pharmacy benefits. All UnitedHealthcare members can access a cost estimate online or on the mobile app. None of the cost estimates are intended to be a guarantee of your costs or benefits. Your actual costs may vary. When accessing a cost estimate, please refer to the Website or Mobile application terms of use under Find Care & Costs section.

The UnitedHealthcare® app is available for download for iPhone® or Android®. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

VIRTUAL VISITS

24/7 can be a great alternative to visiting your normal doctor or an urgent care, when you are suffering from one of many common, non-emergency medical conditions. With 24/7/365 access to U.S. board-certified doctors, you can access medical care for only a small copay amount, from home or on the road—and in some cases, doctors can write a prescription to a local pharmacy near you.*

How Does It Work?

Log in to your account or register if you don't have one set-up. Then, contact 24/7 from anywhere—and let the doctor come to you!

24/7
Online: www.myuhc.com

24/7 doctors can then diagnose non-emergency medical problems, recommend treatment, and can even call in a prescription to your pharmacy of choice, when necessary.*

**Prescription services may not be available in all states.*

When Can I Use It?

- When you need care now.
- If you're considering the ER or urgent care center for a non-emergency issue.
- On vacation, on a business trip, or away from home.

Common Conditions We Treat

- Allergies
- Colds, respiratory problems, flu
- Ear infections
- Sore Throat
- Pink eye
- Urinary tract infections
- And more!

Save Money and Time!

24/7 provides significant savings over urgent care and emergency room visits. Plus, you can use it from the convenience of home or work, allowing you to avoid the hassle of sitting in a waiting room.

Meet Our Doctors!

- U.S. board-certified with an average of 15 years of practice experience
- U.S. residents and licensed in your state

EMPLOYEE ASSISTANCE PROGRAM

Contact Us… Anytime, Anywhere

No-cost, confidential solutions to life's challenges.

Confidential Emotional Support

Our highly trained clinicians will listen to your concerns and help you and your family members with any issues. Counseling is available in person or via telehealth sessions. Find assistance for:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationships/marital conflicts

Work-Life Solutions

Our specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events, locating pet care

Legal Guidance

Talk to our attorneys for practical assistance with your most pressing legal issues, including:

- Divorce, adoption, family law, wills, trusts and more

Need representation? Get a free 30-minute consultation and a 25% reduction in fees.

Financial Resources

Our financial experts can assist with a wide range of issues. Talk to us about:

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more

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TTY: 800.697.0353

Your toll-free number gives you direct, 24/7 access to a GuidanceConsultantSM, who will answer your questions and, if needed, refer you to a counselor or other resources.

Online: guidanceresources.com
App: GuidanceNowSM
Web ID: MY5848i

Log on today to connect directly with a GuidanceConsultant about your issue or to consult articles, podcasts, videos and other helpful tools.

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Online Support

GuidanceResources® Online is your 24/7 link to vital information, tools and support. Log on for:

- Articles, podcasts, videos, slideshows
- On-demand trainings
- "Ask the Expert" personal responses to your questions

MEDICAL PLAN SUMMARIES

Medical - UHC	BASE PLAN		H.S.A. QUALIFIED PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible Single / Family	$5,000 / $10,000	$10,000/$20,000	$5,000 / $10,000	$10,000 / $20,000
Coinsurance *(% You Pay After Deductible)*	You Pay 30%	You Pay 50%	You Pay 20%	You Pay 40%
Out of Pocket Max Single / Family	$7,950 / $15,900	$20,000 / $40,000	$6,750 / $13,500	$13,500 / $27,000
Preventive Care	Covered 100%, No Deductible	50% after Deductible	Covered 100%, No Deductible	40% after Deductible
Office Visit	PCP: No Charge SP: $70 Copay	50% after Deductible	20% after Deductible	40% after Deductible
Urgent Care	$50 Copay	50% after Deductible	20% after Deductible	40% after Deductible
Hospitalization	30% after Deductible	50% after Deductible	20% after Deductible	40% after Deductible
Emergency Room	$250 per visit, then 30% after Deductible		20% after Deductible	
Outpatient Labs & X-rays	Designated Network: 30% after Deductible	50% after Deductible	Designated Network: 20% after Deductible	40% after Deductible
Imaging *(CT/PET Scans, MRIs)*	30% after Deductible	50% after Deductible	20% after Deductible	40% after Deductible

Prescription Drugs Out-of-Pocket Maximum is included with Medical	Retail	Mail Order	Retail	Mail Order
Deductible	N/A		Included in Medical	
Tier 1	$10 Copay	$25 Copay	$10 Copay after Deductible	$25 Copay after Deductible
Tier 2	$50 Copay	$125 Copay	$35 Copay after Deductible	$87.50 Copay after Deductible
Tier 3	$95 Copay	$237.50 Copay	$60 Copay after Deductible	$150 Copay after Deductible
Tier 4	$250 Copay	$625 Copay	Not Applicable	Not Applicable

Employee Cost	Weekly	Monthly	Weekly	Monthly
Employee Only	$55.00	$238.33	$50.00	$216.67
Employee + Spouse	$190.00	$823.33	$171.00	$741.00
Employee + Child(ren)	$171.00	$741.00	$147.00	$637.00
Family	$237.00	$1,027.00	$210.00	$910.00

Please review the full plan documents for details. *If the benefits described herein conflict in any way with the Summary Plan Description, the Summary Plan Description will prevail.*

PHARMACY | PREFERRED90

OptumRx®, CVS®, and Walgreens® make it easy for you to get your long-term medication(s) with options that may save you money.1 The Preferred90 program allows you to get 3-month supplies of your medication(s) at CVS, Walgreens or through OptumRx® home delivery — the choice is yours.

Here is what this means for you:

Cost savings
You may pay less for your medication(s) with a 3-month supply

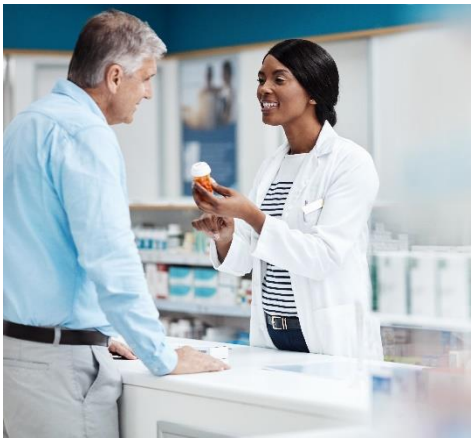
Convenience
Your pharmacist is happy to answer your questions either at the pharmacy or by phone

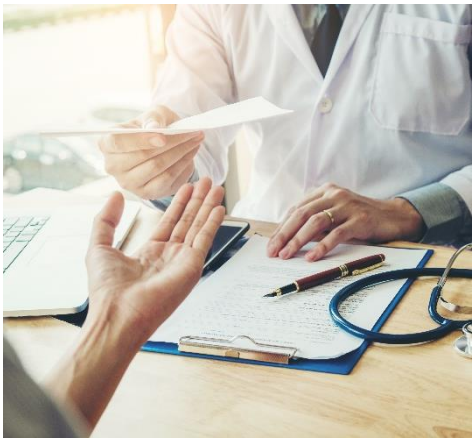
Choice
You also have the choice of filling at a CVS or Walgreens location nearest you.

Whether you decide to get your maintenance medication(s) from CVS, Walgreens or through OptumRx home delivery, it's easy to get your medication(s).

If you choose a CVS or Walgreens Pharmacy location:	
In store	Bring in your prescription(s) or empty prescription bottles.
Online	Visit cvs.com or walgreens.com and follow a few simple steps.
Phone	Call your local CVS or Walgreens and a pharmacy staff member will help you.

If you choose OptumRx home delivery:	
ePrescribe	Ask your doctor to send an electronic prescription.
Online	Go to myuhc.com® and register
Phone	Call the member phone number on your health plan ID card.





DENTAL PLAN SUMMARIES

LTI Trucking Services offers you the choice of two dental plans, offered through **United Healthcare**. On both plans, you have the option to use any dentist; however, dentists who belong In-Network will be the most cost effective. Highlights on the plans are below. Please refer to your plan documents for a full list of covered benefits and their costs.

Dental - Aetna	BASE PLAN		ENHANCED PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible Single / Family	$25 / $75	$50 / $150	$25 / $75	$50 / $150
Annual Benefit Max	$1,000		$1,250	$1,000
Lifetime Orthodontia Max	Not Covered		$1,000	Not Covered
Diagnostic & Preventative	Covered 100%, No Deductible		Covered 100%, No Deductible	
Basic Restorative	20% after Deductible		20% after Deductible	
Endodontics	20% after Deductible		20% after Deductible	
Periodontics	20% after Deductible		20% after Deductible	
Oral Surgery	20% after Deductible		20% after Deductible	
Major Restorative	70% after Deductible		50% after Deductible	70% after Deductible
Prosthetic Repairs				
Prosthetics				
Orthodontics *- Dependent Children Only*	Not Covered		50% after Deductible	Not Covered

Employee Cost	Weekly	Monthly	Weekly	Monthly
Employee Only	$5.33	$23.09	$6.29	$27.24
Employee + One	$10.55	$45.71	$12.35	$53.50
Family	$19.09	$82.73	$21.36	$92.54

Please review the full plan documents for details. *If the benefits described herein conflict in any way with the Summary Plan Description, the Summary Plan Description will prevail.*

VISION PLAN SUMMARY

LTI Trucking Services offers all benefit-eligible employee and your family's access to Vision Insurance through **United Healthcare**. When you participate, you can receive annual eye exams and glasses or contact lenses for only a small copay. Highlights of the plan are below. Please refer to your plan documents for a full list of covered benefits and their costs. You will get the best benefits when you use an In-Network provider.

Benefit Frequencies: ***Exams***: Once Every 12 Months / ***Standard Plastic Lenses:*** Once Every 12 Months / ***Contact Lenses***: Once Every 12 Months (Instead of Glasses) / ***Frames***: Once Every 24 Months

Vision - Aetna	In-Network	Out-of-Network
Routine Eye Exam	$10 Copay	N/A
Eyeglass Frame	$130 Allowance	$45 Allowance
Single Lenses	Covered	Up to $40
Bifocal Lenses	Covered	Up to $60
Trifocal Lenses	Covered	Up to $80
Standard Progressive	$55 Copay	N/A
Standard Polycarbonate Lenses	$33 Copay for adults Covered for children under 19 years	N/A
Factory Scratch Coating Lenses	$10 Copay	N/A
Elective Contacts	$130 Allowance	$105 Allowance
Non-Elective Contacts	Covered In Full	$210 Allowance

Employee Cost	Weekly	Monthly
Employee Only	$1.40	$6.08
Employee + Spouse	$2.66	$11.54
Employee + Child(ren)	$2.80	$12.14
Family	$4.12	$17.86

Please review the full plan documents for details. *If the benefits described herein conflict in any way with the Summary Plan Description, the Summary Plan Description will prevail.*

COMPANY-PAID LIFE AND AD&D PLAN SUMMARY

Each, active, full-time employee working 30 hours or more per week, are eligible for Company-Paid Life and Accidental Death & Dismemberment* Insurance through Voya. Employees will be eligible for benefits starting on the 90th day of active employment.

Life & AD&D - VOYA	COMPANY-PAID BASIC LIFE/AD&D
Company-Paid Life & AD&D Coverage Amounts	The benefit amount employees are eligible to receive will depend on your position. Please see Human Resources for further details.
Reduction Schedule	At age 65, your amount will be reduced by 35%; at age 70, it will be reduced to 50%.
Employee Premiums	**This coverage is 100% paid for by LTI Trucking Services**

*Accidental Death & Dismemberment (AD&D): AD&D pays a benefit for loss of life or dismemberment resulting from a covered accidental bodily injury. You should refer to your policy documents for the specific benefit payments for each covered accidental loss such as loss of limbs, hearing, vision, and speech.

HOW MUCH LIFE INSURANCE COVERAGE DO YOU NEED?

Depending on your personal situation you may wish to purchase additional coverage which you can buy through Unum at the low-cost, LTI Trucking Services group rates. Use the worksheet below to estimate how much additional life insurance you need and see the details of the voluntary life on the following page.

When considering how much Life insurance you need, it's important to think about your outstanding debt, ongoing expenses and the future plans of your family. Fill in the blanks below to figure out how much life insurance you may wish to purchase.

Outstanding Debt – How much will be left for your family to pay?	
Mortgage balance	$ _____
Other debt (credit cards, loans, car payment)	$ _____
TOTAL (A)	$ _____ (A)
Ongoing Expenses – How much do your dependents need each year?	
Utilities (electric, phone, cable, internet)	$ _____
Medical costs, insurance	$ _____
Food, clothing, gasoline	$ _____
Saving contributions	$ _____
TOTAL (B)	$ _____ (B)
Future Plans – How much will loved ones need for the future?	
College	$ _____
Other (retirement, long term care)	$ _____
TOTAL (C)	$ _____ (C)
Grand Total (A+B+C)	$ _____
Subtract existing coverage	$ _____
Subtract company-paid life	$ _____
Consider this amount of life insurance	$ _____

Important – Please Read!

- New Enrollees must be actively at work on the effective date for coverage to be in force. If not, enrolled coverage will become effective upon return to Active at Work/eligible status.
- Dependents may have a delayed effective date based on his/her health status at time of enrollment. Please refer to the policy certificate or HR for more details.

Please review the full summary plan documents for a list of your exclusions and limitations. *This plan highlight is a summary provided to help you understand your insurance coverage. Details may differ from state to state. Please refer to your certificate booklet for your complete plan description. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern.*

TERM LIFE & AD&D PLAN SUMMARY

Voya's Group Voluntary Term Life Insurance provides term life insurance at affordable group rates. Term Life Insurance can help protect your loved ones if you die during your working years. They can use it to help pay for housing and other expenses, including your final arrangements.

Because the plan includes an Accidental Death and Dismemberment (AD&D) benefit, the policy pays more money if you die in a covered accident. If you survive a serious accident, it can pay you money for certain severe injuries, such as loss of vision, hearing and limbs.

Life & AD&D - VOYA	VOLUNTARY TERM LIFE/AD&D
Voluntary Term Life Coverage Amounts	**Employee:** Choose up to 5x your annual earnings, not to exceed $500,000, in increments of $10,000. **Spouse:** Choose up to 100% of employee coverage, maximum: $500,000. **Dependent Child(ren):** Up to $10,000 when electing Employee coverage.
Guarantee Issue Amount	**New Hire:** Employees may elect up to $150,000 and Spouses may elect up to $30,000 without medical questions. Dependent Child coverage is up to $10,000.
Reduction Schedule	At age 65, your amount will be reduced by 35% ; at age 70, it will be reduced to 50%
Additional Features	Includes Accidental Death & Dismemberment, Seat Belt, Air Bag, Repatriation, Education, Exposure & Disappearance, Accelerated Benefit, and Conversion & Portability features.
Employee Premiums	**This coverage is 100% paid by the employee.** Please refer to the PayChex enrollment system to calculate your cost through Voya.

Important Terms

- **Guarantee Issue:** This is the amount of Life and AD&D Insurance you may purchase without answering medical questions AS LONG AS you elect it ay your first opportunity. If you decline coverage as a new hire but then choose to elect it in the future, you will be subject to approval based on medical questions.
- **Accidental Death & Dismemberment (AD&):** Pays a benefit for loss of life or dismemberment resulting from a covered accidental bodily injury. You should refer to your policy documents for the specific benefit payments for each covered accidental loss such as a loss of limbs, hearing, vision, and speech.

Definition of "Eligible Dependents"

- **Spouse** – eligibility may terminate at Spouse age 70.
- **Child** – eligibility terminates earliest of age 26, married, or employed full time, or no longer a Full Time Student. Terms may vary for children with special needs.

Important – Please Read!

- New Enrollees must be actively at work on the effective date for coverage to be in force. If not, enrolled coverage will become effective upon return to Active at Work/eligible status.
- Dependents may have a delayed effective date based on his/her health status at time of enrollment. Please refer to the policy certificate or HR for more details.
- It is the responsibility of the employee to ensure dependents are eligible for coverage under these policies. Please refer to the policy certificate or HR for more information.
- ***Please review the full plan documents for plan details including exclusions and limitations.*** *This plan highlight is a summary provided to help you understand your insurance coverage. Details may differ from state to state. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern.*

DISABILITY PLAN SUMMARIES

Voya's Short-Term Disability & Long-Term Disability Insurance can pay you a percentage of your gross weekly or monthly earnings (up to the maximum allowed by your plan) if you are unable to work for a few weeks, months, or years due to an illness or injury —(Short-Term Disability includes childbirth).

Disability Insurance can help you cover your expenses and protect your finances at a time when you're not getting a paycheck and have extra medical bills. The amount of benefit you receive from the plan may be reduced or offset by income from other sources. You can take advantage of affordable group rates and your cost is conveniently deducted from your paycheck.

Disability - VOYA	VOLUNTARY SHORT-TERM DISABILITY
Benefit Levels	60% of your weekly pre-disability earnings up to $1,500 per week.
Benefit Period	Benefits are payable up to 11 weeks
Elimination Period	Benefits start on the **15th day** for Accident & Sickness
Employee Premiums	**This coverage is 100% paid by the employee.** Please refer to the PayChex enrollment system to calculate your cost through Voya.

Disability - VOYA	LONG-TERM DISABILITY
Benefit Levels	60% of your monthly pre-disability earnings, up to the plan maximum.
Benefit Period	Benefit duration is dependent on your job classification. Refer to HR for more details.
Elimination Period	**Accident:** 90 Days / **Sickness:** 90 Days
Employee Premiums	**This coverage is 100% paid by the employee.** All LTI Trucking employees are automatically enrolled. If you prefer to opt-out, you must contact Human Resources and fill out the required paperwork. Please refer to the PayChex enrollment system to calculate your cost through Voya.

Important – Please Read!

- New Enrollees must be actively at work on the effective date for coverage to be in force. If not, enrolled coverage will become effective upon return to Active at Work/eligible status.

Please review the full plan documents for plan details including exclusions and limitations. *This plan highlight is a summary provided to help you understand your insurance coverage. Details may differ from state to state. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern.*

CRITICAL ILLNESS

Critical illness insurance can help you pay for expenses that aren't covered by your existing health insurance plan if you are diagnosed with a covered condition. Critical illness coverage pays you a lump-sum, tax-free cash benefit to help pay for treatment or bills, and comes with a $50 wellness benefit to help cover the cost of health screening tests for you and your family.

You can use this coverage more than once. Even after you receive a payout for one illness, you're still covered for the remaining conditions and for the reoccurrence of any critical illness with the exception of skin cancer. The reoccurrence benefit pays 100% of your original coverage amount. Diagnoses must be at least 180 days apart or the conditions can't be related to each other.

Some covered illnesses include heart attack, stroke, major organ failure, and end stage renal failure. For more information or a list of your employee rates, see Human Resources.

CRITICAL ILLNESS COVERAGE HIGHLIGHTS	
Coverage Amount	**Employee**: $10,000 or $20,000 of coverage **Spouse**: 100% of the employee coverage **Child**: 100% of the employee coverage
Be Well Benefit	Every year, each family member who has Critical Illness coverage can receive $50 for getting a covered Be Well Benefit screening test such as; annual medical physical, well child visit, dental and vision exams, pap smear, colonoscopy, etc…
Portability	Coverage is portable. You may take the coverage with you if you leave the company or retire. You'll be billed at home.

Please review the full summary plan documents for a list of your exclusions and limitations. *This plan highlight is a summary provided to help you understand your insurance coverage. Details may differ from state to state. Please refer to your certificate booklet for your complete plan description. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern.*

SUPPLEMENTAL COVERAGE	**CRITICAL ILLNESS**
Employee Only	100% Voluntary *Rates are based on age & coverage level and are subject to change. Log in to the PayChex Enrollment System for your personalized rates.*
Employee + Spouse	
Employee + Child(ren)	
Family	

Important – Please Read!

- New Enrollees must be actively at work on the effective date for coverage to be in force. If not, enrolled coverage will become effective upon return to Active at Work/eligible status.
- Dependents may have a delayed effective date based on his/her health status at time of enrollment. Please refer to the policy certificate or HR for more details.

Please review the full plan documents for plan details including exclusions and limitations. *This plan highlight is a summary provided to help you understand your insurance coverage. Details may differ from state to state. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern.*

ACCIDENT

If you are accidentally injured off the job, accident insurance can help you take care of out-of-pocket expenses and medical costs beyond what your existing health insurance plan covers. Accident insurance can pay a set benefit amount based on the type of injury you have and the type of treatment you need.

Some covered accident insurance benefits include: hospital confinement, ambulance bills, dislocation or fractures, accidental death and dismemberment, and medical expenses. For more information or a list of your employee rates, see Human Resources.

ACCIDENT COVERAGE HIGHLIGHTS	
Who can get coverage?	**Employee**: If you're actively at work **Spouse**: As long as the employee has purchased coverage **Child**: As long as the employee has purchased coverage
Be Well Benefit	Every year, each family member who has Critical Illness coverage can receive $50 for getting a covered Be Well Benefit screening test such as; annual medical physical, well child visit, dental and vision exams, pap smear, colonoscopy, etc…
Portability	Coverage is portable. You may take the coverage with you if you leave the company or retire. You'll be billed at home.

Please review the full summary plan documents for a list of your exclusions and limitations. *This plan highlight is a summary provided to help you understand your insurance coverage. Details may differ from state to state. Please refer to your certificate booklet for your complete plan description. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern.*

SUPPLEMENTAL COVERAGE	**ACCIDENT**
Employee Only	100% Voluntary *Log in to the PayChex Enrollment System for your personalized rates*
Employee + Spouse	
Employee + Child(ren)	
Family	

Important – Please Read!

- New Enrollees must be actively at work on the effective date for coverage to be in force. If not, enrolled coverage will become effective upon return to Active at Work/eligible status.
- Dependents may have a delayed effective date based on his/her health status at time of enrollment. Please refer to the policy certificate or HR for more details.

Please review the full plan documents for plan details including exclusions and limitations. *This plan highlight is a summary provided to help you understand your insurance coverage. Details may differ from state to state. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern.*

ANNUAL REQUIRED NOTICES

LTI Trucking Services
Health Law Notices

Michelle's Law Notice
If there is a medically necessary leave of absence from a post-secondary educational institution or other change in enrollment that: (1) begins while a dependent child is suffering from a serious illness or injury; (2) is certified by a physician as being medically necessary; and (3) causes the dependent child to lose student status for purposes of coverage under the plan, that child may maintain dependent eligibility for up to one year. If the treating physician does not provide written documentation when requested by the Plan Administrator that the serious illness or injury has continued, making the leave of absence medically necessary, the plan will no longer provide continued coverage.

Benefits During Family Medical Leave
Assuming the Plan Administrator meets certain criteria during the preceding calendar year, the Plan will comply with the Family and Medical Leave Act (FMLA) of 1993 as amended, which provides benefit continuation rights during an approved medical leave of absence. If the Plan Administrator is subject to the law, an employee and any dependents covered under a health benefit plan may be eligible to continue the coverage under that plan for a certain period of time.

Any employer contributions made under the terms of the Plan shall continue to be made on behalf such employee electing to maintain coverage while on FMLA leave. An employee on FMLA leave must make any applicable contributions to maintain coverage. To the extent required under the FMLA and in accordance with procedures established by the Plan Administrator such employee contributions may be payable:

- prior to the employee taking the leave; or
- during the leave; or
- repaid to the employer through payroll deductions upon return to work following the leave.

Contact the Plan Administrator for additional information on the FMLA leave policy or to request leave. Certain rights under specific state family leave laws may also apply.

Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA)
Under USERRA, an employer is required to offer COBRA-like continuation of coverage to covered employees in the uniformed services if their absence from work during military duty would result in a loss of coverage as a result of such active duty. The maximum length of USERRA continuation of coverage is the lesser of 24 months beginning on the date of the employee's departure, or the period beginning on the date of the employee's departure and ending on the date on which the employee failed to return from active duty or apply for reemployment within the time allowed by USERRA. If an employee elects to continue coverage pursuant to USERRA, such employee, and any covered dependents, will be required to pay up to 102% of the full premium for coverage elected. For military leaves of 30 days or less, the employee is not required to contribute more than the amount he or she would have paid as an active employee. Continued coverage under this provision pursuant to USERRA will reduce any coverage continuation provided under COBRA Continuation.

Premium Assistance Under Medicaid and The Children's Health Insurance Program (CHIP) – Applies to Group Health Plans Only
If an Employee or an Employee's children are eligible for Medicaid or CHIP and are eligible for health coverage from an employer, the state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If the Employee or his/her children are not eligible for Medicaid or CHIP, they will not be eligible for these premium assistance programs but they may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If an Employee or his/her dependents are already enrolled in Medicaid or CHIP and they live in a State listed below, they may contact the State Medicaid or CHIP office to find out if premium assistance is available.

If an Employee or his/her dependents are NOT currently enrolled in Medicaid or CHIP, and they think they (or any of their dependents) might be eligible for either of these programs, they can contact the State Medicaid or CHIP office or dial **1-877-KIDS NOW** or visit **www.insurekidsnow.gov** to find out how to apply. If they qualify, ask if the state has a program that might help pay the premiums for an employer-sponsored plan.

If an Employee or his/her dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under their employer plan, the employer must allow the Employee to enroll in the employer plan if they are not already enrolled. This is called a "special enrollment" opportunity, and **the Employee must request coverage within 60 days of being determined eligible for premium assistance.** If the Employee has questions about enrolling in the employer's plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

Employees living in one of the following States, may be eligible for assistance paying employer health plan premiums. The following list of States is current as of July 31, 2021. The most recent CHIP notice can be found at https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/chipra. Contact the respective State for more information on eligibility –

ALABAMA – Medicaid
Website: http://myalhipp.com/
Phone: 1-855-692-5447

ALASKA – Medicaid
AK Health Insurance Premium Payment Program
Website: http://myakhipp.com/
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility:
http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx

ARKANSAS – Medicaid
Website: http://myarhipp.com/
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid
Health Insurance Premium Payment (HIPP) Program
Website: http://dhcs.ca.gov/hipp
Phone: 916-445-8322
Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website:
https://www.healthfirstcolorado.com/
Health First Colorado Member Contact Center:
1-800-221-3943 / State Relay 711
CHP+ Website:
https://www.colorado.gov/pacific/hcpf/child-health-plan-plus
CHP+ Customer Service:
1-800-359-1991 / State Relay 771
Health Insurance Buy-In Program (HIBI) Website:
https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid
Website:
https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
Phone: 1-877-357-3268

GEORGIA – Medicaid
Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
Phone: 678-564-1162 ext. 2131

INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64
Website: http://www.in.gov/fssa/hip/
Phone: 1-877-438-4479
All other Medicaid
Website: https://www.in.gov/medicaid/
Phone 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)
Medicaid Website:
https://dhs.iowa.gov/ime/members
Medicaid Phone: 1-800-338-8366

Hawki Website: http://dhs.iowa.gov/Hawki
Hawki Phone: 1-800-257-8563
HIPP Website:
https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid
Website: https://www.kancare.ks.gov/
Phone: 1-800-792-4884

KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:
https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov
KCHIP Website:
https://kidshealth.ky.gov/Pages/index.aspx
Phone: 1-877-524-4718
Medicaid Website: https://chfs.ky.gov

LOUISIANA – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid
Enrollment Website:
https://www.maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-442-6003
TTY: Maine Relay 711
Private Health Insurance Premium Webpage:
https://www.maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-977-6740
TTY: Maine Relay 711

MASSACHUSETTS – Medicaid and CHIP
Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa
Phone: 1-800-862-4840

MINNESOTA – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp
Phone: 1-800-657-3739

MISSOURI – Medicaid
Website:
http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

MONTANA – Medicaid
Website:
http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084

NEBRASKA – Medicaid
Website: http://www.ACCESSNebraska.ne.gov
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – Medicaid
Website: http://dhcfp.nv.gov
Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid
Website: https://www.dhhs.nh.gov/oii/hipp.htm
Phone: 603-271-5218
Toll-Free: 1-800-852-3345, ext. 5218

NEW JERSEY – Medicaid and CHIP
Medicaid Website:
http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
Medicaid Phone: 609-631-2392
CHIP Website:
http://www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid
Website:
https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid
Website: https://medicaid.ncdhhs.gov/
Phone: 919-855-4100

NORTH DAKOTA – Medicaid
Website:
http://www.nd.gov/dhs/services/medicalserv/medicaid/
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP
Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON – Medicaid
Website:
http://healthcare.oregon.gov/Pages/index.aspx
http://www.oregonhealthcare.gov/index-es.html
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid
Website:
https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/
Phone: 1-855-697-4347 or 401-462-0311 (Direct RIte Share Line)

SOUTH CAROLINA – Medicaid
Website: https://www.scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA – Medicaid
Website: http://dss.sd.gov
Phone: 1-888-828-0059

TEXAS – Medicaid
Website: http://gethipptexas.com/
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/
CHIP Website: http://health.utah.gov/chip
Phone: 1-877-543-7669

VERMONT – Medicaid
Website: http://www.greenmountaincare.org/
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP
Website:
https://www.coverva.org/en/famis-select
https://www.coverva.org/en/hipp
Medicaid Phone: 1-800-432-5924
CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid
Website: https://www.hca.wa.gov/
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid
Website: http://mywvhipp.com/
Toll-Free: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP
Website:
https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
Phone: 1-800-362-3002

WYOMING – Medicaid
Website:
https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/
Phone: 1-800-251-1269

To see if any other States have added a premium assistance program since July 31, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Important Disclosures

Women's Health and Cancer Rights Act of 1998
The Federal Women's Health and Cancer Rights Act of 1998 requires coverage of treatment related to mastectomy. If the participant is eligible for mastectomy benefits under health coverage and elects breast reconstruction in connection with such mastectomy, she is also covered for the following:

a. Reconstruction of the breast on which mastectomy has been performed;
b. Surgery and reconstruction of the other breast to produce a symmetrical appearance;
c. Prostheses;
d. Treatment of physical complications of all states of mastectomy, including lymphedema.

Coverage for reconstructive breast surgery may not be denied or reduced on the ground that it is cosmetic in nature or that it otherwise does not meet the coverage definition of "medically necessary." Benefits will be provided on the same basis as for any other illness or injury under the Plan. Coverage for breast reconstruction and related services will be subject to applicable

deductibles, co-payments and coinsurance amounts that are consistent with those that apply to other benefits under the Plan.

Maternity Coverage Length of Hospital Stay
Group health plans and health insurance issuers offering group health insurance coverage generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a normal vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 or 96 hours, as applicable. Additionally, no group health plan or issuer may require that a provider obtain authorization from the Plan or insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Medical Child Support Orders
A Component Benefit Plan must recognize certain legal documents presented to the Plan Administrator by participants or their representatives. The Plan Administrator may be presented court orders which require child support, including health benefit coverage. The Plan Sponsor must recognize a Qualified Medical Child Support Order (QMCSO), within the meaning of ERISA section 609(a)(2)(B), under any Component Benefit Plan providing health benefit coverage.

A QMCSO is a state court or administrative agency order that requires an employer's medical plan to provide benefits to the child of an employee who is covered, or eligible for coverage, under the employer's plan. QMCSOs usually apply to a child who is born out of wedlock or whose parents are divorced. If a QMCSO applies, the employee must pay for the child's medical coverage and will be required to join the Plan if not already enrolled.

The Plan Administrator, when receiving a QMCSO, must promptly notify the employee and the child that the order has been received and what procedures will be used to determine if the order is "qualified." If the Plan Administrator determines the order is qualified and the employee must provide coverage for the child pursuant to the QMCSO, contributions for such coverage will be deducted from the employee's paycheck in an amount necessary to pay for such coverage. The affected employee will be notified once it is determined the order is qualified. Participants and beneficiaries can obtain a copy of the procedure governing QMCSO determinations from the Plan Administrator without charge.

New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information
When key parts of the health care law took effect in 2014, a new way to buy health insurance became available: the Health Insurance Marketplace. To assist Employees as they evaluate options for themselves and their family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by their employer.

What is the Health Insurance Marketplace?
The Marketplace is designed to help individuals and families find health insurance that meets their needs and fits their budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. Employees may also be eligible for a new kind of tax credit that lowers their monthly premium right away. The open enrollment period for health insurance coverage through the Marketplace began on Nov. 1st, and ended on Dec. 15. Individuals must have enrolled or changed plans prior to Dec. 15, for coverage starting as early as Jan. 1st. After Dec. 15th, individuals can get coverage through the Marketplace only if they qualify for a special enrollment period.

Can individuals Save Money on Health Insurance Premiums in the Marketplace?
Individuals may qualify to save money and lower monthly premiums, but only if their employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on premiums depends on household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?
Yes. If the Employee has an offer of health coverage from his/her employer that meets certain standards, they will not be eligible for a tax credit through the Marketplace and may wish to enroll in their employer's health plan. However, an individual may be eligible for a tax credit that lowers their monthly premium, or a reduction in certain cost-sharing if their employer does not offer coverage at all or does not offer coverage that meets certain standards. If the cost of a plan from an employer that would cover the Employee (and not any other members of their family) is more than 9.61% of household income for the year, or if the coverage the employer provides does not meet the "minimum value" standard set by the Affordable Care Act, the Employee may be eligible for a tax credit.*

Note: If a health plan is purchased through the Marketplace instead of accepting health coverage offered by an employer, then the Employee may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution - as well as the employee contribution to employer-offered coverage - is often excluded from income for Federal and State income tax purposes. Any Employee payments for coverage through the Marketplace are made on an after-tax basis.

How Can Individuals Get More Information?
For more information about coverage offered by the Employer, please check the summary plan description or contact Human Resources.

The Marketplace can help when evaluating coverage options, including eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in the area.

*An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60% of such costs.

Special Enrollment Periods

Special Enrollment Rights – If an employee declines enrollment for him/herself or for their dependents (including their spouse) because of other health insurance coverage, they may be able to enroll him/herself or their dependents in this Plan in the future, provided they request enrollment within 30 days after their other coverage ends. Coverage will begin under this Plan on the 90th day of continuous active employment.

If an employee acquires a new dependent as a result of marriage, birth, adoption, or placement for adoption, they may be able to enroll him/herself and their dependents provided that they request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. If an employee adds coverage under these circumstances, they may add coverage mid-year. For a new spouse or dependent acquired by marriage, coverage is effective no later than the first day of the first month beginning after the date the plan receives a timely request for the enrollment. When a new dependent is acquired through birth, adoption, or placement for adoption, coverage will become effective retroactive to the date of the birth, adoption, or placement for adoption. The plan does not permit mid-year additions of coverage except for newly eligible persons and special enrollees.

Individuals gaining or losing Medicaid or State Child Health Insurance Coverage (SCHIP) - If an employee or their dependent was:

1. covered under Medicaid or a state child health insurance program and that coverage terminated due to loss of eligibility, or
2. becomes eligible for premium assistance under Medicaid or state child health insurance program, a special enrollment period under this Plan will apply. The employee must request coverage under this Plan within 60 days after the termination of such Medicaid or SCHIP, or within 60 days of becoming eligible for the premium assistance from Medicaid or the SCHIP. Coverage under the plan will become effective on the date of termination of eligibility for Medicaid/state child health insurance program, or the date of eligibility for premium assistance under Medicaid or SCHIP.

HIPAA Notice of Privacy Practices Effective Date: March 1, 2013

THIS NOTICE DESCRIBES HOW INDIVIDUAL MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW TO GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

HIPAA Notice of Privacy Practices
The LTI Trucking Services Group

Medical Plan (the "Plan"), which includes medical and dental coverages offered under the LTI Trucking Services Plans, are required by law (under the Administrative Simplification provision of the Health Insurance Portability and Accountability Act of 1996 HIPAA's privacy rule) to take reasonable steps to ensure the privacy of personally identifiable health information. This Notice is being provided to inform employees (and any of their dependents) of the policies and procedures LTI Trucking Services has implemented and their rights under them, as well as under HIPAA. These policies are meant to prevent any unnecessary disclosure of individual health information.

Use and Disclosure of individually identifiable Health Information by the Plan that Does Not Require the Individual's Authorization: The plan may use or disclose health information (that is protected health information (PHI)), as defined by HIPAA's privacy rule) for:

1. Payment and Health Care Operations: In order to make coverage determinations and payment (including, but not limited to, billing, claims management, subrogation, and plan reimbursement). For example, the Plan may provide information regarding an individual's coverage or health care treatment to other health plans to coordinate payment of benefits. Health information may also be used or disclosed to carry out Plan operations, such as the administration of the Plan and to provide coverage and services to the Plan's participants. For example, the Plan may use health information to project future benefit costs, to determine premiums, conduct or arrange for case management or medical review, for internal grievances, for auditing purposes, business planning and management activities such as planning related analysis, or to contract for stop-loss coverage. Pursuant to the Genetic Information Non-Discrimination Act (GINA), the Plan does not use or disclose genetic information for underwriting purposes.

2. Disclosure to the Plan Sponsor: As required, in order to administer benefits under the Plan. The Plan may also provide health information to the plan sponsor to allow the plan sponsor to solicit premium bids from health insurers, to modify the Plan, or to amend the Plan.

3. Requirements of Law: When required to do so by any federal, state or local law.

4. Health Oversight Activities: To a health oversight agency for activities such as audits, investigations, inspections, licensure, and other proceedings related to the oversight of the health plan.

5. Threats to Health or Safety: As required by law, to public health authorities if the Plan, in good faith, believes the disclosure is necessary to prevent or lessen a serious or imminent threat to an individual's health or safety or to the health and safety of the public.

6. Judicial and Administrative Proceedings: In the course of any administrative or judicial proceeding in response to an order from a court or administrative tribunal, in response to a subpoena, discovery request or other similar process. The Plan will make a good faith attempt to provide written notice to the individual to allow them to raise an objection.

7. Law Enforcement Purposes: To a law enforcement official for certain enforcement purposes, including, but not limited to, the purpose of identifying or locating a suspect, fugitive, material witness or missing person.

8. Coroners, Medical Examiners, or Funeral Directors: For the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law.

9. Organ or Tissue Donation: If the person is an organ or tissue donor, for purposes related to that donation.

10. Specified Government Functions: For military, national security and intelligence activities, protective services, and correctional institutions and inmates.

11. Workers' Compensation: As necessary to comply with workers' compensation or other similar programs.

12. Distribution of Health-Related Benefits and Services: To provide information to the individual on health-related benefits and services that may be of interest to them.

Notice in Case of Breach
LTI Trucking Services is required maintain the privacy of PHI; to provide individuals with this notice of the Plan's legal duties and privacy practices with respect to PHI; and to notify individuals of any breach of their PHI.

Use and Disclosure of Individual Health Information by the Plan that Does Require Individual Authorization: Other than as listed above, the Plan will not use or disclose without your written authorization. You may revoke your authorization in writing at any time, and the Plan will no longer be able to use or disclose the health information. However, the Plan will

not be able to take back any disclosures already made in accordance with the Authorization prior to its revocation. The following uses and disclosures will be made only with authorization from the individual: (i) most uses and disclosures of psychotherapy notes (if recorded by a covered entity); (ii) uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this notice.

Individual Rights with Respect to Personal Health Information: Each individual has the following rights under the Plan's policies and procedures, and as required by HIPAA's privacy rule:

Right to Request Restrictions on Uses and Disclosures: An individual may request the Plan to restrict uses and disclosures of their health information. The Plan will accommodate reasonable requests; however, it is not required to agree to the request, unless it is for services paid completely by the individual out of their own pocket. A wish to request a restriction must be sent in writing to HIPAA Privacy Officer, at LTI Trucking Services, 411 N 10th St. #500, St. Louis, MO 63101, 314-932-6972.

Right to Inspect and Copy Individual Health Information: An individual may inspect and obtain a copy of their individual health information maintained by the Plan. The requested information will be provided within 30 days if the information is maintained on site or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if the Plan is unable to comply with the deadline. A written request must be provided to HIPAA Privacy Officer at LTI Trucking Services, 411 N 10th St. #500, St. Louis, MO 63101, 314-932-6972. If the individual requests a copy of their health information, the Plan may charge a reasonable fee for copying, assembling costs and postage, if applicable, associated with their request.

Right to Amend Your Health Information: You may request the Plan to amend your health information if you feel that it is incorrect or incomplete. The Plan has 60 days after the request is made to make the amendment. A single 30-day extension is allowed if the Plan is unable to comply with this deadline. A written request must be provided to HIPAA Privacy Officer, at LTI Trucking Services, 411 N 10th St. #500, St. Louis, MO 63101, 314-932-6972. The request may be denied in whole or part and if so, the Plan will provide a written explanation of the denial.

Right to an Accounting of Disclosures: An individual may request a list of disclosures made by the Plan of their health information during the six years prior to their request (or for a specified shorter period of time). However, the list will not include disclosures made: (1) to carry out treatment, payment or health care operations; (2) disclosures made prior to April 14, 2004; (3) to individuals about their own health information; and (4) disclosures for which the individual provided a valid authorization.

A request for an accounting form must be used to make the request and can be obtained by contacting the HIPAA Privacy Officer at LTI Trucking Services, 411 N 10th St. #500, St. Louis, MO 63101, 314-932-6972. The accounting will be provided within 60 days from the submission of the request form. An additional 30 days is allowed if this deadline cannot be met.

Right to Receive Confidential Communications: An individual may request that the Plan communicate with them about their health information in a certain way or at a certain location if they feel the disclosure could endanger them. The individual must provide the request in writing to the HIPAA Privacy Officer at LTI Trucking Services, 411 N 10th St. #500, St. Louis, MO 63101, 314-932-6972. The Plan will attempt to honor all reasonable requests.

Right to a Paper Copy of this Notice: Individuals may request a paper copy of this Notice at any time, even if they have agreed to receive this Notice electronically. They must contact their HIPAA Privacy Officer at LTI Trucking Services, 411 N 10th St. #500, St. Louis, MO 63101, 314-932-6972 to make this request.

The Plan's Duties: The Plan is required by law to maintain the privacy of individual health information as related in this Notice and to provide this Notice of its duties and privacy practices. The Plan is required to abide by the terms of this Notice, which may be amended from time to time. The Plan reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that it maintains.

Complaints and Contact Person: If an individual wishes to exercise their rights under this Notice, communicate with the Plan about its privacy policies and procedures, or file a complaint with the Plan, they must contact the HIPAA Contact Person, at LTI Trucking Services, 411 N 10th St. #500, St. Louis, MO 63101, 314-932-6972. They may also file a complaint with the Secretary of

Health and Human Services if they believe their privacy rights have been violated.

Important Notice from LTI Trucking Services About Your Prescription Drug Coverage and Medicare (Creditable Coverage)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with LTI Trucking Services and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. LTI Trucking Services has determined that the prescription drug coverage offered by the LTI Trucking Services Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?
If you decide to join a Medicare drug plan, your current LTI Trucking Services coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current LTI Trucking Services coverage, be aware that you and your dependents will be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?
You should also know that if you drop or lose your current coverage with LTI Trucking Services and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage
Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through LTI Trucking Services changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage
More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: 4/13/2022
Name of Entity/Sender: LTI Trucking Services
Contact--Position/Office: Human Resources
Address: 411 N 10th St. #500, St. Louis, MO 63101
Phone Number: 314-932-6972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