

STOREY

Trucking
Company Inc.

2020-2021



Employee Benefits Guide

Complete your Enrollment Today Log-in to Employee Navigator

To complete your benefits Enrollment

1. Scan the QR code or visit the link below:
<http://employeenavigator.com/benefits/AccountLogin>
2. Click "Register" as a new user to get started
Company Identifier: Storey Trucking



BENEFIT HIGHLIGHTS

- Eligibility & Enrollment
- Employee Contributions
- Enrollment Instructions
- Health Insurance
- Dental Insurance
- Vision Insurance
- Company-Paid Life/AD&D Insurance
- Short-Term Disability Insurance
- Accident Insurance
- Critical Illness Insurance
- Sun Life Value Adds
- Annual Required Notices

WELCOME TO YOUR EMPLOYEE BENEFITS AT STOREY TRUCKING!

We understand that your life extends beyond the workplace. That is why we offer a variety of benefit plans to help you and your family. Within this guide, you will find the highlights of the benefits offered by the company.

IMPORTANT MESSAGE TO EMPLOYEES:

Our goal is to provide the highest quality and most affordable coverage possible to our employees. The first of the month following your hire date, you are eligible for a variety of great benefits. Highlights for 2020-2021 benefits include:

- **Medical Insurance:** Two health plan options through Blue Cross Blue Shield with National BCBS network coverage.
- **Dental Insurance:** Great dental coverage with a national network of dentists through Sun Life.
- **Vision:** Through Sun Life offers affordable rates with a national network.
- **Life and AD&D:** Storey Trucking provides all full time employees with \$10,000 of term life and AD&D. Be sure to complete your enrollment to indicate your beneficiary for this company paid benefit.
- **Voluntary Short Term Disability:** Because we believe protecting your income is very important, employees have the option to add this benefit at a negotiated group rate. After 1 year of employment, Storey Trucking pays for this benefit 100%.
- **Accident & Critical Illness Plans:** Protect your wallet from unexpected expenses related to injuries and illness through these affordable benefits through Sun Life.

IMPORTANT: All employees must enroll by logging into Employee Navigator.

Enroll Today Through Employee Navigator

- **Complete your Enrollment On-Line:**
 - www.employeenavigator.com/benefits/AccountLogin or use your phone camera to scan the QR code to the right.
 - The first time you log in, you will click "Register" as a new user to get started
 - Company Identifier: **Storey Trucking**



We encourage you to read through this guide, share it with your family members, and ask us any questions you have so you are educated and empowered to choose the benefits that are best for you. Make sure to complete your enrollment before the deadline to ensure you have coverage.

BENEFITS CONTACTS

COVERAGE	CARRIER	PHONE NUMBER	WEBSITE/EMAIL
Medical Insurance	BCBS of Alabama	800-292-8868	www.bcbsal.com
Dental Insurance	Sun Life Financial	800-442-7742	www.sunlife.com/findadentist
Vision Insurance	VSP- Sun Life Financial	800-877-7195	www.vsp.com
Life/AD&D Insurance	Sun Life Financial	800-786-5433	www.sunlife.com/us
Disability Insurances			
Critical Illness Insurance			
Accident Insurance			
Online Will Preparation	ComPsych- Sun Life Financial	www.estateguidance.com	
Claimant Support Services		888-475-3827	

Storey Trucking Contact

Vicki Horton and Teresa Hulsey
 1420 County Rd 422 Henagar, AL
 (256) 657-3283
vhorton@storeytrucking.com
thulsey@storeytrucking.com

Employee Benefit Agent

Cottingham & Butler
 Jackie Ronning
 800 Main Street Dubuque, IA 52004
 (563) 587-5238
jronning@cottinghambutler.com



DISCLAIMER: 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 Human Resources Department.

ELIGIBILITY & ENROLLMENT

New Employees

As a new employee you **MUST** login to Employee Navigator to elect benefits and designate your beneficiaries. This is your chance to elect benefits and enroll yourself and your eligible dependents. **Some benefits have “guarantee issue” at your first opportunity only, so please carefully consider this before you decline any coverages.** If you take no action now, you will have no benefits and you will not have another chance to elect them until next year’s open enrollment in November 2021—unless you experience a qualifying life event like a birth, adoption, marriage, or divorce before that time.

Employee Eligibility

All full-time Storey Trucking Company employees, who work for the Company at least 30 hours per week on a regular basis and are on the regular payroll, are eligible for benefits. For drivers, full time status is based on miles driven per month. Team drivers must run 9,000 miles each (18,000 together) and solo drivers must run 10,000 miles per calendar month. **Employees as defined above are eligible for benefit coverage the first of the month following date of hire.**

Short-Term Disability, Accident & Critical Illness:

An employee must be Actively at Work on his/her Effective Date for coverage to become effective. If an employee is not Actively at Work on his or her Effective Date, coverage will not become effective until the employee is again Actively at Work.

Spouse Eligibility

The employee’s legally married Spouse.

Child(ren) Eligibility

The employee’s dependent children at the end of the month, in which, they attain age 26, legally adopted children from the date the employee assumes legal responsibility, foster children that live with the employee and for whom the employee is the primary source of financial support, children for whom the employee assumes legal guardianship and stepchildren.

Also included are the employee’s children (or children of the employee’s spouse) for whom the employee has legal responsibility resulting from a valid court decree.

Children who are mentally or physically disabled and totally dependent on the employee for support, past the age of 26 or older. To be eligible for continued coverage past the age of 26, certification of the disability is required within 31 days of attainment of age 26. A certification form is available from the employer or from the claims administrator and may be required periodically. You must notify the claims administrator and/or the employer if the dependent’s marital or tax exemption status changes and they are no longer eligible for continued coverage.

How to Enroll

Are you ready to enroll? The first step is to log into the Employee Navigator system. Once you’re logged in you will verify all of your basic information like date of birth and address, as well as add any dependents who you’d like to cover on the Storey Trucking benefits plans.

Once all your information is up to date, it’s time to make your benefit elections. The decisions you make during open enrollment can have a significant impact on your life and finances, so it is important to weigh your options carefully.

When to Enroll

You must complete your benefit elections in the first 30 days of employment. Benefits are effective the 1st of the month after hire.

How to Make Changes

Unless you experience a qualifying life event, you cannot make changes to your benefits until the next open enrollment period. Qualifying life events include things like:

- Marriage, divorce, legal separation or death of a spouse
- Birth or adoption of a child
- Change in child’s dependent status
- Death of a spouse, child or other qualified dependent
- Change in residence
- Change in employment status or a change in coverage under another employer-sponsored plan.

An election change must be made within 30 days of the qualifying event.

WEEKLY EMPLOYEE CONTRIBUTIONS

If you have questions or concerns, please speak with Human Resources.

HEALTH COVERAGE	Option 1 – BLUE SAVER 4000			Option 2 – PREFERRED BLUE HDHP		
BCBS	Team Driver	1+ Year Solo Driver	<1 Year Solo Driver	Team Driver	1+ Year Solo Driver	<1 Year Solo Driver
Employee Only	\$46	\$66	\$77	\$36	\$56	\$68
Employee + Sp	\$154	\$173	\$184	\$134	\$153	\$164
Employee + Ch	\$137	\$157	\$169	\$119	\$139	\$151
Family	\$211	\$230	\$242	\$184	\$203	\$215

*Full time status is based on required miles per month – Team drivers must run 9,000 miles each (18,000 together) and solo drivers must run 10,000 miles per calendar month

Storey Trucking holds an escrow account for each company driver to cover one full month of health insurance premiums. The company will deduct \$25 per week until they've built up an escrow to cover one month of health insurance premiums. If you have questions or would like to adjust your escrow amount, please contact Vicki or Teresa in the office.

DENTAL COVERAGE – Sun Life	
Employee Only	\$5.36
Employee + Spouse	\$10.71
Employee + Child(ren)	\$11.39
Family	\$16.22

VISION COVERAGE – Sun Life	
Employee Only	\$1.78
Employee + Spouse	\$2.93
Employee + Child(ren)	\$3.35
Family	\$4.96

LIFE/AD&D COVERAGE – Sun Life	
Employee Only	Company Paid

SHORT TERM DISABILITY COVERAGE – Sun Life	
Employees 1+ Years of Tenure with Storey	Company Paid
Employees < 1 Year	100% Employee Paid - Log In to Employee Navigator for Rates, based on age and annual pay.

ACCIDENT COVERAGE – Sun Life	
Employee Only	\$2.50
Employee + Spouse	\$4.33
Employee + Child(ren)	\$4.83
Family	\$6.66

CRITICAL ILLNESS COVERAGE	
100% Employee Paid - Log In to Employee Navigator for Rates, which are based on age.	

LOG ON TO ENROLL

Employee Navigator

Your Benefits, Your Way

Access your employee benefits from your computer, tablet, or smartphone!



Save Time

Manage your benefits whenever and wherever you are.



Find Resources

Search providers, carrier customer service numbers, and your company contacts.



Access Benefits

View your benefits, plan documents, and other educational materials.



Download/Print Materials

Download and print generic ID cards, benefit materials, and forms.



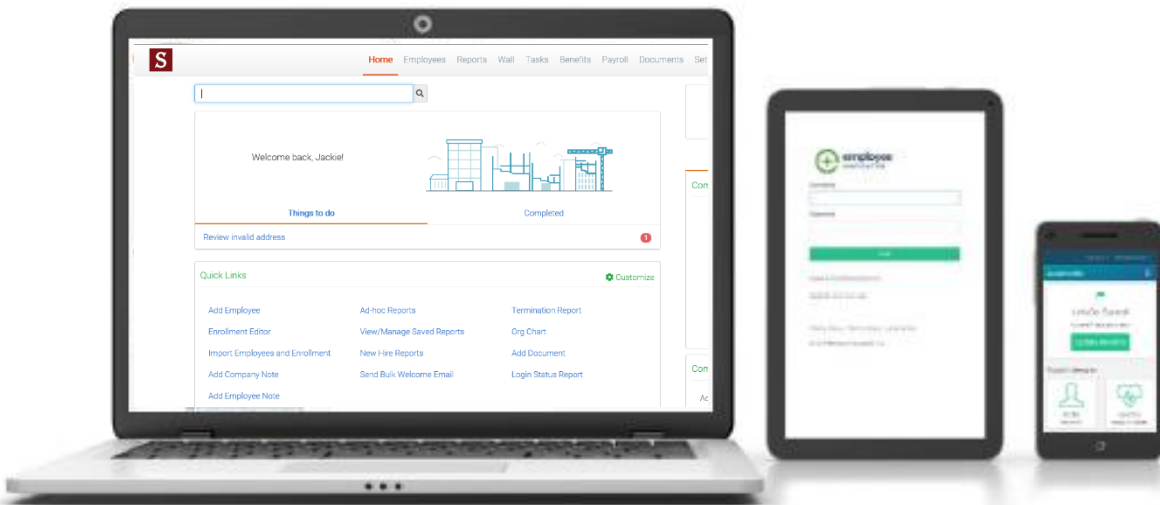
Make Decisions

Decide which benefits you want to elect, change, or decline.



Make Changes

Update dependents and beneficiaries if you experience a life-changing event.



Log-in to Employee Navigator

Complete Enrollment Within 30 days of Hire

1. Scan the QR code or visit the link below:
<http://employeenavigator.com/benefits/AccountLogin>
2. Click "Register" as a new user to get started
3. Company Identifier: Storey Trucking

HEALTH INSURANCE

BCBS Alabama

Storey Trucking offers two health insurance options through Blue Cross Blue Shield. OPTION 1 - The Blue Saver 4000 is a traditional style plan with office visit copays for primary care and specialist visits. There is also a traditional prescription drug card. OPTION 2 – Preferred Blue HDHP is a Health Savings Account qualified plan. Participants can contribute pre-tax dollars to a Health Savings Account of their choice to use towards eligible out-of-pocket expenses. See page 8 for additional information. Please note: OPTION 2 is not eligible for the Health Reimbursement Arrangement (HRA).

Important: The Blue Saver plan does not cover Out-of-Network services, except in a true emergency. Be sure to make sure your provider accepts Blue Cross Blue Shield before seeking care. See the Summary of Benefits and Coverage for more plan details.

MEDICAL COVERAGE HIGHLIGHTS	OPTION 1 – BLUE SAVER 4000		OPTION 2 – PREFERRED BLUE HDHP
	Traditional	In-Network	HSA Qualified In-Network
Annual Deductible			
Individual	\$4,000	\$2,500 with HRA	\$4,000
Family	\$8,000	\$5,000 with HRA	\$8,000 (*non-embedded)
Coinsurance (percent paid after you reach your annual deductible)			
You Pay	20%		40%
Annual Out-of-Pocket Maximum			
Individual	\$6,800	\$5,300 with HRA	\$6,000
Family	\$13,600	\$10,600 with HRA	\$12,000
Covered Services			
Preventive Care	100% covered; deductible waived		100% covered, deductible waived
Primary Care Office Visit	\$45 copay		40% after deductible
Specialist Office Visit	\$65 copay		
Telemedicine	\$40 copay		\$40 copay
Emergency Room	20% after deductible		40% after deductible
Hospitalization	20% after deductible		
RX Copays			
Tier 1	\$15 copay		\$15 copay after deductible
Tier 2	\$60 copay		\$50 copay after deductible
Tier 3	\$100 copay		\$75 copay after deductible
Tier 4 (Specialty)	\$425 copay		\$395 copay after deductible

***Option 2 non-embedded deductible.** For anyone with Family coverage (including Employee + Child and Employee + Spouse), the overall Family Deductible of \$8,000 will need to be satisfied before benefits begin.

HEALTH REIMBURSEMENT ACCOUNT

Available with medical plan Option 1 only.

The Storey Trucking Company health plan includes a Health Reimbursement Arrangement (HRA), which is a fund set up by your employer to offset some of the cost of your out-of-pocket medical expenses.

How Does the HRA Work?

When you use medical services such as a hospital admission or emergency room visit from a BCBS Health Plan provider, you will receive an Explanation of Benefits (EOB) that will show what the Health Plan paid and what portion is subject to your deductible.

Members are responsible for paying their portion of deductible before the HRA will reimburse. The chart below shows how the HRA works on the Storey Trucking health plan.

Deductible Claims - \$0 - \$2,500 <u>Member Pays 100%</u>	\$2,501 - \$4,000 Health Reimbursement Arrangement – Paid 100% by Storey Trucking	\$4,001- \$6,800 Medical Out of Pocket Max <u>After deductible Member pays</u> <u>20% up to Max out of pocket</u>
---	---	---

What is my Total individual liability on this plan?

As long as you use In-Network providers your TOTAL MAXIMUM annual out of pocket cost is \$5,300.

\$2,500 Deductible

+\$2,800 Out of Pocket Medical (20% coinsurance after deductible is met + any copays)

\$5,300 TOTAL PER MEMBER / \$10,600 TOTAL PER FAMILY (2x single)

All copays count toward the out of pocket limit.

How Am I Reimbursed for Claims that are Eligible Under the Health Reimbursement Account Plan?

Once you have paid your portion of the deductible, members should turn in their most recent EOB to Vicki Horton at Storey Trucking and she will reimburse you directly for eligible claims.

Address: PO Box 126 Henegar, AL 35978

Email: vhorton@storeytrucking.com

When Can I File for Reimbursement?

All reimbursements must be filed no later than March 31st of the year after claims were incurred. Claims submitted after March 31st will not be eligible for reimbursement.

Please see the HRA document for more details on the Health Reimbursement Account provided by Storey Trucking. Deductible and out of pocket amounts accumulate from January 1 through December 31. HRA resets each calendar year in conjunction with the deductible and out of pocket.

VIRTUAL MEDICINE

With Teladoc you have 24/7/365 access to U.S. board-certified doctors. Teladoc doctors can be used for treatment of many common ailments instead of visiting the Emergency Room or paying office visit copays. You can access medical care for only a \$40 Copay from the comfort of your own home, truck or wherever you happen to be!

When can I use Teladoc?

- When you need care now.
- If you are considering the ER or urgent care center for a non-emergency issue.
- On vacation, on the road, or away from home.
- For short-term prescription refills.



Get the care you need: We make it easy to request a medical consultation anytime and anywhere you need it. Simply call 1-800-Teladoc (835-2362) for conditions like:

- Respiratory infections
- Ear Infections
- Urinary tract infections
- Allergies
- Colds and flu
- Sore Throat
- Pink eye



Savings: With a low copay of just \$40, Teladoc provides significant savings over urgent care and emergency room visits. In addition, you can use Teladoc from the convenience of home or work, allowing you to avoid the hassle of sitting in a waiting room.

Meet our doctors: All Teladoc doctors:

- Are U.S. board-certified in internal medicine, family practice, emergency medicine or pediatrics.
- Are U.S. residents and licensed in your state.
- Average of 15 years of practice experience.

With your consent, Teladoc is happy to provide information about your Teladoc consult to your primary care physician.

Talk to a doctor. **Anytime. Anywhere.**



1-855-477-4549



Teladoc.com/mobile



Teladoc.com/Alabama



Facebook.com/Teladoc

DENTAL INSURANCE

Sun Life

Protects Your Smile

You can feel more confident with dental insurance that encourages routine cleanings and checkups. Dental insurance helps protect your teeth for a lifetime.

Prevents Other Health Issues

Just annual preventive care alone can help prevent other health issues such as heart disease and diabetes. This plan covers preventive services at 100% to make it easy for you to use your dental benefits.

Lowers Out-Of-Pocket Expenses

Seeing an in-network dentist can reduce your fees approximately 30% from their standard fees. Visit www.sunlifedentalbenefits.com to find an in-network dentist near you.

Calendar Year Maximum	In-Network	Out-of-Network
Type I, II, III (Preventive, Basic and Major Services)	\$1,500 per person	\$1,500 per person
Type IV Ortho Service	\$1,500 lifetime per child	\$1,500 lifetime per child

Calendar Year Deductible	In-Network	Out-of-Network
Type I Preventive Services	N/A	N/A
Type II, III (Basic and Major Services)	\$50 individual/\$150 family	\$50 individual/\$150 family
Type IV Ortho Services	N/A	N/A

The Plan Pays the Following Percentage For Procedures	In-Network	Out-of-Network
Type I Preventive Services	100%	100%
Type II Basic Services	80%	80%
Type III Major Services	50%	50%
Type IV Ortho Services	50%	50%

Services

Type I Preventive Dental Services, including:

- Oral evaluations- 2 in any 12 month period
- Routine dental cleanings- 2 in any 12 month period
- Fluoride treatment- 1 in any 6 month period. Only for children under age 16
- Sealants- no more than 1 per tooth in any 36 month period, only for permanent molar teeth. Only for children under age 16
- Space maintainers- only for children under age 19
- Bitewing x-rays- 1 in any calendar year
- Intraoral complete series x-rays- 1 in any 36 month period
- Genetic test for susceptibility to oral diseases

Type II Basic Dental Services, including:

- New fillings
- Simple extractions, incision and drainage
- Surgical extractions of erupted teeth, impacted teeth, or exposed root
- Biopsy (including brush biopsy)
- Endodontics (includes root canal therapy) – 1 per tooth in any 24 month period
- General anesthesia/IV sedation – medically required
- Minor gum disease (non-surgical periodontics)
- Scaling and root planing – 1 in any 24 month period per area

- Periodontal maintenance – 2 in any calendar year
- Localized delivery of antimicrobial agents
- Major gum disease (surgical periodontics)

Type III Major Dental Services, including:

- Dentures and bridges – subject to 5 year replacement limit
- Stainless steel crowns– only for children under age 19
- Inlay, onlay, and crown restorations – 1 per tooth in any 5 year period

Type IV Ortho Services, including:

- Orthodontic treatment is limited to the dependent children or student age listed above

Waiting Periods

For a complete description of services and waiting periods, please review your certificate of insurance. If you were covered under your employer's prior plan the wait will be waived for any type of service covered under the prior plan and this plan.

- No waiting period for preventive, basic or major services
- No waiting period for orthodontic services

VISION INSURANCE

Sun Life

Protects Your Eyes

You can help protect your eyesight by visiting an eye doctor regularly. Vision insurance includes an annual comprehensive eye exam with an eye care doctor. Taking care of your eyes today can lead to a better quality of life later.

Prevents Other Health Issues

Just annual preventive care alone can help detect signs of chronic health conditions such as high blood pressure and diabetes. Early detection can be key before costly symptoms arise.

Lowers Out-Of-Pocket Expenses

Seeing an in-network eye care provider can reduce your expenses with savings on frames, lenses, contacts, eye exams and more. Visit www.vsp.com and select the Choice Network to find an in-network eye doctor.

COVERAGE HIGHLIGHTS	In-Network	Out-Of-Network
Exam services WellVision exam 1 per 12 months	\$10 Copay for exam	Up to \$45
Routine retinal screening	No more than a \$39 copay	N/A
Laser vision correction discount Once per eye per life-time	Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.	N/A
Lenses - 1 per 12 months		
Single lined	\$25 Copay	Up to \$30
Bifocal lined		Up to \$50
Trifocal		Up to \$60
Lenticular		Up to \$100
Frames		
Frames 1 per 24 months	\$130 allowance for the frame of your choice and 20% off the amount over your allowance \$70 allowance at Costco® and Walmart®*	Up to \$70
Contacts		
Elective contact lenses Contact lenses are in place of lenses and frames. 1 per 12 months	\$130 allowance for contact lenses \$60 Copay for your contact lens exam (fitting and evaluation)	Up to \$105
Medically Necessary Contacts	Covered 100%	Up to \$210
Additional Benefits		
Lens Enhancements	Discounts available on polycarbonate and progressive lenses, tints, scratch coating and UV protection at in-network providers.	NA
Additional glasses and sunglasses discount	20% off complete pairs of prescription and non-prescription glasses, including sunglasses. Discounts are unlimited for 12 months following exam.	N/A

COMPANY PAID LIFE/AD&D INSURANCE

Sun Life

Storey Trucking wants you to be covered and your family to be protected, which is why we are offering all full-time eligible employees Company-Paid Life and Accidental Death & Dismemberment coverage through Sun Life. Your designated beneficiary will receive a \$10,000 benefit to help ease their financial burden if you die. Accidental Death and Dismemberment (AD&D) provides an additional benefit if you die or become dismembered due to a specifically covered accident.

IMPORTANT: You must complete enrollment to designate a beneficiary for your Sun Life insurance policy.

Protects Your Loved Ones.

Life insurance provides your loved ones with money they can use for household expenses, tuition, mortgage payments and more.

Helps Pay Your Final Expenses.

Your beneficiaries may use this money to pay for your burial or cremation, and pay any outstanding medical bills.

Part Of Your Benefit Package.

This benefit is completely paid for by your employer. Remember to name your beneficiaries if you haven't done so already.

Company-Paid Life/AD&D Plan Summary

For You*

\$10,000 Company Paid Life and AD&D

Benefits are reduced at age 65 and may reduce again in subsequent years as noted in your Certificate.

**This coverage includes Accidental Death and Dismemberment insurance.*

Important Information

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to the Certificate for details.

Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate or ask your benefits administrator for details.

Life

In some states, your employer's group policy may exclude payment for suicide that occurs within a specific time period after the insurance or increase in insurance becomes effective. Please see your Certificate for details.

Accidental Death and Dismemberment

We will not pay a benefit that is due to or results from: suicide while sane or insane; injuring oneself intentionally; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; voluntary use of any controlled substance/illegal drugs; operation of a motorized vehicle while intoxicated; bodily or mental infirmity or disease or infection unless due to an accidental injury; riding in or driving any motor-driven vehicle in a race, stunt show, or speed test.

This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.

SHORT-TERM DISABILITY INSURANCE

Sun Life

Protects Your Income When You Can't Work

If you're unable to work because of an illness or non-work related injury, Short-Term Disability insurance replaces a portion of your income in addition to providing other services and benefits that help you return to work.

Provides You With A Weekly Check

After your claim is approved, you will receive a check for your benefits that helps you pay everyday expenses like your mortgage or rent, childcare and groceries.

Storey Trucking believes in protecting your paycheck! Because of this, we provide all employees with 1+ years of service with the company short-term disability insurance. New employees, under 1 year, are able to enroll in short term disability at a negotiated group rate. You will automatically switch over to company paid STD after 1 year. For employees with less than 1 year, if you choose to waive this coverage at your initial enrollment, you will not be able to add it during the year and will need to wait for your work anniversary to be enrolled.

VOLUNTARY SHORT-TERM DISABILITY COVERAGE HIGHLIGHTS

Weekly benefit after your claim is approved	You will receive a check for your benefits on a weekly basis. It will replace 60% of your Total Weekly Earnings, up to \$1,000 each week.
When benefits begin	Benefits begin as soon as 15 days from the date you are unable to work due to an injury and 15 days due to an illness.
Benefits may be paid for	Up to 11 weeks , as long as you are still unable to work due to a covered disability.
Additional plan information	This plan provides a benefit for covered disabilities resulting from illness or injury that are not work-related.

Frequently Asked Questions

Do I need to answer any health questions to enroll?

If you contribute to the cost of your insurance, you do not need to complete health questions if you elect coverage when it's first available to you. If you want to add at a later date you may need to complete evidence of insurability and can be turned down. Please see your Certificate for details.

How do I file a Short-Term Disability claim?

If you become disabled after the effective date of coverage, check with your employer to make sure you are eligible for benefits. You can file a claim with us by downloading forms from our website. We'll ask you and your doctor to provide information about your medical condition and your expected recovery.

How do I qualify for benefits?

You'll start receiving disability payments if you satisfy the Elimination Period (see "When benefits begin" in the table) and meet the policy's definition of disability. Generally, disability is defined as your inability to perform some or all of your job duties due to your injury, illness or pregnancy and may require that you

have also had a certain percentage of earnings loss due to your disability. Please see your Certificate for details.

Can I work while I'm disabled?

Your plan is designed to encourage and support your return to work. If you are able to work part-time, for example, you may receive part of your benefit while working.

Will income from other sources affect my benefit?

Your benefit may be reduced by Social Security benefits; disability benefits from retirement, government plans or state disability income such as California SDI; state paid family and medical leaves; other group disability plans; no-fault benefits, salary continuance or sick leave; and return-to-work earnings. For more information or to determine if this coverage is appropriate for you, contact your benefits administrator.

How is my benefit taxed?

If you or your employer pays for all or part of the cost of coverage on a pre-tax basis, all or part of your benefit amount will be Form W-2 taxable income. In these situations, FICA tax deductions may reduce the amount we will pay you.

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.

SHORT-TERM DISABILITY INSURANCE

Sun Life

Important Information

The following coverage(s) do not constitute comprehensive health insurance (often referred to as “major medical coverage”). They do NOT provide basic hospital, basic medical, or major medical insurance.

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Refer to your Certificate for details.

Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate or ask your benefits administrator for details.

Short-Term Disability

We will not pay a benefit that is caused by, contributed to in any way or resulting from: intentionally self-inflicted injuries; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; operation of a motorized vehicle while intoxicated. We will not pay a benefit for any accident or sickness covered by Worker’s Compensation or similar law; or for any work-related illness or injuries unless otherwise stated previously; or if you do not submit proof of your loss as required by us (this covers medical examination, continuing care, death certificate, medical records, etc.).

This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.



ACCIDENT INSURANCE

Sun Life

Helps Your Finances After A Mishap

When you, your spouse or child has a covered accident, like a fall from a bicycle that requires medical attention, you can receive cash benefits to help cover the unexpected costs.

Helps Cover Related Expenses

While health plans may cover direct costs associated with an accident, you can use accident benefits to help cover related expenses like lost income, child care, deductibles and co-pays.

Pays Cash Benefits Directly To You

Accident Insurance can be used however you want, and it pays in addition to any other coverage you may already have. Benefits are payable directly to you

All family members on your plan are eligible for a \$50 wellness-screening benefit.

Once your coverage goes into effect, you can file a claim for covered accidents that occur after your insurance plan's effective date. Unless otherwise specified, benefits are payable only once for each covered accident, as applicable. The full list of benefits is listed here.

Dislocations	OPEN (SURGERY)	CLOSED (NO SURGERY)
Hip	\$4,000	\$2,000
Knee, ankle, or bones of the foot	\$2,000	\$1,000
Elbow, wrist or Lower jaw	\$800	\$400
Shoulder	\$1,000	\$500
Collarbone or bones of the hand	\$1,600	\$800
Finger(s) or toe(s)	\$200	\$100
Fractures	OPEN (SURGERY)	CLOSED (NO SURGERY)
Hip or thigh	\$2,000	\$2,000
Skull-depressed	\$6,000	\$3,000
Skull-simple	\$3,000	\$1,500
Vertebral processes, Bones of the face or Nose	\$700	\$350
Leg	\$2,000	\$1,000
Vertebrae, Sternum or Pelvis	\$1,600	\$800
Upper jaw or upper arm	\$750	\$375
Lower jaw, Collarbone, Shoulder, Forearm, Hand, Wrist, Foot, Ankle, Kneecap, Elbow or Heel	\$650	\$325
Rib, Finger, Toe or Coccyx	\$350	\$175
Multiple ribs	\$1,000	\$500
Additional Injuries		
Eye Injury- surgical repair		\$250
Eye Injury- object remove		\$250
Gunshot wound		\$500
Paralysis- paraplegia		\$25,000
Paralysis- quadriplegia		\$50,000
Coma		\$10,000
Concussion		\$100
Burns	2 ND DEGREE	3 RD DEGREE
20-40 square centimeters	\$400	\$1,000
41-65 square centimeters	\$800	\$2,000
66-160 square centimeters	\$1,200	\$6,000
161-225 square centimeters	\$1,600	\$14,000
More than 225 square centimeters	\$2,000	\$20,000
Skin graft	50% of the applicable Burn Benefit	
Lacerations		
No sutures and treated by doctor		\$35

Single laceration under 5 cm w/ sutures	\$65
5-15 cm with sutures (total of all lacerations)	\$250
Greater than 15 cm with sutures	\$500

Medical Services

Diagnostic Exam- Arteriogram, Angiogram, CT, CAT, EKG, EEG, or MRI (1 time per benefit year)	\$200
Diagnostic Exam- X-ray (1 time per covered accident)	\$30
Accident Emergency Treatment, non-emergency room (once per covered accident)	\$50
Physician's Follow-up Treatment office visit (per visit, up to 6 times per covered accident)	\$25
Physical Therapy (per visit up to 10 visits per covered accident)	\$25
Medical Devices	\$125
Epidural Pain Management (up to 2 times per covered accident)	\$50
Prescription drug	\$25
Prosthesis (one)	\$500
Prosthesis (two)	\$1,000
Blood, Plasma, or Platelet Transfusion	\$400

Hospital

Hospital Admission (once per benefit year)	\$1,000
Hospital Confinement (per day up to 365 days per covered accident)	\$250
Intensive Care Unit Admission (once per Benefit Year; payable instead of Hospital Admission benefit if Confined immediately to ICU)	\$1,500
Intensive Care Unit Confinement (per day up to 14 days, payable in addition to any Hospital Confinement benefit)	\$500
Ambulance (Ground)	\$200
Ambulance (Air)	\$1,500
Emergency Room Admission	\$150
Family Lodging (per day up to 30 days per benefit year)	\$125
Transportation (100 or more miles up to 3 times per covered accident)	\$500
Rehabilitation Unit (per day up to 30 days per covered accident)	\$100

Surgery

Miscellaneous Surgery requiring general anesthesia (not covered by any other benefit)	\$300
Open Surgery	\$1,250
Exploratory Surgery or Debridement	\$250
Tendon/Ligament/Rotator Cuff Tear	\$625
Torn Knee Cartilage	\$625
Ruptured/Herniated Disc	\$625

Emergency Dental

Emergency Dental extraction	\$65
Emergency Dental crown	\$200

Wellness

Wellness Screening Benefit (once per benefit year)	\$50
--	------

Life and Dismemberment Losses*

Accidental Death	\$50,000
------------------	----------

Accidental Death Common Carrier (pays an additional benefit if accidental death occurs while traveling as a fare-paying passenger on a public conveyance)	\$150,000
Catastrophic Loss: Both arms or both hands, both legs or both feet, one hand and one foot or one arm and one leg, or irrecoverable loss of sight of both eyes	\$50,000
Loss of one hand, foot, leg, or arm	\$7,500
Loss of sight of one eye or loss of one eye	\$7,500
Two or more fingers or toes	\$1,500
One finger or one toe	\$750

**Benefits displayed for life and dismemberment are for the employee only. Spouse benefits are 100% of the employee benefit amount for death and 100% of the employee benefit amount for dismemberment. Dependent children benefits are 50% of the employee benefit amount for death and 50% of the employee benefit amount for dismemberment.*

Frequently Asked Questions

How do I file an accident claim?

If you have an accident after the effective date of coverage, you can file a claim with us by downloading forms from our website. We'll ask that you and your doctor provide information about the accident and the treatment provided.

What happens once my claim is approved?

The benefit amount you receive will depend on your injury and/or the treatment provided. Remember, benefits are payable only once for each covered accident, unless noted otherwise in the benefit schedule.

Is there a time period that I need to follow?

Injuries and other related benefits due to a covered accident must be diagnosed or treated within a defined period of time from the date of your accident. This could be as few as three days for certain benefits. Please refer to your Certificate for details.

Accident insurance is a limited benefit policy. The Certificate has exclusions that may affect any benefits payable. Benefits payable are subject to all terms and conditions of your Certificate.

Important Information

The following coverage(s) do not constitute comprehensive health insurance (often referred to as "major medical coverage"). They do NOT provide basic hospital, basic medical, or major medical insurance.

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to your Certificate for details.

Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive.

This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.

How do I get the Wellness Screening Benefit?

You may be paid the benefit when you or a covered family member submit proof of a covered screening each year, like specific blood tests and cancer screenings, cardiac stress tests, immunizations, school sports exams and more (may vary by state). Our wellness screening benefit claim form can also be downloaded from our website.

Can I take my insurance with me if I leave my employer?

Depending upon state variations and your employer's plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.

Is my benefit taxable?

If you or your employer pay for all or part of the cost of coverage on a pre-tax basis, some or all of your benefit amount will be tax reported on a Form 1099 as taxable income. Please reach out to a tax advisor or your employer if you have any questions.

Please see your Certificate or ask your benefits administrator for details.

Accident

We will not pay a benefit that is due to or results from: suicide while sane or insane; intentionally self-inflicted injuries; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; voluntary use of any controlled substance/illegal drugs; operation of a motorized vehicle while intoxicated; if you do not submit proof of your loss as required by us (this covers medical examination, continuing care, death certificate, medical records, etc.); incarceration; engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting or mountaineering; participating in or practicing for any semiprofessional or professional competitive athletic contest in which any compensation is received, including coaching or officiating; injuries sustained from commercial air transportation other than riding as a fare paying passenger; work-related illness or injuries unless you are enrolled in 24-hour coverage.

CRITICAL ILLNESS INSURANCE

Sun Life

Critical Illness insurance pays you a lump sum if you or a covered family member are diagnosed with a serious health condition like cancer, heart attack, or stroke. You can elect \$10,000 - \$30,000 in coverage that would be paid directly to you to help cover unexpected expenses that can be associated with the diagnosis of a critical illness.

Helps Protect Your Finances From An Illness

When you, your spouse or child is diagnosed with a covered condition, you can receive a cash benefit to help pay unexpected costs not covered by your health plan.

Helps Cover Related Expenses

While health plans may cover direct costs associated with a critical illness, you can use your benefit to help with related expenses like lost income, child care, travel to and from treatment, deductibles and co-pays.

Pays A Cash Benefit Directly To You

Critical Illness insurance can be used however you want, and it pays in addition to any other coverage you may already have.

All family members on your plan are eligible for a \$50 wellness-screening benefit.

CRITICAL ILLNESS COVERAGE HIGHLIGHTS	
For you	You can choose between \$10,000 and \$30,000 of coverage, in increments of \$10,000. <i>No medical questions asked.</i>
For your spouse	If you elect coverage for yourself, you can choose between \$5,000 and \$15,000 of coverage, in increments of \$5,000. No medical questions asked. <i>Not to exceed 100% of your coverage amount.</i>
For your child(ren)	If you elect coverage for yourself, you can choose \$2,500 or \$5,000 for dependent coverage. No medical questions asked. <i>Not to exceed 50% of your coverage amount.</i> An eligible child is defined as your child from birth to age 26.

COVERED CONDITIONS		
The plan pays 100% of the benefit amount unless stated otherwise		
Core Conditions	Heart Attack ^R Stroke ^R End-Stage Kidney Disease ^R Coronary Artery Bypass Graft ^R (Pays 25%)	Occupational HIV/Hepatitis B, C, or D Angioplasty ^R (Pays 5%) Major Organ Failure ^R
Cancer Conditions	Invasive Cancer ^R Noninvasive Cancer ^R (Pays 25%) Skin Cancer ^R (Pays 5%)	
Other Conditions	Complete Blindness Complete Loss of Hearing Loss of Speech Benign Brain Tumor Coma	Severe Burns Advanced ALS/Lou Gehrig's Disease Advanced Parkinson's Disease (Pays 25%) Advanced Alzheimer's Disease (Pays 25%) Paralysis
Childhood Conditions <i>Applies to dependent children only</i>	Down Syndrome Cerebral Palsy Cystic Fibrosis Cleft Lip/Palate	Type 1 Diabetes Mellitus Muscular Dystrophy Complex Congenital Heart Disease Spina Bifida
Wellness Screening Benefit	Payable to any covered person on your plan one time each year, once you provide proof of an eligible health screening.	
	• Employee \$50	• Spouse \$50
		• Child \$50

^R= Recurrence Benefit available

When would I need the Recurrence Benefit?

Sometimes people are diagnosed with the same condition twice. If this happens to you, and 12 consecutive months have passed between the first and second diagnoses, we'll pay you an additional benefit (the amount of which is noted in your Certificate). Only the conditions marked (R) in the table above are eligible for the Recurrence Benefit. Once a Recurrence Benefit has been paid, no additional benefit will be paid for that critical illness.

CRITICAL ILLNESS INSURANCE

Sun Life

Frequently Asked Questions

Do I need to answer any health questions to enroll?

If you contribute to the cost of your insurance, you may need to complete health questions if you don't elect coverage when it's first available to you and you want to elect at a later date, or if you want to increase coverage. To answer health questions, please fill out our Evidence of Insurability application. Health questions must be approved by Sun Life before coverage takes effect. Please see your Certificate for details.

How do I file a critical illness claim?

If you have a diagnosis after the effective date of coverage, you can file a claim with us by downloading forms from our website. We'll ask that you and your doctor provide information about your medical condition.

How do I get the Wellness Screening Benefit?

You may be paid the benefit when you or a covered family member submit proof of a covered screening each year, like specific blood tests, cancer screenings, cardiac stress tests, immunizations, school sports exams and more (may vary by state). The claim form can also be downloaded from our website.

Can I receive benefits for more than one critical illness?

Yes. In order to receive benefits for more than one critical illness, there must be at least 6 consecutive months between each diagnosis date. You can only claim benefits once for each covered condition unless a recurrence benefit is payable.

Critical Illness insurance is a limited benefit policy. The certificate has exclusions, limitations and benefit waiting periods for certain conditions that may affect any benefits payable. Benefits payable are subject to all terms and conditions of the certificate.

Read the Important information section for more details including limitations and exclusions.

Important Information

The following coverage(s) do not constitute comprehensive health insurance (often referred to as "major medical coverage"). They do NOT provide basic hospital, basic medical, or major medical insurance.

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to your Certificate for details.

Limitations and Exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see your Certificate or ask your benefits administrator for details.

Critical Illness

We will not pay a benefit that is due to or results from services, treatment or complications not included in the Benefit Highlights; provided by an immediate family member; or unrelated to a Critical Illness/Specified Disease. These include an autologous bone marrow transplant, suicide, attempted suicide or intentionally self inflicted injuries, elective plastic or cosmetic surgery, active military duty, war, any act of war, or your active duty in any armed service during a time of war (excluding during acts of terrorism); your active participation in a riot, rebellion or insurrection; committing or attempting to commit an assault, felony or other criminal act; engaging in dangerous conduct or hazardous activity where there is a likelihood of death or serious injury; being incarcerated in a penal institution of any kind; being legally intoxicated or under the influence of any narcotic, unless taken on the advice of a physician and taken as prescribed.

Information about services offered

Value-added services are not insurance, are offered only on specific lines of coverage and carry a separate charge, which is added to the cost of insurance. The cost is included in the total amount billed. HealthChampionSM(a health care support service) is not insurance and is provided by ComPsych®. ComPsych® is a registered trademark of ComPsych Corporation. The entities that provide the value-added services are not subcontractors of Sun Life and Sun Life is not responsible or liable for the care, services, or advice provided by them. Sun Life reserves the right to discontinue any of the Services at any time.

This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.

TRAVEL EMERGENCY ASSISTANCE

Sun Life

Available **only** to employees who elect Accident Insurance.

With your Sun Life coverage, you receive an emergency travel assistance program and ID-theft protection services provided by Assist America.

This travel emergency assistance program immediately connects you to doctors, hospitals, pharmacies and other services if you experience a medical or non-medical emergency while traveling more than 100 miles away from your permanent residence, or in another country. One simple phone call to Assist America will connect you to:

- A state-of-the-art 24/7 Operations Center
- Experienced, multilingual crisis management professionals
- Worldwide emergency response capabilities
- Air and ground ambulance service providers

Travel Assistance Services

- **Medical Consultation, Evaluation & Referral**
 - Calls to Assist America's Operations Center are evaluated by medical personnel and referred to qualified doctors and/or hospitals.
- **Foreign Hospital Admission Assistance**
 - Assist America fosters prompt hospital admission outside the United States by validating the member's health coverage or by advancing funds to the hospital as needed.
- **Emergency Medical Evacuation**
 - If adequate medical facilities are not available locally, Assist America will use whatever mode of transport, equipment and personnel necessary to evacuate a member to the nearest facility capable of providing a high standard of care.
- **Medical Monitoring**
 - Assist America's medical personnel will maintain regular communication with the member's attending physician and/or hospital and relay information to the family, as appropriate.
- **Medical Repatriation**
 - If a member still requires medical assistance upon being discharged from a hospital, Assist America will repatriate them home or to a rehabilitation facility with a medical or non-medical escort, as necessary.
- **Prescription Assistance**
 - If a member needs a replacement prescription while traveling, Assist America will help in filling that prescription.
- **Care of Minor Children**
 - Assist America will arrange for the care of children left unattended as the result of a medical emergency and pay for any transportation costs involved in such arrangements.
- **Compassionate Visit**
 - If a member is traveling alone and will be hospitalized for more than seven days, Assist America will provide economy, round-trip, common carrier transportation to the place of hospitalization for a designated family member or friend.
- **Return of Mortal Remains**
 - Assist America will assist with the logistics of returning a member's remains home in the event of his or her death during travel

Other non-medical emergency assistance services include:

- Return of Vehicle
- Lost Luggage & Document Assistance
- Legal & Interpreter Referral/Emergency Message Transmission
- Bail Bond & Emergency Cash Coordination
- Emergency Trauma Counseling
- Pre-trip Information

For more information, visit www.assistamerica.com.

DISCLAIMER: Value-added services are not available in New York. Value-added services are not insurance, are offered only on specific lines of coverage, and carry a separate charge, which is added to the cost of the insurance. The cost is included in the total amount billed. Emergency Travel Assistance is provided by Assist America®. Identity Theft Protection is provided by SecurAssist®, an Assist America program. Sun Life is not responsible or liable for care, services, or advice given by any provider or vendor of the Services. Sun Life reserves the right to discontinue any of the Services at any time. Employers who provide group insurance coverage and make available value added services within an I.R.C. Section 125 cafeteria plan should consult a tax professional to determine whether those services are Qualified Benefits for Section 125 plans. In all states except New York, group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA). GVASBCH-EE-039 SLPC 29750

ID THEFT PROTECTION SERVICES

Sun Life

Available **only** to employees who elect Accident Insurance.

Assist America offers prevention and resolution tools to safeguard your data and restore its integrity if it is used fraudulently. These services include:

- **24/7 Access to Identity Protection Experts**
 - You have 24/7 direct emergency access to ID Theft Protection experts who can provide guidance in dealing with identity fraud issues.
- **Credit Card and Document Registration**
 - Register your details using our secure website to store information from credit cards, banks and other important document in a single, centralized and secured location.
- **Internet Fraud Monitoring**
 - Upon registration, we use a real-time web-crawling technology to monitor any sign of your registered personal data on suspicious sites. You will receive automatic warning notifications if it is discovered that your data is being used fraudulently.
- **24/7 Identity Fraud Support**
 - If you are a victim of identity fraud, a dedicated ID Theft Protection expert will guide you in mitigating the consequences of the fraud. Your caseworker will also notify credit and debit card issuers if your credit or debit card(s) is lost or stolen.

To activate these identity protection services, visit: www.assistamerica.com/sunlife

Download the Mobile App

Access a wide range of global emergency assistance services from your phone by downloading the FREE Assist America Mobile App for iPhone and Android.

The Mobile App's features include:

- **Tap for Help:**
 - One-touch call to our 24/7 Operations Center
- **Pre-Trip Information:**
 - Access detailed country-specific information to prepare your trip
- **Digital ID Card:**
 - Your Assist America membership card is stored inside the App
- **Travel Alerts:**
 - Receive alerts on urgent global situations that may impact travel
- **Travel Status Indicator:**
 - This feature indicated when you are eligible for services
- **Embassy & U.S. Pharmacy Locator:**
 - Locate the nearest embassy/consulate of 23 countries around the world and the nearest pharmacies in the U.S.
- **Available in 7 Languages:**
 - English, Spanish, Arabic, Mandarin, Thai, Bahasa, and French

ID THEFT PROTECTION SERVICES

Sun Life

Available **only** to employees who elect Accident Insurance.

Conditions:

Assist America will not provide services in the following instances:

- Travel undertaken specifically for securing medical treatment
- Travel by a Participant's spouse when it is for the benefit of the spouse's employer (spouse business travel)
- Injuries resulting from participation in acts of war or insurrection
- Commission of unlawful act(s)
- Attempt at suicide
- Incidents involving the use of drugs unless prescribed by a physician
- Transfer of member from one medical facility to another medical facility of similar capabilities and providing a similar level of care

Assist America will not evacuate or repatriate a member:


- Without medical authorization
- With mild lesions, simple injuries such as sprains, simple fractures, or mild sickness which can be treated by local doctors and do not prevent the member from continuing his/her trip or returning home
- With a pregnancy over 28 weeks
- With mental or nervous disorders unless hospitalized

Services will not be provided for the following types of travel:

Trips exceeding 90 days from legal residence without prior notification to Assist America (separate purchase of Expatriate Coverage is available at www.assistamerica.com/expatriate)

Attorneys are independent contractors and not under the control or responsibility of Assist America. While assistance services are available worldwide, transportation response time is directly related to the location/jurisdiction where an event occurs. Assist America is not responsible for failing to provide services or for delays in the delivery of services caused by strikes or conditions beyond its control, including by way of example and not by limitation, weather conditions, availability of airports, flight conditions, availability of hyperbaric chambers, communications systems, or where rendering of service is limited or prohibited by local law or edict.

All consulting physicians and attorneys are independent contractors and not under the control or responsibility of Assist America.

<p>GLOBAL EMERGENCY SERVICES</p>  <p><small>assist america</small></p> <p>Reference # 01-AA-SUL-100101</p> <p>If you require assistance when traveling 100 miles from your permanent residence, or in another country, call Assist America's Operations Center at:</p> <p>+1 609 986 1234 (outside USA - Collect Call) +1 800 872 1414 (inside USA - Toll Free) Or email at: medservices@assistamerica.com</p>	<p>Please provide the following information when you call:</p> <ul style="list-style-type: none">• Your name, phone number and relationship to the patient• Patient's name, age, gender• The Assist America reference number• Name, location and phone number of hospital or treating doctor if applicable <p><small>Attention: This card is not a medical insurance card. All services must be provided by Assist America. No claims for reimbursement will be accepted. The holder of this card is a member of Assist America and is entitled to its medical and personal services.</small></p>
--	---

ONLINE WILL PREPARATION

Sun Life

Available to all employees.

A will is the cornerstone of any estate plan and can protect your assets and loved ones. Through an easy-to-use secure website, you and your spouse can now create and download a will in about 20 minutes. This service includes the following:

- Step-by-step guidance and customization for your unique situation,
- Glossary of legal definitions,
- Ability to name an executor to carry out your wishes and a guardian(s) to care for your children, and
- Ability to create a living will (for an additional fee).

CLAIMANT SUPPORT SERVICES

Sun Life

Losing a loved one or becoming disabled can be overwhelming to say the least. With Claimant Support Services, you have access to no-cost, objective financial planning, legal information, and emotional support, if you or your family member has filed a claim with us.

You can receive the following:

- Up to five telephonic professional counseling sessions per claim for legal, financial, and emotional assistance,
- 24x7 access to counseling provided by ComPsych's on-staff professionals, including clinicians, licensed attorneys, CPAs, CFPs, and other financial experts,
- Assistance with topics such as inheritance taxes, loss of income, creditors, and probate, and
- Support dealing with trauma, loss, and adjusting to a reduced quality of life, and other concerns.

ComPsych's professionals do not sell financial products and do not receive commissions, so you can rest assured that you will receive the information you need to help during a difficult time.

Online Will Preparation

- To protect your assets and loved ones, you can go online to create and download a will at:
www.EstateGuidance.com
- Promotional code: SLFVAS

Online Will Preparation provided by ComPsych to active employees enrolled in Sun Life's Life insurance. This service is not insurance.

Claimant Support Services

- If you need to talk to a counselor or need legal or financial information because of a Life or Disability insurance claim with Sun Life, you can call ComPsych for no-cost, objective assistance.
- Phone number: 888-475-3827

Claimant Support Services provided by ComPsych to Sun Life's Life insurance claimants and beneficiaries. Up to five counseling sessions per claim. This service is not insurance.

ANNUAL REQUIRED NOTICES

Storey Trucking 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 of 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, contact they may 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 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, 2020. 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

The 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)

COLORADO-Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Website: <https://www.healthfirstcolorado.com/>
Phone: 1-800-221-3943
CHP+ Website: <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>
Phone: 1-800-359-1991
Health Insurance Buy-In Program (HIBI): <https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program>
Phone: 1-855-692-6442

FLORIDA-Medicaid

Website: <https://www.flmedicaidtprecovery.com/flmedicaidprecovery.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>
Phone: 1-800-338-8366
Hawki Website: <http://dhs.iowa.gov/Hawki>
Phone: 1-800-257-8563

KANSAS – Medicaid

Website: <http://www.kdheks.gov/hcf/default.htm>
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
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

Private Health Insurance Premium Webpage:

<https://www.maine.gov/dhhs/ofi/applications-forms>

Phone: 1-800-977-6740

MASSACHUSETTS-Medicaid and CHIP

Website:

<http://www.mass.gov/eohhs/gov/departments/masshealth/>

Phone: 1-800-862-4840

MINNESOTA-Medicaid

<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: (855) 632-7633

Lincoln: (402) 473-7000

Omaha: (402) 595-1178

NEVADA-Medicaid

Medicaid Website: <http://dhcfp.nv.gov>

Phone: 1-800-992-0900

NEW HAMPSHIRE-Medicaid

Website: <https://www.dhhs.nh.gov/oi/hipp.htm>

Phone: 603-271-5218

Toll-Free: 1-800-852-3345, ext 5218

NEW JERSEY-Medicaid and CHIP

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://dma.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: 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

Website: <http://www.coverva.org/hipp>

Medicaid Phone: 1-800-432-5924

CHIP Phone: 1-855-242-8282

WASHINGTON-Medicaid

Website: <http://www.hca.wa.gov/>

Phone: 1-800-562-3022

WEST VIRGINIA-Medicaid

Website: <http://mywvhipp.com/>

Toll-free phone: 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, 2020, 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 lymphedemas.

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 9.56% 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 first day of the month after the Plan receives the enrollment form.

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 Storey Trucking Company, Inc. Group Medical Plan (the "Plan"), which includes medical, HRA and dental coverages offered under the Storey Trucking Company, Inc. 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 Storey Trucking Company, Inc. 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

Storey Trucking Company, Inc. 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 Storey Trucking Company, Inc. , 1420 County Road 422 Henagar, AL 35978, 800.633.2444.

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 Storey Trucking Company, Inc. , 1420 County Road 422 Henagar, AL 35978, 800.633.2444. 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 Storey Trucking Company, Inc. , 1420 County Road 422 Henagar, AL 35978, 800.633.2444. 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 Storey Trucking Company, Inc. , 1420 County Road 422 Henagar, AL 35978, 800.633.2444. 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 Storey Trucking Company, Inc. , 1420 County Road 422 Henagar, AL 35978,

800.633.2444. 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 Storey Trucking Company, Inc. , 1420 County Road 422 Henagar, AL 35978, 800.633.2444 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 Storey Trucking Company, Inc. , 1420 County Road 422 Henagar, AL 35978, 800.633.2444. 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 Storey Trucking Company, Inc. 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 Storey Trucking Company, Inc. 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. Storey Trucking Company, Inc. has determined that the prescription drug coverage offered by the Storey Trucking Company, Inc. 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 Storey Trucking Company, Inc. coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Storey Trucking Company, Inc. 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 Storey Trucking Company, Inc. 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 Storey Trucking Company, Inc. 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: 12.1.2020

Name of Entity/Sender: Storey Trucking Company, Inc.

Contact--Position/Office: Human Resources

APPLIES TO HIGH DEDUCTIBLE HEALTH PLAN ONLY

Important Notice from Storey Trucking Company, Inc. About Your Prescription Drug Coverage and Medicare (Non-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 Storey Trucking Company, Inc. 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. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are three 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. Storey Trucking Company, Inc. High Deductible Health Plan has determined that the prescription drug coverage offered by Storey Trucking Company, Inc. is, on average for all plan participants, NOT expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your coverage is considered Non-Creditable Coverage. This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage from the Storey Trucking Company, Inc. high deductible health plan. This also is important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare

drug plan when you first become eligible.

3. You can keep your current coverage from Storey Trucking Company, Inc.. However, because your coverage is non-creditable, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join a drug plan. When you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully - it explains your options.

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 decide to drop your current coverage with Storey Trucking Company, Inc., since it is employer/union sponsored group coverage, you will be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan; however you also may pay a higher premium (a penalty) because you did not have creditable coverage under the Storey Trucking Company, Inc. high deductible health plan.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

Since the coverage under the Storey Trucking Company, Inc. high deductible health plan, is not creditable, depending on how long you go without creditable prescription drug coverage you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription drug coverage that's creditable, 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 (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

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 Storey Trucking Company, Inc. coverage will not be affected.

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

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 Storey Trucking Company, Inc. 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).

Date: [12.1.2020

Name of Entity/Sender: Storey Trucking Company, Inc.

Contact--Position/Office: Human Resources

Address: 1420 Co Rd 422 Henagar, AL 39578

Phone Number: 800.633.2444