

2023 Insurance Benefit Options



YOUR 2023 OPEN ENROLLMENT PERIOD IS NOVEMBER 14th – November 30th

This year, you only have to complete open enrollment if you need to make changes to your current elections or to enroll in Flexible Spending for 2023.

Log-in to Employee Navigator self-service on your computer or smartphone to complete enrollment.

1. Scan the QR code or visit the link below:
<http://employeenavigator.com/benefits/Account/Login>
2. Log in or Click “Register” as new user to get started.
3. Company Identifier: Decker Truck Line



Need Help? Call SISCO Center

1-855-HI-SISCO (855-447-4726) EXT. 6413 Monday – Thursday: 7AM–7PM, Friday: 7AM–5PM (CENTRAL)

(Expect Longer Wait Times/Call Times during the week of Thanksgiving)



Welcome to Your Benefits Overview

Table of Contents

| | |
|---|----|
| Overview of Benefits | 3 |
| Benefit Contact Information | 4 |
| Benefit Enrollment | 5 |
| Medical Plan Summaries | 6 |
| Prescription Plan Summary..... | 7 |
| ControlRX/CanaRX..... | 8 |
| Medical Plan Rates | 9 |
| Telehealth | 10 |
| Wellmark Programs..... | 11 |
| Condition Management..... | 12 |
| Regenxx..... | 13 |
| FEDlogic | 14 |
| Dental Plan Summary | 15 |
| Vision Plan Summary | 16 |
| Flexible Spending Accounts | 17 |
| Basic Life /AD&D Plan Summary | 18 |
| Term Life /AD&D Plan Summary | 19 |
| Short-Term Disability Plan Summary..... | 20 |
| Long-Term Disability Plan Summary..... | 21 |
| Critical Illness Plan Summary | 23 |
| Accident Plan Summary | 24 |
| Accident Plan Summary | 25 |
| Employee Assistance Program | 26 |
| 401(k) Savings Plan..... | 27 |
| Required Notices..... | 28 |

As a valued employee of Decker Truck Line, Inc. and its affiliated companies (Decker Logistics and Transport Loading Services), you are offered a variety of high quality benefits!

Within this guide you will find the highlights of each of the benefits including medical, dental, vision, life insurance, and many more!

When you choose to enroll in a benefit, the premium will be conveniently payroll deducted as long as you are a benefit eligible employee of Decker Truck Line, Inc.

2023 Highlights

- **NEW PROGRAM - FEDlogic:** FEDlogic provides you access to individuals who can assist with questions around state and federal benefits. This service is provided confidential, unlimited, and FREE.
- **NEW PROGRAM - Regenxx:** Alternative procedures to Orthopedic Surgery. Regenxx offers research-based techniques to utilize your body's own stem cells with the intent to reduce pain and improve function – without requiring surgery!
- **\$0 GENERICS NOW OFFERED!** Available at all pharmacies EXCEPT Walgreens and CVS.
- **HOSPITAL INDEMNITY PLAN:** plan details shown on coming page.
- **SPOUSAL CARVE OUT 2023:** Employees hired AFTER 1/1/2023 will be subject to a spousal carveout. This means if your spouse has coverage available through his/her employer, they are not eligible for the Decker Health Plan.

Log-in to Employee Navigator on your computer or smartphone to complete enrollment.

1. Scan the QR code or visit the link below:
<http://employeenavigator.com/benefits/Account/Login>
2. Log in or Click "Register" as new user to get started.
3. Company Identifier: Decker Truck Line

Need Help? Call SISCO Center

1-855-HI-SISCO (855-447-4726) EXT. 6413

Monday – Thursday: 7AM–7PM, Friday: 7AM–5PM (CENTRAL)

(Expect Longer Wait Times/Call Times during the week of Thanksgiving)

Prior to your completing your enrollment:

1. Review this guide in its entirety.
2. Think about what coverage levels you want.
3. Have all dependent information available (full names, birth-dates, social security numbers).

Employees can see plan documents, employee guides, summary sheets, and other plan information on Employee Navigator.



OVERVIEW OF BENEFITS

Decker Truck Line, Inc. and its affiliated companies offer eligible employees a wide variety of benefit options. The following information is a brief overview of the benefit options and their cost. For more detailed information, please contact the Human Resources Department.

Eligibility:

- Health, Dental and Vision: Coverage is effective on the 1st of the month following or coincident with 60 days of employment.
- Life Insurance, Disability Insurance, Voluntary Life, Accident Insurance, Critical Illness Insurance, Flexible Spending Accounts: Coverage is effective on the first day of the month following or coincident with 60 days of employment.
- 401 (k): All eligible newly hired employees will be automatically enrolled at 3% of salary effective the 1st day of the month following 60 days of employment.
- **Spousal Carve Out:** Employees hired **after 1/1/2023**, If your spouse has access to employer sponsored health insurance, they are NOT eligible to enroll on the Decker health plan.

***IMPORTANT:** These benefits may require employees to be actively at work at the time benefits become effective. Please review policy documents, or contact HR, for additional information.

Life, Disability, Accident and Critical Illness:

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

Premiums:

Health plan premiums are automatically taken pre-tax. Under IRS rules changes to enrollment in a pre-tax plan are limited to "change in status" or during the annual election period. Any change in status must be consistent with the event. Other than during annual enrollment, participants will only be able to drop coverage if they no longer meet the eligibility guidelines for the plan, or they become eligible and enroll in their spouse's employer sponsored health plan, or there is a significant increase in the cost of the company sponsored plan. Premiums will continue to be taken pre-tax as long as you are enrolled in the Company Sponsored Health Plan (unless you elect in writing to have premiums taken after tax).

Special Enrollment:

If you are declining enrollment for yourself or your dependents (including your spouse) because of other group coverage, you may be able to enroll within 30 days of when other coverage ends or 60 days for CHIP coverage. In addition, if you do not enroll and later you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your newly eligible dependents, however you must request enrollment within 30 days of the event. To request special enrollment please contact HR.

Qualified Change In Status:

Unless you have a qualified change in status, you cannot make changes to the benefits you elect during the year. Qualified changes in status include: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you or your spouse, commencement or termination of adoption proceedings, or change in spouse's benefits or employment status.

Health Insurance Market Place:

Health care costs continue to increase as recent provisions of Health Care Reform Act are implemented. Multiple new fees have been imposed on health plans causing the cost of coverage to increase. These fees are used for research and to help fund the exchanges/marketplaces that are being set up. Under the Affordable Care Act (ACA), most individuals are required to obtain minimum essential health coverage or pay a penalty. This rule is sometimes called the individual mandate. As part of your benefits package, Decker Truck Line, Inc. provides group health coverage that satisfies these requirements. Because Decker Health Plan coverage is considered to be affordable and to provide minimum value under the ACA, you will not be eligible to receive a premium tax credit or cost-sharing reduction subsidy if you chose to waive health benefits in order to enroll in an individual plan through the Health Insurance Marketplace. If you were to enroll and claim a subsidy, you would have to repay that subsidy to the federal government at the end of the year.



BENEFIT CONTACT INFORMATION



Decker Benefits Team

515-576-4141 x2350 or x2340

Call Center Enrollment - SISCO

855-HI-SISCO Ext 6413 (855-447-4726)

Medical Plans – Wellmark BCBS of Iowa

(800) 524-9242

www.wellmark.com

Prescription Drug Plan – MedOne

(888) 884-6331

www.medone-rx.com

Condition Management – HealthCheck360

(866) 511-0360

www.healthcheck360.com

Flexible Spending Account–WageWorks

1-877-WageWorks

www.wageworks.com/employees

Dental Plan – Delta Dental of Iowa

(800) 544-0718

www.deltadentalia.com/member/

Vision Plan - Avesis

(800) 828-9341

www.avesis.com

Life and AD&D Plans - AFLAC

See the Decker Benefits Department

(800) 206-8826

www.mygrouplifedisability.aflac.com

Disability Plans - AFLAC

See the Decker Benefits Department

(800) 206-8826

www.mygrouplifedisability.aflac.com

Critical Illness & Accident Plans - AFLAC

www.aflac.com

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



BENEFITS ENROLLMENT WITH EMPLOYEE NAVIGATOR

Get Started Today!

1. Visit: <http://employeenavigator.com/benefits/Account/Login>
2. Log in using your Username and Password or click "Register as a new user" to get started.
3. **Company Identifier: Decker Truck Line**

Your Benefits, Your Way

Access your benefits and more from the comfort of your computer, tablet, or smartphone.



Save time

Manage your benefits whenever and wherever you are.



Access benefits

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



Make decisions

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



Find resources

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



Download/print materials

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



Make changes

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



Username

Password

Login

[Reset a forgotten password](#)

[Register as a new user](#)

Create Your Account

First, let's find your company record

First Name

Last Name

Company Identifier

(provided by HR)

Decker Truck Line

PIN

(Last 4 Digits of SSN / ID)

Birth Date

(mm/dd/yyyy)

Next »



MEDICAL PLAN SUMMARIES

Decker offers the Medical Insurance coverage through Wellmark BCBS of Iowa. All eligible employees have the option to enroll in one of the Preferred Provider Organization (PPO) Health Plans. Employees who reside in Iowa also have the option to enroll in the Health Maintenance Organization (HMO) Health Plan. With the PPO Plans you can see any provider you choose but will receive best rates when you stay In-Network. With the HMO Plan you do not have Out-of-Network and must stay In-Network in order to receive the best rates under the plan.

| Medical & Rx Benefits | Alliance Select Basic PPO | | Alliance Select Enhanced PPO | | Blue Access Enhanced HMO <i>(Available to Iowa Employees Only)</i> |
|------------------------------|--|---|--|---|--|
| | In-Network | Out-of-Net | In-Network | Out-of-Net | In-Network Only |
| Annual Deductible | | | | | |
| Single | \$5,000 | \$5,000 | \$3,000 | \$3,000 | \$3,000 |
| Family | \$10,000 | \$10,000 | \$6,000 | \$6,000 | \$6,000 |
| Coinsurance | 20%* | 40%* | 20%* | 40%* | 20%* |
| Out-of-Pocket Maximum | | | | | |
| Single | \$6,850 | \$6,850 | \$6,850 | \$6,850 | \$6,350 |
| Family | \$13,700 | \$13,700 | \$13,700 | \$13,700 | \$11,000 |
| Preventative Services | 100%, Deductible Waived | 40%* | 100%, Deductible Waived | 40%* | 100%, Deductible Waived |
| Doctor Visit | | | | | |
| Primary Care | \$30 Copay | 40%* | \$30 Copay | 40%* | \$25 Copay |
| Specialty Care | \$60 Copay | 40%* | \$60 Copay | 40%* | \$60 Copay |
| Urgent Care | \$30 Copay | 40%* | \$30 Copay | 40%* | \$25 Copay |
| Emergency Room | 1 st Visit: \$300 Copay 2 nd Visit: \$400 Copay 3+ Visits: \$500 Copay And 20%* | | 1 st Visit: \$300 Copay 2 nd Visit: \$400 Copay 3+ Visits: \$500 Copay And 20%* | | 1 st Visit: \$300 Copay 2 nd Visit: \$400 Copay 3+ Visits: \$500 Copay And 20%* |
| Hospitalization | \$500 Copay + Deductible then 20% | \$500 Copay + Deductible then 40% | \$500 Copay + Deductible then 20% | \$500 Copay + Deductible then 40% | \$500 Copay + Deductible then 20% |

Prescription Drugs

MedOne RX will be administering the Prescription Drug Plan. Wellmark Medical Plan Enrollees will automatically be enrolled into the MedOne Prescription Drug Plan. Additionally, members will have TWO ID cards: one for Wellmark Medical Plan Benefits to use at doctor office/hospital/etc. and one for MedOne Prescription Drug Plan to use at pharmacy.

See the following pages for details on MedOne Prescription Drug Plan.

**Denotes what a person will pay after reaching their deductible.*



PREScription DRUG PLAN SUMMARY

MedOne is the administrator of the prescription drug portion of the health plans. MedOne's website offers a wide variety of information available to you including a Preferred and Specialty Product Lists, Step Therapy Guide, MedOne Mail Order Enrollment, Direct Member Reimbursement Form, and more.

To access the formulary to see if your drug is covered:

Go to medone-rx.com/members/drug-lookup and enter WLLMKDKRTL

| Prescription Drugs | In-Network 30 Day Supply | In-Network 90 Day Supply (Retail/Mail) |
|---------------------|--|--|
| Rx Deductible (S/F) | \$200 / \$400 | |
| Generic | \$0 at all pharmacies aside from Walgreens/CVS \$15 Copay at Walgreens/CVS | \$45 Copay |
| Preferred Brand | \$55 Copay | \$165 Copay |
| Non Preferred Brand | \$70 Copay | \$210 Copay |
| Specialty Pharmacy* | Excluded from prescription coverage, however, through NaviCareRX program members can reach a Patient Care Coordinator at 1-877-371-3351 for assistance with acquiring specialty medications. | |

How to Register for MedOne Member Portal:

1. Go to www.medone-rx.com
2. Click Member Portal in menu bar at top of page
3. Click "Register here to access your account" at bottom
4. Enter all required information. Find Group Number and Member ID on your pharmacy ID card and click "Register"
5. Open the confirmation email, click on link provided and enter your username and password to log in to your account
6. Once logged in, you have personalized access to your prescription profile and prescription program. Information is available on MedOne Member Portal including the ability to view claims detail and Rx history, find pharmacies in your network, check prices for medications, view ID card processing information, access the drug information directory, and enroll in the MedOne Mail-Order Program.

MedOne + Kannact Diabetes Management Program

Kannact Diabetes Management is a no-cost benefit offered to members in the MedOne Pharmacy Program. Kannact will work with members who have been diagnosed with or told they are at risk for diabetes. If you enroll in the program, your diabetic testing supplies will be no-cost to you and delivered to your doorstep as you need them. Additionally, you will receive a free glucose meter which will automatically upload blood glucose readings to your private portal for Kannact nurses, doctors, and health coaches to review and help create a personalized management plan.

Enroll in the program by calling MedOne or by enrolling online at www.kannact.com/medone/

How to Enroll In the MedOne Mail-Order Program Online:

1. Go to medone-rx.com and click "Mail Order" in the menu bar at top of page then "Enroll Now"
2. Read Terms and Conditions and The Notice of Privacy Practices. Check "I Agree" and click "Submit".
3. Patient Information: Enter all required information. Find Member ID, BIN#, and Group# on your pharmacy ID card.
4. Prescription Information: Enter each medication, date it was last filled (if available), day supply, prescriber name and phone, then select a refill program.
5. Electronic Signature: Type your name to acknowledge all information is correct and confirm your request.
6. Billing Information: Enter all required billing information using a debit card or credit card. Click "Submit".

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

Prescription Drug Purchasing Guide

This year Decker Truck Line is very excited to offer an enhanced Pharmacy Benefit for our Employees!

This includes options to attain most Medications at \$0 cost share.



\$0 GENERICS

All generic medications are available at \$0 cost to plan participants at all retail pharmacies except Walgreens and CVS.

Some Brand Name Maintenance medications are available through ControlRx International. Visit www.ControlRxInternational.com to see if your drug is available.

\$0 BRAND NAMES

\$0 SPECIALTY

Through NaviCareRx, members can receive specialty medications at \$0 cost. Call 1 -(877) 371-3351 to find a Patient Care Coordinator.



MEDICAL PLAN RATES



Below are your employee rates. If you have questions or concerns, contact the Decker Benefits Team.

| Employee Weekly Rates | Alliance Select Basic PPO | | Alliance Select Enhanced PPO | | Blue Access Enhanced HMO <small>(Available to Iowa Employees Only)</small> | |
|-----------------------|------------------------------|-----------------|---------------------------------|-----------------|--|-----------------|
| | Non-Tobacco User | Tobacco User | Non-Tobacco User | Tobacco User | Non-Tobacco User | Tobacco User |
| Employee | \$55.00 | \$71.00 | \$72.00 | \$87.00 | \$48.00 | \$63.00 |
| Employee + Spouse | \$124.00 | \$150.00 | \$157.00 | \$183.00 | \$116.00 | \$141.00 |
| Employee + Child(ren) | \$113.00 | \$128.00 | \$140.00 | \$155.00 | \$103.00 | \$118.00 |
| Family | \$135.00 | \$161.00 | \$168.00 | \$194.00 | \$129.00 | \$154.00 |

IMPORTANT – SUMMARY OF BENEFITS AND COVERAGE IS AVAILABLE

- You may request a paper copy of any of the plan documents by contacting the Decker Benefits Team at 515-576-4141 or x2350 or x2340. The available plan documents for our 2023 benefit offerings include health insurance through Wellmark BCBS, prescription drug insurance through MedOne Rx, dental insurance through Delta Dental, vision insurance through Avesis, Life, Disability, Critical Illness and Accident insurance through AFLAC.
- Tobacco/Nicotine User Designation:** Employees must log into Employee Navigator or call and attest to their tobacco/nicotine status. The employee must attest as to whether or not they have used tobacco/nicotine products within the last 6 months. This designation is for the sole purpose of determining eligibility for the insurance premium discount. Decker reserves the right to discontinue granting discounts at any time with or without advance notice. This discount eligibility does not alter the employment at will relationship between Decker and its employees.

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



TELEHEALTH – WELLMARK BCBS OF IA



Download the App or Register Online to speak with a doctor now!

Welcome to Doctor on Demand!

Decker Truck Line, Inc. has teamed up with Wellmark and Doctor on Demand to provide you access to convenient quality health care for all your minor ailments at home or on the road!

Now you can consult with a licensed Physician, Nurse Practitioner, or Physician Assistant over the phone, or online via webcam for solutions to minor injuries and sickness, **all at NO COST TO YOU if you are enrolled in the Decker Health Plans! This also applies to your enrolled family members—NO COST TO THEM!** Make sure to share this with your family members.

Save thousands of dollars in Copays, avoid costly trips to the Emergency Room, and reduce time off work for doctor's visits! And your family can use Doctor on Demand too!

Get Treatment for:

Cold and Flu

Sore Throats

Headache

Mental Health Visits

Bronchitis and Sinus Infections

Allergies

Pink Eye

Urinary Tract Infections

Fever

Skin Condition

Here's How it Works:

STEP 1:

- Download the Doctor on Demand app or visit DoctorOnDemand.com

STEP 2:

- Have your Wellmark BCBS Member ID card nearby to create your account and then sign in

STEP 3:

- Connect with a Doctor on Demand medical provider by phone or by webcam for specific ailments, medication refills, or even for a second opinion



WELLMARK

Take a Look at ALL of the Great Extra No-Cost Services that Wellmark Offers for Participants of the Health Plan!

Visit: www.MyWellmark.com for more information and to register for MyWellmark for personalized plan information.

BeWell 24/7 – Talk to Health Care Professionals regarding your Care!

You can call BeWell 24/7 to be connected to a health care professional who can answer your questions and put your mind at ease. The professionals can help address your basic health and health insurance concerns like finding a provider for you or a family member, or estimating the cost of an upcoming surgery. Simply call 1-844-84-BWELL to talk to a real person.

IDX Identity – Wellmark Identity Protection Services

Participants in the health plans can receive this Identity Protection Service at no cost from Wellmark! You will need to register on www.MyWellmark.com and then choose the Identity Protection section on the website. You will need to enter IDX Member Code: 4170999624 and enter the Group ID and Wellmark ID numbers from your Wellmark ID card. You also have the option to call and enroll in this benefit: 1-866-486-4812, you will need your Wellmark ID card when you call.

Find out Cost of Care – Cost Estimator

Use the MyWellmark Health Care Estimator to find the amount you'll have to pay out-of-pocket before you step foot into a doctor's office. It takes into account any deductibles or out-of-pocket limits to help you get an accurate view of the costs you have to pay.

Blue365 Deals – Discounts on Wellness Products & Services

The listing of discounts changes constantly so go to <https://www.blue365deals.com> to get accurate listing. Blue365 offers discounts on fitness gear, gym memberships, healthy eating options, and more. Blue365 offers access to savings on items that members purchase right on the Blue365 website or on the healthy-living Vendor's websites.

Additional Wellmark Services

Register your account at www.MyWellmark.com and receive access to all Wellmark Services below:

Find a Provider
Review Plan of Benefits
Track your Claims

Mobile App Information
Wellness Center A-Z Help
Set Up Paperless Claim Reporting

Health & News—Submit Questions
Care Navigation
Health Advocacy





CONDITION MANAGEMENT

What is Condition Management?

The Condition Management program, myCare360, is a tool for you to more effectively manage your health. The Condition Management program is designed to provide personalized education and support to participants on the health plan who have one of the following chronic medical conditions: Diabetes, Hypertension, High Cholesterol, Chronic Obstructive Pulmonary Disease (COPD), Ischemic Heart Disease, Asthma, Heart Failure, or Chronic Kidney Disease. A chronic medical condition is an illness that may never go away and may cause symptoms all the time or occasionally. **This will be required as of 1/1/24 and you will have through 2023 to be in compliance.**

If either you, your spouse, or your child is identified as an individual with one of these conditions, a HealthCheck360 care manager will reach out to you to discuss your history and care plan. It is important that you, your spouse, or child respond and comply with the program.

Decker has partnered with an external vendor (HealthCheck360°) to ensure that all your personal health information will remain strictly confidential. The only information that will be shared with your employer is the percentage of members who are identified for each program and the overall rates of compliance with the care recommendations.

How Do I Enroll?

Enrollment in the Condition Management Program is automatic. Once an individual has been identified as having one of the eight chronic conditions, the individual is enrolled in the program and will be contacted by a HealthCheck360 care manager. There are NO FORMS that are needed to be filled out.

Why Should I Participate?

It is important for individuals with a chronic condition to follow their physician-recommended medications and receive regular diagnostic services. This helps prevent your condition from worsening and ensures you continue to receive the best treatment plan.

How Will I be Contacted?

You may be contacted by phone, email, or mail. Each quarter you will be contacted by HealthCheck360's Condition Management staff. If you are not current with program criteria, you will be contacted by phone. In addition to quarterly outbound contacts, you are encouraged to call HealthCheck360 anytime or access the myCare360 app. More information regarding the app will be provided to you if you become enrolled.

It can affect your life in many ways, such as:

- You may be physically unable to do the things you want to do (feel sick, tired or in pain)
- You may not be able to perform your job and have many sick days
- You may feel stress, anxiety, and anger about your situation

Condition Management helps people cope with chronic conditions by taking action to improve their health.

Does it work?

Yes! Studies show that people who learn to manage their health conditions can avoid unnecessary emergency room visits and hospital stays and miss less work.

Who is HealthCheck360?

HealthCheck360 is a medical management firm made up of doctors, nurses and other professionals working to ensure you receive the support you need to make the best health care decisions at the most appropriate level of care. HealthCheck360's care managers work closely with participants to empower and engage them to take control of their health.

Why offer Condition Management?

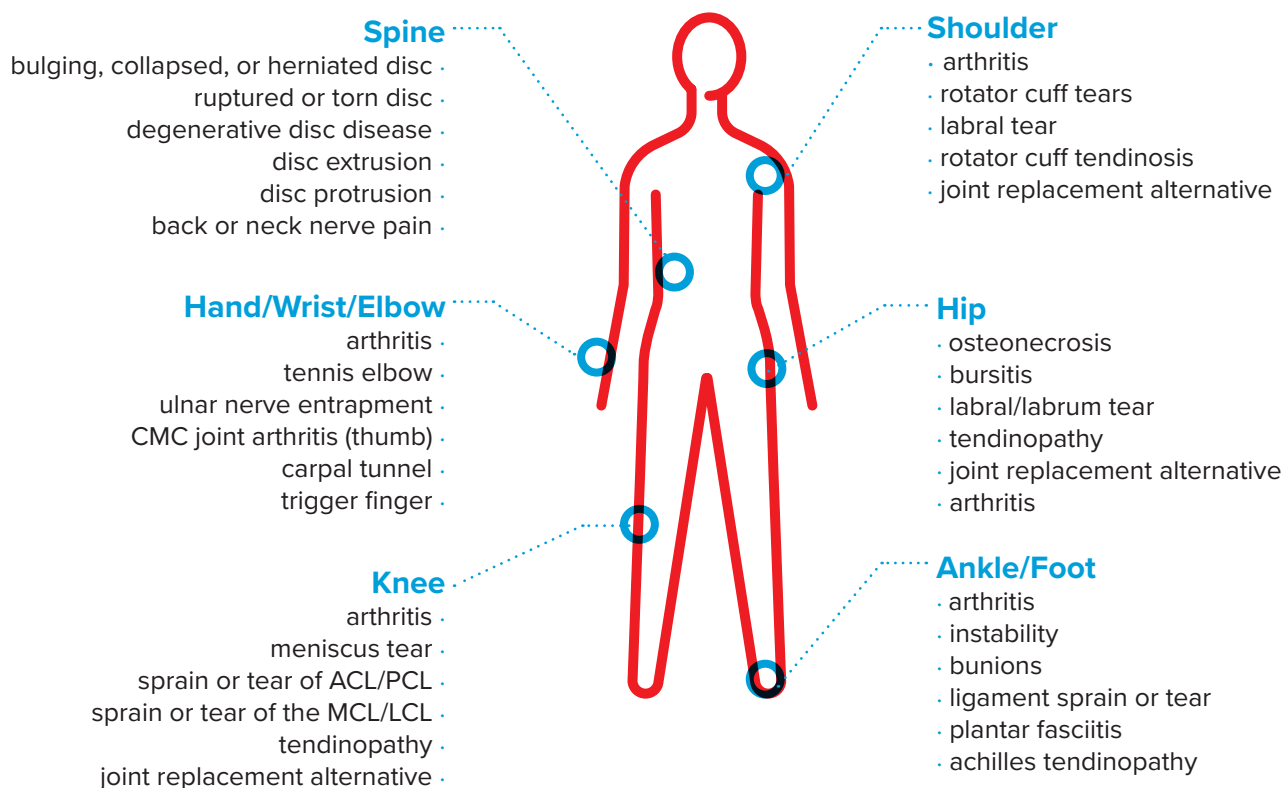
The goal is to help employees and their dependents be as healthy as possible. Condition Management is part of the overall wellness and preventive care program.

Decker Truck Line now covers Regenexx under your health plan

Regenexx uses your body's natural healing agents to replace the need for up to **70% of elective orthopedic surgeries**. Your stem cells and blood platelets are concentrated in our on-site orthobiologics lab and injected under image guidance into the precise area of your injury. With Regenexx, you can get back to doing what you love without invasive surgery and lengthy recovery.



Conditions Treated



Learn more about Regenexx and your benefits

For an in-depth overview, **Regenexx** hosts weekly informational sessions where you can learn about **Regenexx** and how our procedures may be able to help treat your orthopedic pain. You'll also have the opportunity to ask questions about your benefits. Follow the QR code or visit the address below to register for a webinar. Scheduled dates and times are updated regularly.

regenexxbenefits.com/webinar?card



Contact us at **866-320-2793** or visit regenexxbenefits.com/deckertruckline.



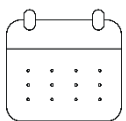
STATE & FEDERAL BENEFITS ADVOCATE - FEDLOGIC

Decker Truck Lines has partnered with FEDlogic to provide state and federal benefits information and advocacy to you and your household members. The service is confidential, unlimited and free to you as an employee.

Reasons to Call FEDlogic

- You've reached or are approaching Medicare age and need to learn more
- You're approaching retirement age and want to learn more about your Social Security Benefits
- You or a household family member have been diagnosed with a major illness
- You have a child with a disability or born prematurely
- You have lost a spouse
- You need assistance navigating Medicaid, Marketplace, or COBRA
- You need help exploring alternative healthcare avenues based on your income
- You are currently on dialysis (ESRD)

How It Works



Make a phone consultation appointment

Call FEDlogic at 877-837-4196 to schedule a phone consultation appointment with one of their federal and state benefits experts. Be sure to make the appointment at a time when family members are available to listen and ask questions as well. Calls typically last an hour.



Tell FEDlogic your story, ask questions and learn

You don't have to wade through tons of complex and confusing information to try to figure out what applies to you. FEDlogic takes the time to listen to your story and understand your needs, concerns and goals. Then they empower you with the unbiased information you need so you can maximize your benefits and make the best decision for your situation.



Enroll for benefits

Once you feel confident you have the information you need to make the best decision for you and your family, FEDlogic will walk you through the application and approval process.



Relax and celebrate

Without education and advocacy, many people don't tap into all the Social Security and Medicare benefits they've paid into during a lifetime of employment. You'll have the peace of mind knowing that you're getting all the benefits you deserve. So, sit back, relax and celebrate!

Contact FEDlogic

FEDlogic is passionate about providing highly personalized, easy and practical phone consultation guidance to individuals and families. FEDlogic will never promote, endorse or sell any type of product or insurance.

- Phone: 877-837-4196
- Website: <https://fedlogicgroup.com/>
- Email: services@fedlogicgroup.com



DENTAL PLAN SUMMARY & RATES

You and your eligible dependents have access to dental coverage through Delta Dental. The Delta Dental Premier Plan offers you a network of preferred providers to make sure you get most affordable dental care.

| Dental Plan | In-Network | Out-of-Network |
|--|--|--|
| Deductible (Annually Per Person) | \$25 | \$50 |
| Calendar Year Maximum | \$1,000 | \$1,000 |
| Benefit Categories | Amount you pay AFTER reaching your In-Network Deductible | Amount you pay AFTER reaching your Out-of-Network Deductible |
| Check-Ups & Teeth Cleaning – (Diagnostic & Preventive Services) Dental Cleaning, Oral Evaluation, Fluoride Applications Sealant Applications, Space Maintainers X-rays | Deductible Waived, 0% 20% | Deductible Waived, 0% 20% |
| Cavity Repair & Tooth Extractions – (Routine & Restorative Services) Emergency Treatment, General Anesthesia/Sedation Restoration of Decayed or Fractured Teeth Limited Occlusal Adjustment, Routine Oral Surgery Complex oral surgery – 9 month waiting period applies | 10% 10% 10% 50% | 20% 20% 20% 50% |
| Root Canals – (Endodontic Services – 3 month waiting period) Apicoectomy, Direct Pulp Cap, Pulpotomy Retrograde Fillings, Root Canal Therapy | 20% 20% | 20% 20% |
| Gum & Bone Disease – (Periodontal Services) Conservative Procedure, Complex Procedures Maintenance Therapy | 50% 50% | 50% 50% |
| High Cost Restorations – (Cast Restorations) Crowns – 12 month waiting period applies Inlays & Onlays Post & Cores | 50% 50% 50% | 50% 50% 50% |
| Dentures & Bridges – (Prosthetics) Dentures – 30 month waiting period applies Bridges – 36 month waiting period applies Repairs & Adjustments Dental Implants | 50% 50% 50% 50% | 50% 50% 50% 50% |
| Orthodontic Services | Not Covered | Not Covered |

| Employee Weekly Rates | |
|------------------------------|---------|
| Employee | \$5.00 |
| Employee + Spouse | \$10.00 |
| Employee + Child(ren) | \$11.00 |
| Family | \$16.00 |

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



VISION PLAN SUMMARY & RATES



You will have the option of electing Vision benefits, which are provided through Avesis and include eye exams, lenses, frames and contact lenses. If you visit an Avesis network provider, you simply pay a copayment for exams and there is no claim to file. If you use a non-Avesis provider, you pay the provider for all services and supplies and submit a claim form for reimbursement. You are reimbursed based on a fixed schedule of benefit allowances.

| Vision Plan | In-Network | Out-of-Network |
|---|---|--------------------------------------|
| Exam – Every 12 Months | \$10.00 Copay | Reimbursement up to \$35.00 |
| Lenses – Every 12 Months | | |
| Single Vision | \$15.00 Copay | Reimbursement up to \$25.00 |
| Standard Bifocal | \$15.00 Copay | Reimbursement up to \$40.00 |
| Standard Trifocal | \$15.00 Copay | Reimbursement up to \$50.00 |
| Lenticular | \$15.00 Copay | Reimbursement up to \$80.00 |
| NEW and IMPROVED Lens Benefit | | |
| Adult Polycarbonate Lens | Covered in full after Lens Copay | Reimbursement up to \$10.00 |
| Anti-Reflective Enhancement | | Reimbursement up to \$24.00 |
| Tint Enhancement | | Reimbursement up to \$4.00 |
| Scratch Coating Enhancement | | Reimbursement up to \$5.00 |
| UV Protection Enhancement | | Reimbursement up to \$6.00 |
| Level 1 Progressives | \$75.00 | Reimbursement up to \$40.00 |
| Level 2 Progressives | \$110.00 | Reimbursement up to \$40.00 |
| All Other Progressives | \$50.00 allowance + up to 20% disc | Reimbursement up to \$40.00 |
| Transitions (single/multifocal) | \$70.00/\$80.00 | Not Available |
| Polarized | \$75.00 | Not Available |
| PGX/PBX | \$40.00 | Not Available |
| Other Lens Options | Up to 20% discount | Not Available |
| Frames – Every 24 Months | \$15.00 Copay Up to \$150 retail allowance | Reimbursement up to \$45.00 |
| Contact Lenses – Every 12 Months | | |
| Elective | \$130 towards materials and services | \$110 towards materials and services |
| Medically Necessary | Covered in Full—requires prior auth. | \$250 towards materials and services |

Can only have lenses/frames or contact lenses—not both.

Employee Weekly Rates

| | |
|------------------------------|--------|
| Employee | \$2.50 |
| Employee + Spouse | \$5.00 |
| Employee + Child(ren) | \$5.00 |
| Family | \$6.50 |

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



FLEXIBLE SPENDING ACCOUNTS

Enroll in Flexible Spending through Decker, administered by Health Equity/Wage Works, and save money on your medical, dental, vision, and Rx expenses by using Pre-Tax money! When you enroll in Flexible Spending, you allocate a dollar amount to be withdrawn from your paycheck and put toward your flexible spending account. You do not pay income taxes on this money! The flexible spending account (FSA) money is there for you to use when you have eligible medical expenses that are not covered.

See Health Equity/WageWorks website to see eligible medical expenses:

<https://www.wageworks.com/employees/support-center/healthcare-fsa-eligible-expenses-table/>

WageWorks Flexible Spending Resources:

| | | |
|--|--|---|
| Employee Portal www.wageworks.com/employees | <ul style="list-style-type: none"> • Account Balances • Submit Online Claims • Upload Receipts • Claim Status | <ul style="list-style-type: none"> • Control Texting Preferences • Set up Direct Deposit • Update E-Mail & Mailing Address |
| 1-877-WageWorks | Customer Service available to assist you from 7am – 7pm, Monday - Friday | |
| Claim Submission Options | <p>Online Claims or Pay My Provider https://participant.wageworks.com/Home.aspx?ReturnUrl=%2f</p> <p>EZ Receipts Smart Phone App http://wageworks4me.com/aboutmobile/</p> <p>Fax or Mail (Paper Claim Form) https://www.wageworks.com/employees/support-center/important-forms.aspx</p> | |

Using your FSA is easy:

Use it or lose it – any unspent money left in your account at the end of your coverage period will be forfeited. When you elect a health care FSA, your account is fully funded with the amount you allocated. It's ready to use for eligible expenses. Throughout the year, you "pay your account back" with pre-tax contributions from your paycheck. You can also choose a Dependent Care FSA to help with the cost of care for eligible children or aging parents while you are at work. A dependent care FSA works a lot like a health care FSA, but your account is funded each payroll period so funds are available as contributions are taken from your paycheck.

Flexible Spending Account Maximums:

The IRS sets maximums for FSA's, for 2023 you can elect up to:

- \$3,050 for the medical reimbursement account and
- \$5,000 for the dependent care account.



BASIC LIFE / AD&D PLAN SUMMARY

All active full time employees regularly working 30 hours or more per week will be enrolled in the Decker Group Life and AD&D Insurance plan through Aflac. This coverage is provided by Decker at no cost to you. **Your Company-Paid Life and AD&D benefit is in the amount of \$10,000 for employees, \$5,000 for spouses, and from 14 days to 6 months \$250, from 6 months+ \$2,500 for children.** As part of this benefit the policy pays more money if you die in a covered accident. If you survive a serious accident, it can pay you money for certain severe injuries, such as loss of vision, hearing and limbs.

The chart below is to help employees determine if they should consider electing additional voluntary life coverage. For your personalized rates, log into Employee Navigator or call into the SISCO Call Center to speak with an enroller.

If you do not update your beneficiaries, it will make it harder for the right person to receive your benefit, if ever needed. Please update your beneficiaries periodically by logging into Employee Navigator or calling into SISCO Call Center!

HOW MUCH LIFE INSURANCE COVERAGE DO YOU NEED?

Depending on your personal situation, you may wish to purchase additional coverage that you can buy at affordable group rates.

Use this worksheet to estimate how much additional life insurance you need and see the details of the voluntary life on the following page.

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

Outstanding Debt – How much will be left for your family to pay?

| | |
|---|--------------|
| Mortgage balance | \$ _____ |
| Other debt (credit cards, loans, car payment) | \$ _____ |
| TOTAL (A) | \$ _____ (A) |

Ongoing Expenses – How much do your dependents need each year?

| | |
|--|--------------|
| Utilities (electric, phone, cable, internet) | \$ _____ |
| Medical costs, insurance | \$ _____ |
| Food, clothing, gasoline | \$ _____ |
| Saving contributions | \$ _____ |
| TOTAL (B) | \$ _____ (B) |

Future Plans – How much will loved ones need for the future?

| | |
|------------------------------------|--------------|
| College | \$ _____ |
| Other (retirement, long term care) | \$ _____ |
| TOTAL (C) | \$ _____ (C) |

Grand Total (A+B+C)

| | |
|---|----------|
| Grand Total (A+B+C) | \$ _____ |
| Subtract existing coverage | \$ _____ |
| Subtract company-paid life | \$ _____ |
| Consider this amount of life insurance | \$ _____ |

***Accidental Death & Dismemberment (AD&D):** AD&D pays a benefit for loss of life or dismemberment resulting from an accidental bodily injury. Your beneficiary will receive 100% of the AD&D amount if you die as the result of an accidental injury. You will receive an accidental dismemberment benefit if you lose a hand, a foot, or the sight of an eye due to an accidental injury. The benefit paid is 50% of the AD&D amount for any 1 loss and 100% of the AD&D amount for any 2 or more losses.

Important – Please Read!

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

*Please review the full summary plan documents for a list of your exclusions and limitations. This plan highlight is a summary provided to help you understand your insurance coverage. Details may differ from state to state. Please refer to your certificate booklet for your complete plan description. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern. **Benefits may be reduced for employees over age 65 per ADEA.***



TERM LIFE / AD&D PLAN SUMMARY

When you elect Supplemental Life, the Supplemental AD&D coverage is included for yourself, your spouse, and your dependent children in the same amounts as the elected Supplemental Life coverage amounts. For your personalized rates, log into Employee Navigator or call into the SISCO Call Center to speak with an enroller.

NEW HIRE NOTICE! *If you are a new hire, this is your chance to receive Guarantee Issue for yourself and your dependents. If you do not take advantage of this benefit at your initial new hire enrollment but then wish to enroll at a later date, you will be subject to evidence of insurability (answer medical questions).*

| | |
|---|--|
| Who can elect it? | All Other Active Full-Time employees. |
| How much Supplemental Life, Dependent Supplemental Life, Supplemental AD&D and Dependent Supplemental AD&D insurance coverage can I elect? | <p>You: You may elect Supplemental Life insurance in \$10,000 increments to the lesser of five times (5X) your annual earnings rounded to the next higher \$1,000 or \$500,000.</p> <p>Spouse: You may elect Dependent Supplemental Life insurance in \$5,000 increments to a maximum of \$250,000, not to exceed 100% of your Supplemental Life insurance coverage amount.</p> <p>Children: You may elect Dependent Supplemental Life insurance amount of \$10,000.</p> |
| Who pays for it? | Premiums are payroll-deducted from your paycheck for any Supplemental coverages you elect. |
| What is Basic Life, Basic AD&D, Supplemental Life, and Supplemental AD&D insurance? | <p>Basic Life and Supplemental Life plans pay a benefit to your chosen beneficiary(ies) if you die while a member of the group covered by the policy. It does not earn interest and has no cash value but can help protect the financial future of your loved ones.</p> <p>Basic AD&D and Supplemental AD&D plans pay a benefit in addition to your life insurance if you die as the result of a covered accident. It also pays benefits for loss of limb, hearing, speech, sight, and other serious losses resulting from an accident. See your certificate for coverage details.</p> |
| How much Basic Life and Basic AD&D insurance do I get? | You will be covered for \$10,000 in Basic Life insurance, and for an equal amount of Basic AD&D coverage. See your certificate for coverage details. |
| How much Supplemental Life and Supplemental AD&D insurance can I elect? | <p>Employees may elect Supplemental Life coverage in \$10,000 increments to the lesser of five times (5X) your annual earnings rounded to the next higher \$1,000 or \$500,000. The Supplemental AD&D coverage amount will match the life amount elected.</p> <p>If you request more than \$150,000 of Supplemental Life coverage, we will send a link to an online series of questions about your health history (also called Evidence of Insurability or EOI) to be approved for any new amount.</p> |
| How much Supplemental Life insurance can I elect during this year's annual enrollment? | <p>New hires and newly eligible employees: You can elect up to \$150,000 in Supplemental Life insurance without having to answer any medical history questions during the 31-day period after becoming eligible. Any coverage you wish to add after you are first eligible, or any amount over \$150,000 is subject to the EOI process.</p> <p>Currently insured employees: You may increase your coverage up to a total of \$150,000 without having to satisfy the EOI process. Any amount you elect over \$150,000 up to the maximum of \$500,000 will be subject to the EOI process.</p> |
| How much Supplemental Life insurance coverage can I elect for my spouse? | You may elect coverage in \$5,000 increments up to a total of \$250,000 in Dependent Supplemental Life coverage, but not for an amount that exceeds 100% of the employee coverage amount. Any Dependent Supplemental Life amount elected over \$25,000 will be subject to the EOI process. |
| How much Dependent Supplemental Life insurance can I elect for my child(ren)? | You may elect coverage of \$10,000 in Dependent Supplemental Life for your dependent child(ren). Child from 14 days to 6 months benefit \$100. Dependent Children do not need to satisfy the EOI process. Covering multiple children costs no more than covering one child. |
| Does the life insurance coverage reduce due to age? | Yes. All life insurance and AD&D plan amounts will reduce to 50% of the original amount at age 70. |

Important – Please Read!

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



Please review the full summary plan documents for a list of your exclusions and limitations. This plan highlight is a summary provided to help you understand your insurance coverage. Details may differ from state to state. Please refer to your certificate booklet for your complete plan description. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern. **Benefits may be reduced for employees over age 65 per ADEA.**

SHORT-TERM DISABILITY PLAN SUMMARY

Decker believes that protecting your income is important and that is why you are **auto-enrolled** in this benefit. This means that every eligible employee will be enrolled in this benefit when eligible unless the employee calls into to SISCO and declines the coverage or logs into Employee Navigator to decline the coverage. For your personalized rates, log into Employee Navigator or call into the SISCO Call Center to speak with enroller.

| | |
|---|---|
| What is Short-Term Disability income insurance? | Short-Term Disability Income Insurance, or STD, replaces a portion of your paycheck if you cannot work due to an illness or injury that occurs off the job (non-occupational). It also pays a benefit for giving birth to a child. |
| What is my Voluntary STD income insurance coverage amount? | Your STD plan pays a benefit to replace 60% of your pre-disability weekly income, not to exceed \$1,000 per week. Your benefits may be reduced by other sources of income and disability earnings. |
| Who pays for my STD coverage? | Premiums are payroll-deducted from your paycheck for your LTD coverage. |
| When would benefits begin if I were disabled? | There is a fourteen (14) day elimination or waiting period for your coverage to begin if you are disabled due to an illness or injury. |
| What is the maximum duration of benefits? | Eleven (11) weeks, including the elimination or waiting period. |
| What is the definition of disability? | You are disabled when we determine that: <ul style="list-style-type: none"> • you are unable to perform one or more of the material and substantial duties of your own job due solely to your illness or injury; • you are under the regular care of a physician; and • you have a 20% or more loss in your covered weekly earnings due to that same illness or injury. |
| Are there any exclusions or limitations? | Disability plans have conditions, exclusions, offsets, and limitations. You must be actively-at-work for at least one day for your coverage to begin. Below is some important information but review your plan documents for a complete listing of all that apply. No benefit will be paid for disabilities caused by or related to: <ul style="list-style-type: none"> • A pre-existing condition. Benefits will not be paid if your disability begins in the first 12 months following the effective date of coverage and your disability is caused by, contributed to by, or the result of a Pre-existing Condition. Pre-Existing Condition means any condition for which during the 3 months just prior to your effective date of coverage, whether or not that condition is diagnosed at all or is misdiagnosed, you have received care, treatment, consultation or diagnosis; or taken prescribed drugs or medication. • Active participation in a riot or an act of insurrection, rebellion or civil commotion • War, declared or undeclared, or any act of war. • Participation in an illegal activity or illegal act or to which a contributing cause was your being engaged in an illegal occupation. • Injury or sickness while you are serving on full-time active duty in any armed forces. • The revocation, restriction or non-renewal of your license, permit or certification necessary to perform the duties of your occupation unless due solely to injury or illness otherwise covered by the Policy. • Commission of a crime for which you have been convicted, or attempting to commit a criminal act. • Intoxication, including driving a motor vehicle while intoxicated. ("intoxicated" means your blood alcohol or drug level meets or exceeds the level at which intoxication would be presumed under the law of the jurisdiction in which the event, activity or accident occurred.) • Influence of a controlled substance, unless administered by a physician, or taken according to a physician's instructions, and within clinical guidelines. • An on-the-job injury or illness for which workers' compensation benefits are paid, or may be paid if duly claimed • Occupational illness or occupational injury. |



LONG-TERM DISABILITY PLAN SUMMARY

Aflac's Long Term Disability Insurance can pay you a percentage of your gross monthly earnings (up to the maximum allowed by your plan) if you become ill or injured and can't work for an extended period. It can help you pay your bills and protect your finances at a time when you have extra medical costs but don't get a paycheck. The amount of benefit you receive from the plan may be reduced or offset by income from other sources — such as Social Security Disability Insurance. The length of time you can receive benefits is based on your age when you become disabled.

You can take advantage of affordable group rates and your cost is conveniently deducted from your paycheck. Employees must be legally authorized to work in the U.S. and actively working at a U.S. location. For your personalized rates, log into Employee Navigator or call into the SISCO Call Center to speak with enroller.

| | | | | | | | | | |
|--|---|-----------------------|------------------|----------------|---------|--------|--------------------------------------|-----------------|-----------|
| What is Long-Term Disability insurance? | LTD coverage replaces a portion of your paycheck if you cannot work due to a longer-lasting illness or injury. | | | | | | | | |
| What is my Voluntary LTD coverage amount? | Your LTD plan pays a benefit to replace 60% of your pre-disability monthly income to a maximum of \$5,000 per month. | | | | | | | | |
| Who pays for my LTD coverage? | Premiums are payroll-deducted from your paycheck for your LTD coverage. | | | | | | | | |
| When would benefits begin if I were disabled? | The later date of the following: The end of your STD benefits, or 90 days. You must be continuously disabled and under the care of a physician during your elimination period, and no benefit is payable during the LTD elimination period. | | | | | | | | |
| What is the maximum duration of benefits? | <p>If your disability occurs prior to your 67th birthday, your benefit duration will be considered as your "Social Security Normal Retirement Age". The chart below spells out your expected payment durations based on when your disabling event occurred:</p> <table> <tr> <td>Disability Occurrence</td><td>Payment Duration</td></tr> <tr> <td>Age 67 or less</td><td>2 Years</td></tr> <tr> <td>Age 68</td><td>To age 70 but not less than one year</td></tr> <tr> <td>Age 69 or older</td><td>12 months</td></tr> </table> <p>Please see your certificate for more details.</p> | Disability Occurrence | Payment Duration | Age 67 or less | 2 Years | Age 68 | To age 70 but not less than one year | Age 69 or older | 12 months |
| Disability Occurrence | Payment Duration | | | | | | | | |
| Age 67 or less | 2 Years | | | | | | | | |
| Age 68 | To age 70 but not less than one year | | | | | | | | |
| Age 69 or older | 12 months | | | | | | | | |
| What is the definition of disability? | <p>You are disabled when we determine that:</p> <ul style="list-style-type: none"> • You are unable to perform the material and substantial duties of your regular occupation due solely to your illness or your injury. • You have a 20% or more loss in your covered monthly earnings due to that same illness or injury. <p>After monthly payments have been payable for 24 months, you are still considered disabled when we determine that due to that same illness or injury:</p> <ul style="list-style-type: none"> • You have a 40% earnings loss and you are unable to perform the duties of your occupation for which you are reasonably fitted by education, training, or experience. | | | | | | | | |
| Are there any exclusions or limitations? | <p>Disability plans have conditions, exclusions, offsets, and limitations. You must be actively-at-work for at least one day for your coverage to begin. Here is some important information, but review your certificate for a complete listing of all that apply. Your plan does not cover any disabilities caused by, contributed to by, or resulting directly or indirectly from:</p> <ul style="list-style-type: none"> • A pre-existing condition. Benefits will not be paid if your disability begins in the first 12 months following the effective date of coverage and your disability is caused by, contributed to by, or the result of a Pre-existing Condition. Pre-Existing Condition means any condition for which during the 3 months just prior to your effective date of coverage, whether or not that condition is diagnosed at all or is misdiagnosed, you have received care, treatment, consultation or diagnosis; or taken prescribed drugs or medication. • Intentionally self-inflicted injuries or attempted suicide. • Active participation in a riot or an act of insurrection, rebellion or civil commotion. • War, declared or undeclared, or any act of war. • The revocation, restriction or non-renewal of your license, permit or certification necessary to perform the duties of your occupation unless due solely to injury or illness otherwise covered by the Policy. • Participation in an illegal activity or illegal act or to which a contributing cause was your being engaged in an illegal occupation. | | | | | | | | |



- Commission of a crime for which you have been convicted, this includes but is not limited to local, state, country, provincial or federal law, or the disability results from commission of, or attempting to commit a criminal act.
- Intoxication, including driving a motor vehicle while intoxicated. ("intoxicated" means your blood alcohol or drug level meets or exceeds the level at which intoxication would be presumed under the law of the jurisdiction in which the event, activity or accident occurred.)
- Injury or sickness while you are serving on full-time active duty in any armed forces.

Are there any other benefits with the life or disability insurance?

Your policy includes valuable resources for you and your loved ones when you need it most, with the support of master's level licensed social workers for disabled or terminally ill members. Care Managers are available toll-free at 1-800-206-8826.

Also, Everest Funeral Concierge services provide online and at-need planning and price negotiation assistance available 24/7. Everest includes a free online Will Prep tool to help in the preparation of Wills, Power of Attorney documents, Health Care Directives, and more. Visit everestfuneral.com and use code AFLAC to register for free. Advisors are also available toll-free at:1-800-913-8318.

Important – Please Read!

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

Please review the full 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.



CRITICAL ILLNESS PLAN SUMMARY

If already enrolled, you do not need to take action unless you want to add dependents, drop or make changes to your coverage elections. The plans will pay out \$50 annual wellness credit for the enrolled employee and eligible spouse. For your personalized rates, log into Employee Navigator or call into the SISCO Call Center to speak with enroller.

You can count on Aflac to help ease the financial impact of surviving a critical illness.

Chances are you know someone who's been diagnosed with a critical illness such as cancer, a heart attack (myocardial infarction), or stroke. You can't help but notice the strain it's placed on the person's life—both physically and emotionally. What's not so obvious is the impact on that person's personal finances. While the person is busy getting well, the bills may continue to pile up.

Would you have the money to cover the out-of-pocket expenses such as:

- Transportation to a distant medical facility.
- Specialized treatment costs.
- Living expenses like rent, mortgage, and utility bills.

It's insurance for daily living:

Aflac pays cash benefits directly to you, unless otherwise assigned. This means that you will have added financial resources to help with medical costs or ongoing living expenses. Aflac group critical illness insurance plans are designed to provide you with a lump sum benefit for a covered critical illness such as: cancer, heart attack, or stroke.

Enroll Today

Learn how critical illness insurance can help you.





ACCIDENT PLAN SUMMARY

If already enrolled, you do not need to take action unless you want to add dependents, drop or make changes to your coverage elections. The plans will pay out \$50 annual wellness credit for the enrolled employee, eligible spouse, and eligible children. For your personalized rates, log into Employee Navigator or call into the SISCO Call Center to speak with enroller.

Having Aflac on your side means you can be better prepared financially to deal with what happens after an accident.

What would the financial impact of an injury mean to you? Are you prepared for high medical costs in addition to everyday household expenditures and lost wages? Out-of-pocket expenses associated with an accident are unexpected, but an accident's impact on your finances and your well-being certainly can be reduced.

Aflac is here to help. If you have an accident, major medical insurance will help with many medical expenses, but you could be left with out-of-pocket expenses. You could also lose pay while you're out of work. And you can be sure that the bills will keep coming.

It's insurance for daily living:

Aflac pays cash benefits directly to you, unless otherwise assigned. This means that you will have added financial resources to help with medical costs or ongoing living expenses. Aflac group accident insurance plans* are designed to provide you with cash benefits throughout the different stages of care, such as the following:

- Emergency treatment
- Hospital admission
- Intensive care unit
- Ambulance transportation
- Travel expenses to distant treatment centers
- Everyday living expenses, like your rent or mortgage, utility bills, groceries, and more

Enroll today

Learn how group accident insurance can help you.





HOSPITAL INDEMNITY

NEW FOR 2023. The plans will pay out \$50 annual wellness credit for the enrolled employee, eligible spouse, and eligible children. For your personalized rates, log into Employee Navigator or call into the SISCO Call Center to speak with enroller.

Aflac Group Hospital Indemnity Insurance

Because medical and other bills won't be patient.

As health care costs continue to rise, employees realize they are responsible for paying more and more out-of-pocket costs with every accident and illness. Aflac is designed to help families plan for the health care bumps ahead and take some of the uncertainty and financial insecurity out of getting better.

If you are confined to the hospital, major medical insurance will help with many medical expenses, but you could be left with extra expenses. You could also lose pay while you're out of work.

Aflac's Group Hospital Indemnity insurance provides you with cash benefits to help with the following types of costs:

- Hospital admission
- Hospital confinement
- Hospital intensive care
- Intermediate intensive care step-down unit

The plan also includes a \$50 Health Screening Benefit, payable once per calendar year per insured employee, spouse and dependent.





EMPLOYEE ASSISTANCE PROGRAM

Employees and their families have access to this Employee Assistance Program at no-cost!

The LifeWorks Employee Assistance Program (EAP) - helping you and your household members manage everyday life issues that can affect you at home and at work. Call the toll-free number anytime to talk with an experienced professional who can help you find solutions. Your employer pays all service costs.

EAP Services:

- Assistance and counseling in person or by telephone
- Free 30-minute consultations with attorneys and financial counselors
- Website with articles, discounts, podcasts, webinars, assessments, live chats, and databases to help you find local resources
- Assessment and assistance from a Work-Life specialist who is an expert in childcare, adult care, or other everyday concerns
- Access to Life Coach, a holistic program designed to meet your needs and help you achieve personal and professional goals. Connect with your coach by phone or email

Find everyday resources for things like:

Retirement planning
Conflict
Communicating with your boss
Care for children with special needs
Separation/divorce
Parenting/discipline
Stress and anxiety
Adoption
Grief and loss
Depression
Finding schools
Older adult care

Dealing with difficult coworkers
Career development
Resolving legal problems
Relationship issues
Childcare
Quitting smoking
Time management
Losing weight
Financial concerns
Addictions
Paying for school



Free and confidential LifeWorks EAP

Confidential help with your personal, work-related, and emotional concerns. 24 hours a day, seven days a week.

CALL: 1-844-246-7674

EAP APP/Web Login: login.lifeworks.com

Username: deckerus

Password: eap

Personal information remains confidential according to all applicable state and federal laws.



401(K) SAVINGS PLAN

This page features overview answers for most of the common questions about the Decker Truck Line, Inc. 401(k) Savings Plan. For more information about your plan, refer to the Summary Plan Description available from your employer.

When can I participate in the plan? Once you become eligible (Age 21 and 60 days of service), we'll get everything started for you. Unless you make your own selections, 3% of your pretax pay will go into your retirement account each pay period and your contributions will be invested 100% in the Target My Retirement Program.

How you can learn more and make changes? While your enrollment is automatic, you have 30 days before being enrolled to: Change your contribution rate, direct contributions to other investment options available through your plan, or decline participation in the plan.

How much can I contribute to the plan? You may contribute from 1% to 100% of your salary up to \$20,500, the maximum the IRS allows in 2022. Review the plan's Summary Plan Description to learn more about how your eligible salary is determined. If you are age 50 or over by the end of the calendar year, you may qualify to make additional "catch-up" contributions of up to \$6,500 in 2022.

Does Decker Truck Line make any contributions? For every dollar you put in the plan, your employer will contribute \$.50, up to 8% of your salary. You are immediately eligible for matching contributions.

What if I am automatically enrolled and I do not want to contribute to the plan? If you want to stop contributions to the plan, you can register for online account access at <https://login.principal.com/login>. Once you are in your account you will need to change your contribution percentage to 0% or contact the Retirement Service Center at 1-800-547-7754.

How can I select a beneficiary for my account? It is important for you to designate a beneficiary for your account by completing the Beneficiary Form during your new hire orientation AND online after you gain account access.

Can I get help making my savings decisions? You can go online and use the Retirement Quick View Calculator to help determine how much you need to save for retirement. After answering a few questions, the calculator shows how much you need to save and how long your current savings will last in retirement. Enter different numbers to see how increasing your savings rate will affect your account balance at retirement, or call 1-800-547-7754 for a free 15-minute retirement consultation with a retirement service representative. Your plan offers the Principal Retirement Investment Advice program as a feature to help with your investment decisions. This program has been chosen by your employer, and is available to you at no additional cost. The Retirement Investment Advice program allows you to receive a personalized investment recommendation based on personal information that you and your employer provide. Investment recommendations are delivered through Morningstar Investment Management, LLC. You must decide whether to implement the investment recommendation. The Retirement Investment Advice program does not invest or manage your plan account. In addition, the program can help you determine how much you need to save for retirement. To access the Retirement Investment Advice program online, sign on to your account at <https://login.principal.com/login>.

When do I become vested in my account? Vesting refers to your "ownership" of a benefit from your plan. You are always 100% vested in the money you contribute to the plan and the earnings on that money. You will be vested in your employer's contributions according to the following schedule based on years of service:

| | | | | | | | | | | | | | |
|------------------|----|--------|----|---------|-----|---------|-----|---------|-----|---------|-----|---------|------|
| Less than 1 year | 0% | 1 year | 0% | 2 years | 20% | 3 years | 40% | 4 years | 60% | 5 years | 80% | 6 years | 100% |
|------------------|----|--------|----|---------|-----|---------|-----|---------|-----|---------|-----|---------|------|

When can I receive money from my account? At retirement; at termination of employment, regardless of age; or Death or disability. You may take a hardship withdrawal in certain cases of financial need as established by IRS regulations. If you receive a hardship withdrawal, your contributions to the plan will be suspended for six months.

Access and make changes to your account two easy ways:

Computer: at <https://login.principal.com/login> - To get started, select **Create an account** at the bottom of the page to register for online access, or if you have other Principal accounts that you access online, sign on using the same username and password you use for those accounts. Or go to **Principal.com** for help.

Call us: 1-800-547-7754 - To access your account by phone, you'll need your Social Security number (SSN). Representatives are also available to answer questions or help you make changes to your account Monday through Friday from 7:00 a.m. to 7:00 p.m. Central Time.



ANNUAL REQUIRED NOTICES

Decker Truck Line, Inc.: Important Disclosures & Notices

Michelle's Law Notice

If the Plan provides for dependent coverage that is based on a dependent's full-time student status, then this Michelle's Law Notice applies. 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 a Leave of Absence

Your health benefits may be protected and maintained during a leave of absence, such as a leave qualifying under the Family Medical Leave Act. Other leaves of absence may, however, render you ineligible to participate in the health plan. If coverage is lost due to a leave of absence, you may be eligible to continue coverage under COBRA. Similarly, if you become ineligible for health benefits due to a leave of absence for military reasons, you may be eligible to continue that coverage under USERRA. Please contact your Human Resources Department or your manager for more information regarding what benefits are protected and maintained during a leave of absence and for more information about FMLA, COBRA and USERRA. ❖

Premium Assistance under Medicaid and The Children's Health Insurance Program (CHIP)

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

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

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

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

Employees living in one of the following States, may be eligible for assistance paying employer health plan premiums. The following list of States is current as of July 31, 2022. The most recent CHIP notice can be found at <https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/chipra>. Contact the respective State for more information on eligibility –

ALABAMA – Medicaid

Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

ALASKA – Medicaid

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

ARKANSAS – Medicaid

Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program
Website: <http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

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

Health First Colorado Website:
<https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center:
1-800-221-3943 / State Relay 711

CHP+ Website: <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>

CHP+ Customer Service:

1-800-359-1991 / State Relay 771

Health Insurance Buy-In Program (HIBI) Website:

<https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program>

HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid

Website: <https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>

Phone: 1-877-357-3268

GEORGIA – Medicaid

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>

Phone: 678-564-1162, Press 1

GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>

Phone: (678) 564-1162, Press 2

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64

Website: <http://www.in.gov/fssa/hip/>

Phone: 1-877-438-4479

All other Medicaid

Website: <https://www.in.gov/medicaid/>

Phone 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website:

<https://dhs.iowa.gov/ime/members>

Medicaid Phone: 1-800-338-8366

Hawki Website: <http://dhs.iowa.gov/Hawki>

Hawki Phone: 1-800-257-8563

HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>

HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>

Phone: 1-800-792-4884

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:

<https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>

Phone: 1-855-459-6328

Email: KIHIPPPROGRAM@ky.gov

KCHIP Website:

<https://kidshealth.ky.gov/Pages/index.aspx>

Phone: 1-877-524-4718

Kentucky 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/ofa/applications-forms>
 Phone: 1-800-442-6003
 TTY: Maine Relay 711
 Private Health Insurance Premium Webpage:
<https://www.maine.gov/dhhs/ofa/applications-forms>
 Phone: 1-800-977-6740
 TTY: Maine Relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>
 Phone: 1-800-862-4840
 TTY: (617) 886-8102

MINNESOTA – Medicaid

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

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
 Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
 Phone: 1-800-694-3084
 Email: HSHIPPProgram@mt.gov

NEBRASKA – Medicaid

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

NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov>
 Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
 Phone: 603-271-5218
 Toll-free number for the HIPP program:
 1-800-852-3345, ext. 5218

NEW JERSEY – Medicaid and CHIP

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

NEW YORK – Medicaid

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

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>
 Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>
 Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>
 Phone: 1-888-365-3742

OREGON – Medicaid

Website:
<http://healthcare.oregon.gov/Pages/index.aspx>
 Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>
 Phone: 1-800-692-7462

RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>
 Phone: 1-855-697-4347 or
 401-462-0311 (Direct Rlte Share Line)

SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>
 Phone: 1-888-549-0820

SOUTH DAKOTA – Medicaid

Website: <http://dss.sd.gov>
 Phone: 1-888-828-0059

TEXAS – Medicaid

Website: <http://gethipptexas.com/>
 Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>
 CHIP Website: <http://health.utah.gov/chip>
 Phone: 1-877-543-7669

VERMONT – Medicaid

Website: <http://www.greenmountaincare.org/>
 Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

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

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>
 Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP

Website: <https://dhhr.wv.gov/bms/http://mywvhipp.com/>
 Medicaid Phone: 304-558-1700
 CHIP 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, 2022, 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 ❖

Patient Protection Notice

If the Decker Truck Line, Inc. Health Plan generally requires the designation of a primary care provider, you have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. If the plan or health insurance coverage designates a primary care provider automatically, you will be able to designate a new provider. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Human Resources. ❖

Women's Health and Cancer Rights Act of 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prostheses.
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. ❖

Newborns' and Mothers' Health Protection Act

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

Medical Child Support Orders

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

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

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

New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

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

What is the Health Insurance Marketplace?

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

Can individuals Save Money on Health Insurance Premiums in the Marketplace?

Individuals may qualify to save money and lower

monthly premiums, but only if their employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on premiums depends on household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

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

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

How Can Individuals Get More Information?

For more information about coverage offered by the Employer, please check the summary plan description or contact Human Resources.

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

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

Special Enrollment 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 no later than the first day of the first month beginning after the date the plan receives a timely request for enrollment.

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

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 Decker Truck Line, Inc. Group Medical Plan (the "Plan"), which includes medical, dental and flexible spending account coverages offered under the Decker Truck Line, 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 Decker Truck

Line, 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

Decker Truck Line, Inc. is required to 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 Decker Truck Line, Inc., 4000 5th Ave South, Fort Dodge, IA 50501, 515-576-4141.

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 Decker Truck Line, Inc., 4000 5th Ave South, Fort Dodge, IA 50501, 515-576-4141. 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 Decker Truck Line, Inc., 4000 5th Ave South, Fort Dodge, IA 50501, 515-576-4141. 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 Decker Truck Line, Inc., 4000 5th Ave South, Fort Dodge, IA 50501, 515-576-4141. 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 Decker Truck Line, Inc., 4000 5th Ave South, Fort Dodge, IA 50501, 515-576-4141. 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 Decker Truck Line, Inc., 4000 5th Ave South, Fort Dodge, IA 50501, 515-576-4141 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 Decker Truck Line, Inc., 4000 5th Ave South, Fort Dodge, IA 50501, 515-576-4141. 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 Decker Truck Line, 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 Decker Truck Line, 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. Decker Truck Line, Inc. has determined that the prescription drug coverage offered by the Decker Truck Line, 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 Decker Truck Line, Inc. coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Decker Truck Line, 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 Decker Truck Line, 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 Decker Truck Line, 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: 11/04/2022

Name of Entity/Sender: Decker Truck Line, Inc.

Contact--Position/Office: Human Resources

Address: 4000 5th Avenue South, Fort Dodge, IA 50501

Phone Number: 1-515-576-4141 x 2313 or x 2350



