

2021 Insurance Benefit Options



YOUR 2021 OPEN ENROLLMENT PERIOD IS NOVEMBER 9th – NOVEMBER 20th

NEW THIS YEAR: Self-Service option to enroll, update, or change employee information, beneficiaries, and benefits by logging into Employee Navigator: see below for directions.

Or as always you can call the SISCO Call-Center and have a customer service representative update your elections or changes. Reminder each year employees must make new annual elections for Flexible Spending Account.



Log-in to Employee Navigator

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

Call SISCO Center

1-855-HI-SISCO EXT. 6413
Monday-Thursday: 7AM-7PM (CST)
Friday: 7AM -5PM (CST)



Welcome to Your Benefits Overview

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As a valued employee or new employee of Decker Truck Line, Inc. and its affiliated companies (Quality Truck Wash and Transport Loading Services), you have the opportunity to enroll in a variety of high quality benefits!

To enroll or waive benefits you must speak with a SISCO benefits counselor over the phone or log into Employee Navigator. You will be contacted during the first couple of weeks of employment to make your elections.

Prior to your enrollment call or logging into Employee Navigator:

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).

The SISCO Benefit Counselors will educate you on your benefit package and answer any questions you have.

**SISCO Enrollment Center:
Call 855-HI-SISCO Ext 6413 (855-447-4726)**

NEW: Employee Navigator Self-Service option to enroll, update, or change employee information, beneficiaries, and benefits:

1. <http://employeenavigator.com/benefits/account/login>
2. Click “Register” as new user to get started.
3. Company Identifier: Decker Truck Line

Employees can see plan documents, employees guides, summary sheets, and other plan information on Employee Navigator or at L:/Company Policy Manuals/Benefits Information (Media Manager)

2021 Benefit Highlights

Enhanced Critical Illness Plan: The plan features more covered conditions than the previous plan. **If you are currently enrolled in the Unum Critical Illness plan, you will be automatically rolled over to the new plan.**

Enhanced Accident Plan: The new Unum Accident plan has lower rates with a similar plan design! **If you are currently enrolled in the 2020 Accident plan, you will be automatically rolled over to the new plan in the same tier.**

Please see pages 22 and 24 for more details on the enhancements of both these plans.



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 91st day 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 following 90 days of employment.
- 401 (k): All eligible newly hired employees will be automatically enrolled at 2% of salary effective the 1st day of the month following 90 days of employment.
- Vacation: Eligible Employees are eligible for one week of vacation on the first anniversary of employment with Decker Truck Line, Inc. and its affiliated companies; two weeks on the 3rd anniversary; 3 weeks on the 10th anniversary and annually after that.

How to Enroll:

To enroll or waive coverage you must speak with a SISCO benefits counselor over the phone during the first couple weeks of employment. This guide is intended to provide you with the basics about the benefits offered. Along with the help of a SISCO benefits counselor, you will walk through what benefits and amounts of coverage you are electing. If you do not take advantage of this opportunity during this time, you will have to wait until the next open enrollment period to elect benefits. THIS MAY BE YOUR ONLY OPPORTUNITY TO ENROLL IN SOME BENEFITS WITHOUT MEDICAL UNDERWRITING.

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:

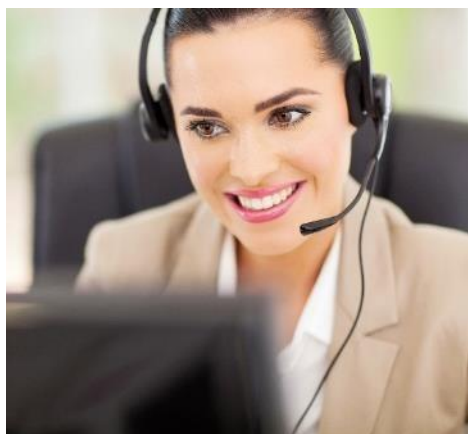
Unless you have a qualified change in status, you cannot make changes to the benefits you elect during the year. Qualified changes in status include: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, 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

Call Center Enrollment - SISCO

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

Medical Plans – Wellmark BCBS of Iowa

(800) 524-9242

www.wellmark.com

Telehealth - MeMD

(855) 636-3669

www.memd.me/employee/decker/

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 - Unum

See the Decker Benefits Department

www.unum.com

Disability Plans - Unum

See the Decker Benefits Department

www.unum.com

Updated Policy 2021 - Critical Illness & Accident Plans - Unum

800-635-5597

www.unum.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/AccountLogin>.
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 chose, 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	In-Network		In-Network		In-Network Only
Rx Deductible (S/F)	\$200 / \$400		\$200 / \$400		\$200 / \$400
Generic	\$15 Copay		\$15 Copay		\$15 Copay
Preferred Brand	\$55 Copay		\$55 Copay		\$55 Copay
Non Preferred Brand	\$70 Copay		\$70 Copay		\$70 Copay
Specialty Pharmacy**	\$250 Copay		\$250 Copay		\$250 Copay

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

** Specialty drugs must be through one of the Plan's Specialty Pharmacies: Hy-Vee or CVS.



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 <i>(Available to Iowa Employees Only)</i>	
	Non-Tobacco User	Tobacco User	Non-Tobacco User	Tobacco User	Non-Tobacco User	Tobacco User
Employee	\$50.00	\$66.00	\$67.00	\$82.00	\$43.00	\$58.00
Employee + Spouse	\$118.00	\$144.00	\$151.00	\$177.00	\$110.00	\$135.00
Employee + Child(ren)	\$107.00	\$122.00	\$134.00	\$149.00	\$97.00	\$112.00
Family	\$129.00	\$155.00	\$162.00	\$188.00	\$123.00	\$148.00

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 2021 benefit offerings include health insurance through Wellmark BCBS, dental insurance through Delta Dental, vision insurance through Avesis, Life, Disability, Critical Illness and Accident insurance through Unum.
- 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.



TELEHEALTH - MEMD



Call (855) 636-3669 to speak with a doctor now!

Welcome to MeMD!

Decker Truck Line, Inc. has teamed up with MeMD 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 on line 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 MeMD too!

******Remember to enter authorization code: DeckerHealth******

Here's How it Works:

STEP 1:

- Use the temporary login information sent to you by MeMD to set up your account TODAY at: www.memd.me/employee/decker/
- It is important to do this now before you need a doctor! If you did not receive or cannot find your login, call: (855) 636-3669 to receive it.

STEP 2:

- Log in to MeMD and set up medical history profiles for yourself and your family members. You can also do this over the phone by calling MeMD at: (855) 636-3669

STEP 3:

- Connect with a MeMD 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.

MyIDCare – 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 MyIDCare 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





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, Puloptomy 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



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
Progressive	\$15.00 Copay	Reimbursement up to \$40.00
Frames – Every 24 Months	\$15.00 Copay	Reimbursement up to \$45.00
Contact Lenses – Every 12 Months		
Elective	\$130 towards materials and services Covered in Full	\$130 towards materials and services
Medically Necessary		\$250 towards materials and services

Employee Weekly Rates	
Employee	\$2.00
Employee + Spouse	\$4.00
Employee + Child(ren)	\$4.00
Family	\$6.00



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:

<p>Employee Portal www.wageworks.com/employees</p>	<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
<p>1-877-WageWorks</p>	<p>Customer Service available to assist you from 7am – 7pm, Monday - Friday</p>	
<p>Claim Submission Options</p>	<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 2021 you can elect up to:

- \$2,750 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 Unum. 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 \$1,000, 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 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.

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



TERM LIFE / AD&D PLAN SUMMARY



Term Life and Accidental Death & Dismemberment (AD&D) Insurance

can provide money for your family if you die or are diagnosed with a terminal illness.

How does it work?

You choose the amount of coverage that's right for you, and you keep coverage for a set period of time, or "term." If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more.

AD&D Insurance is also available, which pays a benefit if you survive an accident but have certain serious injuries. It pays an additional amount if you die from a covered accident.

Why is this coverage so valuable?

If you previously purchased coverage, you can increase it up to \$150,000 to meet your growing needs — with no health questions or exams.

What else is included?

A 'Living' Benefit

If you are diagnosed with a terminal illness with less than 12 months to live, you can request 50% of your life insurance benefit (up to \$750,000) while you are still living. This amount will be taken out of the death benefit. These benefit payments may adversely affect the recipient's eligibility for Medicaid or other government benefits or entitlement, and may be taxable. Recipients should consult their tax attorney or advisor before utilizing living benefit payments.

Waiver of premium

Your cost may be waived if you are totally disabled for a period of time.

Portability

You may be able to keep coverage if you leave the company, retire or change the number of hours you work.

Employees or dependents who have a sickness or injury having a material effect on life expectancy at the time their group coverage ends are not eligible for portability.

Who can get Term Life coverage?

If you are actively at work at least 30 hours per week, you may apply for coverage for:

You:	Choose from \$10,000 to \$500,000 in \$10,000 increments, up to 5 times your earnings. If you previously purchased coverage, you can increase it up to \$150,000, your guaranteed issue amount, with no health questions. If you previously declined coverage, you may have to answer some health questions.
Your spouse:	Get up to \$500,000 of coverage in \$5,000 increments. Spouse coverage cannot exceed 100% of the coverage amount you purchase for yourself. If you previously purchased coverage for your spouse, they can increase their coverage up to \$25,000, their guaranteed issue amount, with no health questions or exams, if eligible (see delayed effective date). If you previously declined spouse coverage, some health questions may be required.
Your children:	Get up to \$10,000 of coverage in \$2,000 increments if eligible (see delayed effective date). One policy covers all of your children until their 19th birthday – or until their 26th birthday if they are full-time students. The maximum benefit for children from live birth to 14 days is \$0. The maximum benefit for children 14 days to 6 months is \$100.

Who can get Accidental Death & Dismemberment (AD&D) coverage?

You:	Get up to \$500,000 of AD&D coverage for yourself in \$10,000 increments to a maximum of 5 times your earnings.
Your spouse:	Get up to \$500,000 of AD&D coverage for your spouse in \$5,000 increments, if eligible (see delayed effective date).
Your children:	Get up to \$10,000 of coverage for your children in \$2,000 increments if eligible (see delayed effective date).

No questions or health exams required for AD&D coverage. Delayed Effective Date: If your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan.



TERM LIFE / AD&D PLAN SUMMARY

How much coverage can I get?

Calculate your costs

1. Enter the coverage amount you want.
2. Divide by the amount shown.
3. Multiply by the rate. Use the rate table (at right) to find the rate based on age.

(To get your age, subtract your birth year from 2021. To determine your spouse rate, subtract the spouse birth year from 2021 and use the rate for the appropriate age band.)

4. Enter your cost.

	1	2	3	4
Employee	\$ _____,000	÷ \$1,000 = \$ _____	X \$ _____	= \$ _____
Spouse	\$ _____,000	÷ \$1,000 = \$ _____	X \$ _____	= \$ _____
Child	\$ _____,000	÷ \$1,000 = \$ _____	X \$ _____	= \$ _____
Total cost				

Employee weekly rate		Spouse weekly rate	Child weekly rate
Age	Per \$1,000 of coverage Cost	Per \$1,000 of coverage Cost	\$0.052 per \$1,000 of coverage
15-24	\$0.019	\$0.019	
25-29	\$0.019	\$0.019	
30-34	\$0.025	\$0.025	
35-39	\$0.030	\$0.030	
40-44	\$0.037	\$0.037	
45-49	\$0.058	\$0.058	
50-54	\$0.096	\$0.096	
55-59	\$0.164	\$0.164	
60-64	\$0.252	\$0.252	
65-69	\$0.436	\$0.436	
70-74	\$0.706	\$0.706	
75+	\$0.706	\$0.706	

1. Enter the AD&D coverage amount you want.
2. Divide by the amount shown.
3. Multiply by the rate. Use the AD&D rate table (at right) to find the rate.
4. Enter your cost.

AD&D	1	2	3	4
Employee	\$ _____,000	÷ \$1,000 = \$ _____	X \$0.007	= \$ _____
Spouse	\$ _____,000	÷ \$1,000 = \$ _____	X \$0.007	= \$ _____
Child	\$ _____,000	÷ \$1,000 = \$ _____	X \$0.007	= \$ _____
Total cost				

AD&D weekly rates		
	Coverage amount	Rate
Employee	per \$1,000 of coverage	\$0.007
Spouse	per \$1,000 of coverage	\$0.007
Child	per \$1,000 of coverage	\$0.007

Billed amount may vary slightly.

If you apply for coverage above the guaranteed issue amount, you will be asked health-related questions which may affect your ability to get the larger coverage amount. In order to purchase coverage for your dependents, you must buy coverage for yourself. Coverage amounts cannot exceed 100% of your coverage amounts.



TERM LIFE / AD&D PLAN SUMMARY

Exclusions and limitations

Actively at work

Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company's business locations; or the individual must be working at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence or lay off.

An unmarried handicapped dependent child who becomes handicapped prior to the child's attainment age of 26 may be eligible for benefits. Please see your plan administrator for details on eligibility.

Employees must be U.S. citizens or legally authorized to work in the U.S. to receive coverage.

Employees must be actively employed in the United States with the Employer to receive coverage. Employees must be insured under the plan for spouses and dependents to be eligible for coverage.

Exclusions and limitations

Life insurance benefits will not be paid for deaths caused by suicide occurring within 24 months after the effective date of coverage. The same applies for increased or additional benefits.

AD&D specific exclusions and limitations:

Accidental death and dismemberment benefits will not be paid for losses caused by, contributed to by, or resulting from:

- Disease of the body; diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM)
- Suicide, self-destruction while sane, intentionally self-inflicted injury while sane or self-inflicted injury while insane
- War, declared or undeclared, or any act of war
- Active participation in a riot
- Committing or attempting to commit a crime under state or federal law
- The voluntary use of any prescription or non-prescription drug, poison, toxin or other chemical substance unless used according to the prescription or direction of your or your dependent's doctor. This exclusion does not apply to you or your dependent if the chemical substance is ethanol.
- Intoxication - "Being intoxicated" means your or your dependent's blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the accident occurred.

Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Delayed Effective Date: If your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan.

Age reduction

Coverage amounts for Life for you will reduce to 50% of the original amount when you reach age 70. Coverage may not be increased after a reduction.

Termination of coverage

Your coverage and your dependents' coverage under the policy ends on the earliest of:

- The date the policy or plan is cancelled
 - The date you no longer are in an eligible group
 - The date your eligible group is no longer covered
 - The last day of the period for which you made any required contributions
 - The last day you are actively employed (unless coverage is continued due to a covered layoff, leave of absence, injury or sickness), as described in the certificate of coverage
- In addition, coverage for any one dependent will end on the earliest of:
- The date your coverage under a plan ends
 - The date your dependent ceases to be an eligible dependent
 - For a spouse, the date of a divorce or annulment
 - For dependents, the date of your death

Unum will provide coverage for a payable claim that occurs while you and your dependents are covered under the policy or plan.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form CFP-1 et al or contact your Unum representative.

representative.

Life Planning Financial & Legal Resources services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

Unum complies with state civil union and domestic partner laws when applicable.

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Unum Life Insurance Company of America, Portland, Maine

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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.



Short Term Disability Insurance pays you a weekly benefit if you have a covered disability that keeps you from working.

How does it work?

If a covered illness or injury keeps you from working, Short Term Disability Insurance replaces part of your income while you recover. As long as you remain disabled, you can receive payments for up to 11 weeks.

You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result.

Why is this coverage so valuable?

You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

What's covered?

This insurance may cover a variety of conditions and injuries. Here are Unum's top reasons for short term disability claims:¹

- Normal pregnancy
- Injuries, excluding back
- Joint disorders
- Cancer
- Digestive disorders

Cesarean section benefit

If you have a Cesarean section, you will be considered disabled for a minimum period of eight weeks unless you return to work before the end of the time.

Consider your weekly expenses

	Food	\$ _____
	Transportation (gas, car payments, repairs)	_____
	Child care/elder care	_____
	Mortgage/rent	_____
	Utilities (electric, water, cable, phone)	_____
	Medical costs (co-pays, medications)	_____
	Insurance (health, life, car, home)	_____
	Total weekly expenses	\$ _____

¹ Unum Internal data, 2018. Note: Causes are listed in ranked order.





SHORT-TERM DISABILITY PLAN SUMMARY

How much coverage can I get?

You²	<p>You are eligible for coverage if you are an active employee in the United States working a minimum of 30 hours per week.</p> <p>Coverage amounts Cover 60% of your weekly income, up to a maximum benefit of \$1,000 per week.</p> <p><small>*See the Legal Disclosures on the back for more information.</small></p>
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The weekly benefit may be reduced or offset by other sources of income. The IRS may require you to pay taxes on certain benefit payments. See your tax advisor for details.

! If you didn't get coverage when you were first eligible, you'll have to answer medical questions now. If you're newly eligible, you are guaranteed coverage now with no medical questions. If you already have coverage, you can increase it up to the maximum available with no medical questions. New coverage may be subject to pre-existing condition limitations.

Elimination period (EP)

This is the number of days that must pass between your first day of a covered disability and the day you can begin to receive your disability benefits.

Your benefits would begin after you become disabled for 14 days.

Benefit duration (BD)

The maximum number of weeks you can receive benefits while you're disabled. You have a 11 week benefit duration.

Calculate your benefit and cost

Disability worksheet						
1 Calculate your weekly disability benefit.						
\$ _____ ÷ 52 =	\$ _____ x	60% =	\$ _____	Max weekly benefit available (if the amount exceeds the plan max of \$1,000, enter \$1,000).		
Your annual earnings	Your weekly earnings	(Max % of income covered)				
2 Calculate your cost per paycheck.						
\$ _____ ÷ 10 =	\$ _____ x	\$0.630 =	\$ _____ x	12 =	\$ _____ ÷ 52 =	\$ _____
Your weekly benefit amount	Your rate	Your monthly cost	Your annual cost	Number of paychecks per year	Total cost per paycheck	

Since our founding in 1848, Unum has been a leader in the employee benefits business.

Innovation, integrity and an unwavering commitment to our customers has helped us become a global leader in financial protection benefits.



SHORT-TERM DISABILITY PLAN SUMMARY

Exclusions and limitations

Active employee

You are considered in active employment, if on the day you apply for coverage, you are being paid regularly by Decker Truck Line, Inc. for the required minimum hours each week and you are performing the material and substantial duties of your regular occupation.

Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Definition of disability

You are considered disabled when Unum determines that, due to sickness or injury:

- You are limited from performing the material and substantial duties of your regular occupation; and
- You have a 20% or more loss in weekly earnings.

You must be under the regular care of a physician in order to be considered disabled.

The loss of a professional or occupational license or certification does not, in itself, constitute disability.

'Substantial and material acts' means the important tasks, functions and operations generally required by employers from those engaged in your usual occupation that cannot be reasonably omitted or modified. Unless the policy specifies otherwise, as part of the disability claims evaluation process, Unum will evaluate your occupation based on how it is normally performed in the national economy, not how work is performed for a specific employer, at a specific location or in a specific region.

Deductible sources of income

Your disability benefit may be reduced by deductible sources of income and any earnings you have while you are disabled, including such items as group disability benefits or other amounts you receive or are entitled to receive:

- Workers' compensation or similar occupational benefit laws
- State compulsory benefit laws
- Automobile liability insurance policy
- Motor vehicle insurance policy or plan
- No fault motor vehicle plan
- Legal judgments and settlements
- Salary continuation or sick leave plans, if applicable
- Other group or association disability programs or insurance
- Social Security or similar governmental programs

Exclusions and limitations

Benefits will not be paid for disabilities caused by, contributed to by, or resulting from:

- War, declared or undeclared or any act of war
- Active participation in a riot
- Intentionally self-inflicted injuries;
- Loss of professional license, occupational license or certification;
- Commission of a crime for which you have been convicted;
- Any period of disability during which you are incarcerated;
- Any occupational injury or sickness (this will not apply to a partner or sole proprietor who cannot be covered by law under workers' compensation or any similar law);

The loss of a professional or occupational license does not, in itself, constitute disability.

Termination of coverage

Your coverage under the policy ends on the earliest of the following:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are in active employment except as provided under the covered layoff or leave of absence provision.

Unum will provide coverage for a payable claim that occurs while you are covered under the policy or plan.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al., or contact your Unum representative.

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LONG-TERM DISABILITY PLAN SUMMARY

Unum’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.

Voluntary Long-Term Disability

Monthly Benefit Amount	60% of monthly earnings to \$5,000
Benefit Duration	Depends on your age when your disability occurs
Pre-Existing Condition Exclusion	The pre-existing condition exclusion applies if the insured received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the 3 months just prior to his or her effective date of coverage; and the disability begins in the first 12 months after his or her effective date of coverage.
Elimination Period	90 days
Employee Cost	For personalized rates, please call the SISCO Call Center to speak with an enroller or log into Employee Navigator.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations, which may affect any benefits payable. For complete details of coverage and availability, please refer to policy form C.FP-1 et al., or contact your Unum representative for specific provisions and details of availability.

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 Unum complies with state civil union and domestic partner laws when applicable.

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CU-4373 (5-17)

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

NEW FOR 2021, Decker has enhanced the Critical Illness Plan. Please see the details below. The new Unum Critical Illness plan features more covered conditions than the previous plan. **If you are currently enrolled in the Unum Critical Illness plan, you will be automatically rolled over to the new plan.** If already enrolled, you do not need to take any action unless you want to add dependents, drop or make changes to your coverage elections. Please call UNUM with questions at 1-800-635-5597.

IMPORTANT:

1. New Attained Age/Uni-Tobacco Rates - The Unum Critical Illness rates are based on your attained age, similar to the Voluntary Supplemental Life Insurance plan. This is a change from the prior plan, which was based on your age as of the original effective date when you elected the coverage. This change will save most employees money, while also allowing Decker Truck Line to streamline processes in the future. Additionally, your tobacco use will no longer be a factor in your premium.

2. New Increments - Previously, employees could select Critical Illness coverage in \$1,000 increments for both employees and spouses. The new Unum plan offers 3 choices for employees (\$10,000, \$20,000 or \$30,000). Spouses and children will be covered at 50% of the employee's amount. Children are covered at no additional cost. You will be enrolled at your current volume or rounded up to the next closest increment (Example – An employee with \$15,000 of coverage will be automatically enrolled in \$20,000).



Critical Illness Insurance

can pay money directly to you when you're diagnosed with certain serious illnesses.

How does it work?

If you're diagnosed with an illness that is covered by this insurance, you can receive a lump sum benefit payment. You can use the money however you want.

Why is this coverage so valuable?

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

What's covered?

Critical illnesses	
<ul style="list-style-type: none"> • Heart attack • Stroke • Major organ failure • End-stage kidney failure 	<ul style="list-style-type: none"> • Coronary artery disease Major (50%): Coronary artery bypass graft or valve replacement Minor (10%): Balloon angioplasty or stent placement

Cancer conditions	
<ul style="list-style-type: none"> • Invasive cancer — all breast cancer is considered invasive 	<ul style="list-style-type: none"> • Non-invasive cancer (25%) • Skin cancer — \$500

Supplemental conditions	
<ul style="list-style-type: none"> • Loss of sight, hearing or speech • Benign brain tumor • Coma • Permanent Paralysis • Occupational HIV, Hepatitis B, C or D • Infectious Diseases (25%) 	

Why should I buy coverage now?

- It's more affordable when you buy it through your employer and the premiums are conveniently deducted from your paycheck.
- If you apply during your initial enrollment, you can get coverage without a health exam or medical questions.
- Coverage is portable. You may take the coverage with you if you leave the company or retire. You'll be billed at home.

Be Well Benefit

Every year, each family member who has Critical Illness coverage can also receive a payment for getting a covered Be Well Benefit screening test, such as:

- | | |
|---|--|
| <ul style="list-style-type: none"> • Annual exams by a physician include sports physicals, well-child visits, dental and vision exams • Screenings for cancer, including pap smear, colonoscopy • Cardiovascular function screenings | <ul style="list-style-type: none"> • Screenings for cholesterol and diabetes • Imaging studies, including chest X-ray, mammography • Immunizations including HPV, MMR, tetanus, influenza |
|---|--|

Who can get coverage?

You:	Choose \$10,000, \$20,000 or \$30,000 of coverage with no medical questions if you apply during this enrollment.
Your spouse:	Spouses can get 50% of the employee coverage amount as long as you have purchased coverage for yourself.
Your children:	Children from live birth to age 26 are automatically covered at no extra cost. Their coverage amount is 50% of yours. They are covered for all the same illnesses plus these specific childhood conditions: cerebral palsy, cleft lip or palate, cystic fibrosis, Down syndrome and spina bifida. The diagnosis must occur after the child's coverage effective date.



CRITICAL ILLNESS PLAN SUMMARY

Critical Illness Insurance benefit and cost

Weekly costs		
Age	Employee coverage: \$10,000 Spouse coverage: \$5,000 Be Well benefit: \$50	
	Employee	Spouse
under 25	\$0.72	\$0.57
25 - 29	\$0.89	\$0.66
30 - 34	\$1.12	\$0.77
35 - 39	\$1.42	\$0.92
40 - 44	\$1.99	\$1.21
45 - 49	\$2.92	\$1.67
50 - 54	\$4.56	\$2.49
55 - 59	\$6.45	\$3.44
60 - 64	\$9.24	\$4.83
65 - 69	\$13.02	\$6.72
70 - 74	\$18.12	\$9.27
75 - 79	\$22.49	\$11.46
80 - 84	\$25.42	\$12.92
85+	\$32.43	\$16.43

Weekly costs		
Age	Employee coverage: \$20,000 Spouse coverage: \$10,000 Be Well benefit: \$75	
	Employee	Spouse
under 25	\$1.45	\$1.15
25 - 29	\$1.77	\$1.31
30 - 34	\$2.23	\$1.54
35 - 39	\$2.83	\$1.84
40 - 44	\$3.99	\$2.42
45 - 49	\$5.83	\$3.34
50 - 54	\$9.11	\$4.98
55 - 59	\$12.90	\$6.87
60 - 64	\$18.48	\$9.66
65 - 69	\$26.05	\$13.45
70 - 74	\$36.25	\$18.55
75 - 79	\$44.97	\$22.91
80 - 84	\$50.83	\$25.84
85+	\$64.86	\$32.86

Weekly costs		
Age	Employee coverage: \$30,000 Spouse coverage: \$15,000 Be Well benefit: \$100	
	Employee	Spouse
under 25	\$2.17	\$1.72
25 - 29	\$2.66	\$1.97
30 - 34	\$3.35	\$2.31
35 - 39	\$4.25	\$2.76
40 - 44	\$5.98	\$3.63
45 - 49	\$8.75	\$5.01
50 - 54	\$13.67	\$7.47
55 - 59	\$19.34	\$10.31
60 - 64	\$27.72	\$14.50
65 - 69	\$39.07	\$20.17
70 - 74	\$54.37	\$27.82
75 - 79	\$67.46	\$34.37
80 - 84	\$76.25	\$38.76
85+	\$97.30	\$49.29

Your paycheck deduction will include the cost of coverage and the Be Well Benefit. Actual billed amounts may vary.

Date of diagnosis must be after the coverage effective date.

Exclusions and limitations

We will not pay benefits for a claim that is caused by, contributed to by, or occurs as a result of any of the following:

committing or attempting to commit a felony; being engaged in an illegal occupation or activity; injuring oneself intentionally or attempting or committing suicide, whether sane or not; active participation in a riot, insurrection, or terrorist activity. This does not include civil commotion or disorder; injury as an innocent bystander; or injury for self-defense; participating in war or any act of war, whether declared or undeclared; combat or training for combat while serving in the armed forces of any nation or authority, including the National Guard, or similar government organizations; voluntary use of or treatment for voluntary use of any prescription or non-prescription drug, alcohol, poison, tumor, or other chemical substance unless taken as prescribed or directed by the Insured's Physician; being intoxicated; and a Date of Diagnosis that occurs while an Insured is legally incarcerated in a penal or correctional institution.

Additionally, no benefits will be paid for a Date of Diagnosis that occurs prior to the Coverage Effective Date.

End of employee coverage

If you choose to cancel your coverage your coverage ends on the first of the month following the date you provide notification to your employer. Otherwise, your coverage ends on the earliest of the: date this policy is canceled by Unum or your employer; date you are no longer in an eligible group; date your eligible group is no longer covered; date of your death; last day of the period any required premium contributions are made; or last day you are in active employment.

However, as long as premium is paid as required, coverage will continue in accordance with the Continuation of your Coverage during Absences provision or if you elect to continue coverage for you, your Spouse, and Children under Portability of Critical Illness Insurance.

Unum will provide coverage for a payable claim that occurs while you are covered under this certificate.

THIS INSURANCE PROVIDES LIMITED BENEFITS. This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete definitions of coverage and availability, please refer to Certificate Form GOC16-1 or contact your Unum representative.

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ACCIDENT PLAN SUMMARY

NEW FOR 2021, Decker has enhanced the Accident Plan. Please see the details below. The new Unum Accident plan has lower rates with a similar plan design! **If you are currently enrolled in the 2020 Accident plan, you will be automatically rolled over to the new plan in the same tier.** If already enrolled, you do not need to take action unless you want to add dependents, drop or make changes to your coverage elections. Please call UNUM with questions at 1-800-635-5597.



Accident Insurance

can pay you money for covered accidental injuries and their treatment.

How does it work?

Accident Insurance can pay a set benefit amount based on the type of injury you have and the type of treatment you need. It covers accidents that occur off the job. And it includes a range of incidents, from common injuries to more serious events.

Why is this coverage so valuable?

- It can help you with out-of-pocket costs that your medical plan doesn't cover, like co-pays and deductibles.
- You're guaranteed base coverage, without answering health questions.
- The cost is conveniently deducted from your paycheck.
- You can keep your coverage if you change jobs or retire. You'll be billed directly.

What's included?

Be Well Benefit

Every year, each family member who has Accident coverage can also receive \$50 for getting a covered Be Well Benefit screening test, such as:

- Annual exams by a physician include sports physicals, well-child visits, dental and vision exams
- Screenings for cancer, including pap smear, colonoscopy
- Cardiovascular function screenings
- Screenings for cholesterol and diabetes
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

Who can get coverage?

You	If you're actively at work*
Your spouse	Can get coverage as long as you have purchased coverage for yourself.
Your children	Dependent children from birth until their 26th birthday, regardless of marital or student status.

*Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage. Spouses and dependent children must reside in the United States to receive coverage.

How much does it cost?

Your weekly premium	Option 1
You	\$2.27
You and your spouse	\$4.11
You and your children	\$6.08
Family	\$7.92

Active employment: You are considered in active employment if, on the day you apply for coverage, you are being paid regularly for the required minimum 30 hours each week and you are performing the material and substantial duties of your regular occupation. Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective. New employees have a 90 day waiting period to be eligible for coverage. Please contact your plan administrator to confirm your eligibility date.
If enrolling, and eligible for Medicare (age 65+, or disabled) the Guide to Health Insurance for People with Medicare is available at www.medicare.gov/Pubs/pdf/02110-Medicare-Medigap-guide.pdf





ACCIDENT PLAN SUMMARY

Accident Insurance – Schedule of Benefits

Accidental Death and Dismemberment

AD&D	
Employee	\$50,000
Spouse	\$25,000
Children	\$12,500
Common Carrier	
Benefit can pay if the Insured Individual is Injured as a fare-paying passenger on a common carrier (examples include mass transit trains, buses and planes)	
Employee	\$50,000
Spouse	\$25,000
Children	\$12,500
Dismemberment	
Both Feet	\$50,000
Both Hands	\$50,000
One Foot	\$25,000
One Hand	\$25,000
Thumb and Index Finger of the same Hand	\$12,500
Cornia	
Cornia	\$10,000
Loss of Use	
Hearing	\$25,000
Sight of one Eye	\$25,000
Sight of both Eyes	\$50,000
Speech	\$25,000
Paralysis	
Uniplegia	\$12,500
Hemi/Paraplegia	\$25,000
Triplegia	\$37,500
Quadriplegia	\$50,000
Hospitalization	
Admission	\$1,000
Admission – Hospital ICU	\$1,500
Daily Stay (amount)	\$200
Daily Stay – Hospital ICU (amount)	\$400
Short Stay	
Injury	
Burns	
2nd Degree Burns - At least 5%, but less than 20% of skin surface	\$500
2nd Degree Burns - 20% or greater of skin surface	\$1,000
3rd Degree Burns - Less than 5% of skin surface	\$2,000
3rd Degree Burns - At least 5%, but less than 20% of skin surface	\$5,000
3rd Degree Burns - 20% or greater of skin surface	\$10,000

Injury

Concussion	
Concussion	\$200
Connective Tissue Damage	
One Connective Tissue (tendon, ligament, rotator cuff, muscle)	\$90
Two or more Connective Tissues (tendon, ligament, rotator cuff, muscle)	\$150
Dislocations	
Knee joint (other than patella)	\$1,650
Ankle bone or bones of the foot (other than toes)	\$1,650
Hip joint	\$3,375
Collarbone (sternoclavicular)	\$825
Elbow joint	\$500
Hand (other than Fingers)	\$500
Lower jaw	\$500
Shoulder	\$500
Wrist joint	\$500
Collarbone (acromioclavicular and separation)	\$325
Finger or Toe (Digit)	\$150
Kneecap (patella)	\$500
Incomplete Dislocation - Payable as a % of the applicable Dislocations benefit	25%
Eye Injury	
Eye Injury	\$200
Fractures	
Skull (except bones of Face or Nose), Depressed	\$4,500
Hip or Thigh (femur)	\$3,375
Skull (except bones of Face or Nose), Non-depressed	\$2,250
Vertebrae, body of (other than Vertebral Processes)	\$1,350
Leg (mid to upper tibia or fibula)	\$1,350
Pelvis	\$1,350
Bones of the Face or Nose (other than Lower Jaw, Mandible or Upper Jaw, Maxilla)	\$675
Upper Arm between Elbow and Shoulder (humerus)	\$675
Upper Jaw, Maxilla (other than alveolar process)	\$675
Ankle (lower tibia or fibula)	\$450
Collarbone (clavicle, sternum) or Shoulder Blade (scapula)	\$450
Foot or Heel (other than Toes)	\$450

Injury

Forearm (olecranon, radius, or ulna), Hand, or Wrist (other than Fingers)	\$450
Kneecap (patella)	\$450
Lower Jaw, Mandible (other than alveolar process)	\$450
Vertebral Processes	\$450
Rib	\$450
Tailbone (coccyx), Sacrum	\$450
Finger or Toe (Digit)	\$225
Chip Fracture - Payable as a % of the applicable Fractures benefit	25%
Same bone maximum Incurred per accident	1 Fracture
Maximum payable multiplier for multiple bones	2 Times
Internal Injuries	
Internal Injuries	\$200
Lacerations	
No Repair	\$50
Repair Less than 2 Inches	\$150
Repair At least 2 Inches but less than 6 Inches	\$300
Repair 6 Inches or greater	\$600
Loss of a Digit	
One Digit (other than a Thumb or Big Toe)	\$750
One Digit (a Thumb or Big Toe)	\$1,125
Two or more Digits	\$1,500
Knee Cartilage	
Knee Cartilage (Meniscus) Injury	\$150
Ruptured or Herniated Disc	
One Disc	\$150
Two or more Discs	\$250
Recovery	
At-Home Care	\$100
Physician Follow-Up Visits	\$75
Physician Follow-Up Maximum Visits	2 Visits
Prescription Drug	\$25
Prescription Benefit Incidence per covered accident	1 Per Insured
Rehabilitation or Subacute Rehabilitation Unit	\$100
Therapy Services (chiro, speech, PT, occ)	\$20
Therapy Services Maximum Days	15 Days
Surgery	
Dislocations	



ACCIDENT PLAN SUMMARY

Accident Insurance – Schedule of Benefits cont.

Surgery		Treatment	
Dislocation, Surgical Repair - Payable as a % of the applicable Injury benefit	100%	Tier 2 (bedside commode, cold therapy system, crutches)	\$100
Anesthesia		Tier 3 (back brace, body jacket, continuous passive movement, electric scooter)	\$200
Epidural or Regional Anesthesia	\$100	Emergency Dental Repair	
General Anesthesia	\$250	Dental Crown	\$350
Connective Tissue		Dental Extraction	\$115
Exploratory without Repair	\$100	Filling or Chip Repair	\$90
Repair for One Connective Tissue	\$800	Imaging	
Repair for Two or more Connective Tissues	\$1,200	Tier 1: X-rays or Ultrasound	\$50
Eye Surgery		Tier 2: Bone Scan, CAT, CT, EEG, MR, MRA, or MRI	\$200
Eye Surgery, Requiring Anesthesia	\$300	Medical Imaging Incidence allowance covered accident per Tier	1 Per Insured Per Tier
Fractures		Lodging	
Fractures, Surgical Repair - Payable as a % of the applicable Injury benefit	100%	Lodging (per night)	\$150
Surgical Repair same bone maximum Incurred per accident	1 Fracture	Prosthetic Device	
Surgical Repair same bone maximum payable multiplier for multiple bones	2 Times	One Device or Limb	\$750
General Surgery		Two or more Devices or Limbs	\$1,500
Abdominal, Thoracic, or Cranial	\$1,500	Skin Grafts	
Exploratory	\$150	For Burns - Payable as a % of the applicable Burn benefit	50%
Incidence per covered accident	1 Per Insured	Not Burns - Less than 20% of skin surface	\$250
Hernia Surgery		Not Burns - 20% or greater of skin surface	\$500
Hernia Surgery	\$150	Treatment	
Knee Cartilage		Emergency Room Treatment	\$100
Knee Cartilage (Meniscus) Exploratory without Repair	\$150	Injections to Prevent or Limit Infection (tetanus, rabies, antivenom, immune globulin)	\$50
Knee Cartilage (Meniscus) with Repair	\$750	Pain Management Injections (epidural, cortisone, steroid)	\$100
Outpatient Surgical Facility		Transfusions	\$400
Outpatient Surgical Facility	\$300	Transportation (per trip)	\$100
Ruptured or Herniated Disc Surgery		Treatment in a Physician's Office or Urgent Care Facility (Initial)	\$75
Exploratory without Repair	\$125		
One Disc	\$675		
Two or more Discs	\$1,000		
Treatment			
Ambulance			
Air	\$1,500		
Ground	\$400		
Durable Medical Equipment			
Tier 1 (arm sling, cane, medical ring cushion)	\$50		



ACCIDENT PLAN SUMMARY

Accident Insurance

See Schedule of Benefits for a complete listing of what is covered.

Effective date of coverage

Coverage becomes effective on the first day of the month in which payroll deductions begin.

Exclusions and limitations

We will not pay benefits for a claim that is caused by, contributed to by, or occurs as the result of any of the following:

- committing or attempting to commit a felony;
- being engaged in an illegal occupation or activity;
- injuring oneself intentionally or attempting or committing suicide, whether sane or not;
- active participation in a riot, insurrection, or terrorist activity. This does not include civil commotion or disorder, injury as an innocent bystander, or injury for self-defense;
- participating in war or any act of war, whether declared or undeclared;
- combat or training for combat while serving in the armed forces of any nation or authority, including the National Guard, or similar government organizations;
- a Covered Loss that occurs while an Insured is legally incarcerated in a penal or correctional institution;
- elective procedures, cosmetic surgery, or reconstructive surgery unless it is a result of trauma, infection, or other diseases;
- an occupational injury.

- any Sickness, bodily infirmity, or other abnormal physical condition or Mental or Nervous Disorders, including diagnosis, treatment, or surgery for it;
- Infection. This exclusion does not apply when the infection is due directly to a cut or wound sustained in a Covered Accident;
- experimental or investigational procedures;
- operating any motorized vehicle while intoxicated;
- operating, learning to operate, serving as a crew member of any aircraft or hot air balloon, including those which are not motor-driven, unless flying as a fare paying passenger;
- jumping, parachuting, or falling from any aircraft or hot air balloon, including those which are not motor-driven;
- travel or flight in any aircraft or hot air balloon, including those which are not motor-driven, if it is being used for testing or experimental purposes, used by or for any military authority, or used for travel beyond the earth's atmosphere; practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received;
- riding or driving an air, land or water vehicle in a race, speed or endurance contest; and
- engaging in hang-gliding, bungee jumping, sail gliding, parasailing, parakiting, or BASE jumping.

The Accidental Death and Dismemberment Benefits are also subject to the following Exclusions. We will not pay benefits for a claim that is caused by, contributed to by, or resulting from any of the following:

- being intoxicated; and
- voluntary use of or treatment for voluntary use of any prescription or non-prescription drug, intoxicant, poison, fume, or other chemical substance unless taken as prescribed or directed by the Insured's Physician

Additionally, no benefits will be paid for a Covered Loss that occurs prior to the Coverage Effective Date.

Termination of employee coverage

If you choose to cancel your coverage your coverage ends on the first of the month following the date you provide notification to your employer. Otherwise, your coverage ends on the earliest of the:

- the date this policy is canceled by Unum or your employer;
- the date you are no longer in an eligible group;
- the date your eligible group is no longer covered;
- the date of your death;
- the last day of the period any required premium contributions are made;
- the last day you are in active employment.

However, as long as premium is paid as required, coverage will continue

- in accordance with the Continuation of your Coverage during Absences provision; or
- if you elect to continue coverage for you, your Spouse, and Children under Portability of Accident Insurance.

We will provide coverage for a Payable Claim that occurs while you are covered under this certificate

Accident Insurance

THIS IS A LIMITED BENEFITS POLICY

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form GAP16-1 et al. or contact your Unum representative.

Unum complies with state civil union and domestic partner laws when applicable.

Underwritten by:

Unum Insurance Company, Portland, Maine

Unum complies with state civil union and domestic partner laws when applicable.

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EMPLOYEE ASSISTANCE PROGRAM

Employees and their families have access to this Employee Assistance Program at no-cost! Please read below for more details are this robust program!

Help, when you need it most

With your Employee Assistance Program and Work/Life Balance services, confidential assistance is as close as your phone or computer.



Always by your side

- Expert support 24/7
- Convenient website
- Short-term help
- Referrals for additional care
- Monthly webinars
- Medical Bill Saver™
— helps you save on medical bills



Who is covered?

Unum's EAP services are available to all eligible employees, their spouses or domestic partners, dependent children, parents and parents-in-law.



Employee Assistance Program — Work/Life Balance

Toll-free 24/7 access:

- 1-800-854-1446
(multilingual)
- www.unum.com/lifebalance



Turn to us, when you don't know where to turn.

Employee Assistance Program (EAP)

Your EAP is designed to help you lead a happier and more productive life at home and at work. Call for confidential access to a Licensed Professional Counselor[®] who can help you.

A Licensed Professional Counselor can help you with:

- Stress, depression, anxiety
- Family and parenting problems
- Relationship issues, divorce
- Anger, grief and loss
- Job stress, work conflicts
- And more

Work/Life Balance

You can also reach out to a specialist for help with balancing work and life issues. Just call and one of our Work/Life Specialists can answer your questions and help you find resources in your community.

Ask our Work/Life Specialists about:

- Child care
- Financial services, debt management, credit report issues
- Elder care
- Even reducing your medical/dental bills!
- Legal questions
- And more
- Identity theft

Help is easy to access:

- **Online/phone support:** Unlimited, confidential, 24/7.
- **In-person:** You can get up to 3 visits available at no additional cost to you with a Licensed Professional Counselor. Your counselor may refer you to resources in your community for ongoing support.



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 90 days of service), we'll get everything started for you. Unless you make your own selections, 2% 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 \$19,500, the maximum the IRS allows in 2021. 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 2021.

Does Decker Truck Line make any contributions? For every dollar you put in the plan, your employer will contribute \$.30, 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 wellsfargo.com. Once you are in your account you will need to change your contribution percentage to 0% or contact the Retirement Service Center at 1-800-728-3123.

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.

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 1-800-728-3123 for a free 15-minute retirement consultation with a retirement service representative. Your plan offers the Wells Fargo 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 wellsfargo.com. After selecting your plan name, go to the **Actions and Investments** tab in the top navigation bar, select **Advisory Services**, then **Retirement Investment Advice**.

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: wellsfargo.com - To get started, select **Enroll** at the top of the page to register for online access, or if you have other Wells Fargo accounts that you access online, sign on using the same username and password you use for those accounts. After registering, select your retirement plan name from the Account Summary and view your online retirement plan Dashboard.

Call us: 1-800-SAVE-123 (1-800-728-3123) - To access your account by phone, you'll need your Social Security number (SSN) and your personal identification number (PIN), which is initially the last four digits of your SSN. You'll be required to change your PIN the first time you call. Representatives are also available to answer questions or help you make changes to your account Monday through Friday from 6:00 a.m. to 10:00 p.m. Central Time.

COMPANY DRIVER SCORECARD BONUS PROGRAM

YOU CAN EARN UP TO AN ADDITIONAL
\$0.05 PER MILE EACH MONTH BASED ON
YOUR SCORECARD AND SMARTDRIVE SCORE



THE POINT BREAKDOWN:

825 to 899 Points = \$0.01 per mile

900 to 949 Points = \$0.02 per mile

950 to 999 Points = \$0.03 per mile

1000 Points = \$0.04 per mile

* Plus \$0.01 per mile for SmartDrive score.

DRIVER SCORECARDS ARE BASED ON THE FOLLOWING CRITERIA:

HOW THE DRIVER SCORECARD BONUS IS PAID:

• Driver Scorecards are available on the 10th of each month starting February 10, 2018. View your Scorecard on the Transflo/Pegasus App or ask your Fleet Manager.

• Bonuses are paid as close to the 15th of the month as possible, based on your Scorecard balance from the previous month.

* SMARTDRIVE SCORE – \$0.01 per mile bonus will be paid to all Drivers with a score of 20 points or less. (You must have an inward facing event recorder turned on to qualify for this bonus.)

1. FUEL COMPLIANCE – Total Points 50

75% to 79% 10 Points

80% to 84% 20 Points

85% to 89% 30 Points

90% to 94% 40 Points

95% to 100% 50 Points

3. MILES – Total Points 150

See your Fleet Manager for your Division's mileage breakdown.

4. CLAIMS – Total Points 100

All 100 points will be forfeited for any Driver-related claim.

5. SERVICE FAILURES – Total Points 100

All 100 points will be forfeited for any Driver-related service failure.

2. IDLE – Total Points 200

<=5% 200 Points

5% to 8% 150 Points

8% to 11% 100 Points

11% to 15% 50 Points

>=15% 0 Points

6. PREVENTABLE ACCIDENTS – Total Points 200

All 200 points will be forfeited for any preventable accident.

7. CSA VIOLATIONS – Total Points 200

All 200 points will be forfeited for any Driver-related CSA violation.



ANNUAL REQUIRED NOTICES

Decker Truck Line, Inc.

Health Law Notices

Michelle's Law Notice

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

Benefits During Family Medical Leave

Assuming the Plan Administrator meets certain criteria during the preceding calendar year, the Plan will comply with the Family and Medical Leave Act (FMLA) of 1993 as amended, which provides benefit continuation rights during an approved medical leave of absence. If the Plan Administrator is subject to the law, an employee and any dependents covered under a health benefit plan may be eligible to continue the coverage under that plan for a certain period of time. Any employer contributions made under the terms of the Plan shall continue to be made on behalf of such employee electing to maintain coverage while on FMLA leave. An employee on FMLA leave must make any applicable contributions to maintain coverage. To the extent required under the FMLA and in accordance with procedures established by the Plan Administrator such employee contributions may be payable:

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

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

Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA)

Under USERRA, an employer is required to offer COBRA-like continuation of coverage to covered employees in the uniformed services if their absence from work during military duty would result in a loss of coverage as a result of such active duty. The maximum length of USERRA continuation of coverage is the lesser of 24 months beginning on the date of the employee's departure, or the period beginning on the date of the employee's departure and ending on the date on which the employee failed to return from active duty or apply for reemployment within the time allowed by USERRA. If an employee elects to continue coverage pursuant to USERRA, such employee, and any covered dependents, will be required to pay up to 102% of the full premium for coverage elected. For military leaves of 30 days or

less, the employee is not required to contribute more than the amount he or she would have paid as an active employee. Continued coverage under this provision pursuant to USERRA will reduce any coverage continuation provided under COBRA Continuation.

Premium Assistance Under Medicaid and The Children's Health Insurance Program (CHIP) – Applies to Group Health Plans Only

If an Employee or an Employee's children are eligible for Medicaid or CHIP and are eligible for health coverage from an employer, the state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If the Employee or his/her children are not eligible for Medicaid or CHIP, they will not be eligible for these premium assistance programs but they may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov. If an Employee or his/her dependents are already enrolled in Medicaid or CHIP and they live in a State listed below, 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 (1-877-543-7669) or go to 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, 2019.**

Contact the respective State for more information on eligibility –

ALABAMA – Medicaid

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

ALASKA – Medicaid

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

ARKANSAS – Medicaid

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

COLORADO – Medicaid and CHIP

Medicaid Website: <https://www.healthfirstcolorado.com/>
Medicaid Phone: 1-800-221-3943/State Relay 711
CHIP Website: <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>
CHIP Phone: 1-800-359-1991/State Relay 711

FLORIDA – Medicaid

Website: <http://flmedicaidprecovery.com/hipp/>
Phone: 1-877-357-3268

GEORGIA – Medicaid

Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 1-678-564-1162 ext. 2131

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64
Website: <http://www.in.gov/fssa/hip/>
Phone: 1-877-438-4479
All other Medicaid
Website: <http://www.indianamedicaid.com>
Phone: 1-800-403-0864

IOWA – Medicaid

Website: <http://dhs.iowa.gov/Hawki>
Phone: 1-800-257-8563

KANSAS – Medicaid

Website: <http://www.kdheks.gov/hcf/>
Phone: 1-785-296-3512

KENTUCKY – Medicaid

Website: <https://chfs.ky.gov>
Phone: 1-800-635-2570

LOUISIANA – Medicaid

Website: <http://dhh.louisiana.gov/index.cfm/subhome/1/n/331>
Phone: 1-888-695-2447

MAINE – Medicaid

Website: <http://www.maine.gov/dhhs/ofi/public-assistance/index.html>
Phone: 1-800-442-6003
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <http://www.mass.gov/eohhs/gov/departments/masshealth/>
Phone: 1-800-862-4840

MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/people-we-serve/seniors/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: 1-573-751-2005

MONTANA – Medicaid

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

NEBRASKA – Medicaid

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

NEVADA – Medicaid

Medicaid Website: <https://dhcfs.nv.gov>
 Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

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

NEW JERSEY – Medicaid and CHIP

Medicaid Website:
<http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
 Medicaid Phone: 1-609-631-2392
 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: 1-919-855-4100

NORTH DAKOTA – Medicaid

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

OKLAHOMA – Medicaid and CHIP

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

OREGON – Medicaid

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

PENNSYLVANIA – Medicaid

Website:
<http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm>
 Phone: 1-800-692-7462

RHODE ISLAND – Medicaid and CHIP

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

SOUTH CAROLINA – Medicaid

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

SOUTH DAKOTA – Medicaid

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

TEXAS – Medicaid

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

UTAH – Medicaid and CHIP

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

VERMONT – Medicaid

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

VIRGINIA – Medicaid and CHIP

Medicaid Website:
http://www.coverva.org/programs_premium_assistance.cfm
 Medicaid Phone: 1-800-432-5924
 CHIP Website:
http://www.coverva.org/programs_premium_assistance.cfm
 CHIP Phone: 1-855-242-8282

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>
 Phone: 1-800-562-3022 ext. 15473

WEST VIRGINIA – Medicaid

Website: <http://mywvhipp.com/>
 Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website:
<https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf>
 Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://wyequalitycare.acs-inc.com/>
 Phone: 1-307-777-7531

To see if any other States have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

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

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

Important Disclosures**Women’s Health and Cancer Rights Act of 1998**

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

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

Coverage for reconstructive breast surgery may not be denied or reduced on the ground that it is cosmetic in nature or that it otherwise does not meet the coverage definition of “medically necessary.” Benefits will be provided on the same basis as for any other illness or injury under the Plan. Coverage for breast reconstruction and related services will be subject to applicable deductibles, co-payments and coinsurance amounts that are consistent with those that apply to other benefits under the Plan.

Maternity Coverage Length of Hospital Stay

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

Medical Child Support Orders

A Component Benefit Plan must recognize certain legal documents presented to the Plan Administrator by participants or their representatives. The Plan Administrator may be presented court orders which require child support, including health benefit coverage. The Plan Sponsor must recognize a Qualified Medical Child Support Order (QMCSO), within the meaning of ERISA section 609(a)(2)(B), under any Component Benefit Plan providing health benefit coverage. A QMCSO is a state court or administrative agency order that requires an employer’s medical plan to provide benefits to the child of an employee who is covered, or eligible for coverage, under the employer’s plan. QMCSOs usually apply to a child who is born out of wedlock or whose parents are divorced. If a QMCSO applies, the employee must pay for the child’s medical coverage and will be required to join the Plan if not already enrolled. The Plan Administrator, when receiving a QMCSO, must promptly notify the employee and the child that the order has been received and what procedures will be used to determine if the order is “qualified.” If the Plan Administrator determines the order is qualified and the employee must provide coverage for the child pursuant to the QMCSO, contributions for such coverage will be deducted from the employee’s paycheck in an amount necessary to pay for such coverage. The affected employee will be notified once it is determined the order is qualified. Participants and beneficiaries can obtain a copy of the procedure governing QMCSO determinations from the Plan Administrator without charge.

New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

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

What is the Health Insurance Marketplace?

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

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

Individuals may qualify to save money and lower monthly premiums, but only if their employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on premiums depends on household income.

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

Yes. If the Employee has an offer of health coverage from his/her employer that meets certain standards, they will not be eligible for a tax credit through the Marketplace and may wish to enroll in their employer's health plan. However, an individual may be eligible for a tax credit that lowers their monthly premium, or a reduction in certain cost-sharing if their employer does not offer coverage at all or does not offer coverage that meets certain standards. If the cost of a plan from an employer that would cover the Employee (and not any other members of their family) is more than 9.56% of household income for the year, or if the coverage the employer provides does not meet the "minimum value" standard set by the Affordable Care Act, the Employee may be eligible for a tax credit. * Note: If a health plan is purchased through the Marketplace instead of accepting health coverage offered by an employer, then the Employee may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution - as well as the employee contribution to employer-offered coverage - is often excluded from income for Federal and State income tax purposes. Any Employee payments for coverage through the Marketplace are made on an after-tax basis.

How Can Individuals Get More Information?

For more information about coverage offered by the Employer, please check the summary plan description or contact Human Resources. The Marketplace can help when evaluating coverage options, including eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance

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

Special Enrollment Periods

Special Enrollment Rights – If an employee declines enrollment for him/herself or for their dependents (including their spouse) because of other health insurance coverage, they may be able to enroll him/herself or their dependents in this Plan in the future, provided they request enrollment within 30 days after their other coverage ends. Coverage will begin under this Plan on the day of event if the form is returned within 30 days of event. 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. Coverage will become effective retroactive to the date of the marriage, birth, adoption, or placement for adoption. The plan does not permit mid-year additions of coverage except for newly eligible persons and special enrollees.

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

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

HIPAA Notice of Privacy Practices

Effective Date: March 1, 2013

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

HIPAA Notice of Privacy Practices

The Decker Truck Line, Inc. Group Health Plan (the "Plan"), which includes medical, dental, flex, 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 Avenue South, Fort Dodge, IA 50501, 1-515-576-4141 x2313 or x2350.

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 Avenue South, Fort Dodge, IA 50501, 1-515-576-4141 x2313 or x2350. 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 Avenue South, Fort Dodge, IA 50501, 1-515-576-4141 x2313 or x2350. 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 Avenue South, Fort Dodge, IA 50501, 1-515-576-4141 x2313 or x2350. 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 Avenue South, Fort Dodge, IA 50501, 1-515-576-4141 x2313 or x2350. 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 Avenue South, Fort Dodge, IA 50501, 1-515-576-4141 x2313 or x2350 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 Avenue South, Fort Dodge, IA 50501, 1-515-576-4141 x2313 or x2350. 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: 10/1/2020

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 x2313 or x2350

Important Notice from Decker Truck Line, Inc. About Your Prescription Drug Coverage and Medicare (Non-Creditable Coverage)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with 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. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. 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, NOT expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your coverage is considered Non-Creditable Coverage. This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage from the Decker Truck Line, Inc. high deductible health

plan. This also is important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.

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

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you decide to drop your current coverage with Decker Truck Line, Inc., since it is employer/union sponsored group coverage, you will be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan; however you also may pay a higher premium (a penalty) because you did not have creditable coverage under the Decker Truck Line, Inc. high deductible health plan.

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

Since the coverage under the Decker Truck Line, Inc. high deductible health plan, is not creditable, depending on how long you go without creditable prescription drug coverage you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription

drug coverage that's creditable, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (penalty) as long as you have Medicare prescription drug coverage.

In addition, you may have to wait until the following October to join. **What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your current 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.

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).

Date: 10/1/2020

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 x2313 or x2350

