

*McElroy*

**Truck Lines, Inc.**



**2024 EMPLOYEE BENEFIT GUIDE**

Information presented in the guide does not cover all the details and limitations for the plans. Additional information is found in each plans Summary Plan Booklets. The legal plan documents and master insurance policies are the final authority in determining benefits. McElroy Truck Lines reserves the right to amend its plans from time to time and has the right at any time to terminate any plan or benefit. Participation in the plan described does not constitute any contract of employment.

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# Introducing Your 2024 Employee Benefits Package

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McElroy Truck Lines, Inc. is committed to providing our employees with a benefits program that is both comprehensive and competitive. Our program offers a broad range of plan options to meet the needs of our workforce. We know that your benefits are important to you and your family. This program is designed to assist you in providing for the health, well-being and financial security of you and your covered dependents. Helping you understand the benefits McElroy offers is important to us and that is why we have created this Employee Benefits Guide.

## Things to know for 2024:

- We encourage you to schedule preventive checkups with your physician. Beginning January 1, 2024, the office visit copay will be waived for preventive services.
- Due to inflation, medical premiums are increasing 5% .
- We are excited to announce the addition of a Hospital Indemnity Policy through Unum. This type of plan pays you a lump sum benefit if admitted to the hospital. Please see page 17 for information.
- The IRS is expected to increase the maximum annual FSA contribution amount to \$3,200 and the maximum roll-over amount to \$640.
- Teladoc can now be used for dermatology visits.



## Benefits Guide Overview

This guide provides a general overview of your benefit choices to help you select the coverage that is right for you. Be sure to make choices that work to your best advantage. Of course with choice, comes responsibility and planning, so please take time to read and understand the benefit plan and enroll on time. Included in this guide are summary explanations of the benefits and costs, as well as contact information for each provider.

It is important to remember that only those benefit programs for which you are eligible and have enrolled in apply to you. We encourage you to review each section and to discuss your benefits with your family members. This guide is not an employee/employer contract. It is not intended to cover all provisions of all plans but rather is a quick reference to help answer your questions. Please see your Summary Plan Description for complete details for each plan. We hope this guide will give you a clear explanation of your benefits and help you be better prepared for the enrollment process.

# Benefits Eligibility

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## When Benefits Begin

All active full-time employees working a minimum of 30 hours per week are eligible to enroll in the benefit plans. Eligible employees may also enroll eligible dependents in some of the same benefit plans. Benefits are effective the 1<sup>st</sup> of the month following 60 days of employment for new hires.

# Change in Status

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Coverage elections made at open enrollment cannot be changed until the next annual open enrollment period. The only exceptions to this are the IRS Section 125 Rule and HIPAA Special Enrollment Rights if you experience a “Family status change.” A family status change allows you to make a change to your benefit elections **within thirty days of the event**.

Examples of family status changes include, but are not limited to:

- Marriage
- Divorce or legal separation
- Birth, adoption or legal custody of a dependent child
- Involuntary loss of other group insurance coverage
- Spouse’s open enrollment
- Death

**If you have a qualified status change, you must contact the Benefits Department at 205-392-5579, ext. 159 within 30 days of the event to make changes to your benefit elections.**

# Annual Enrollment

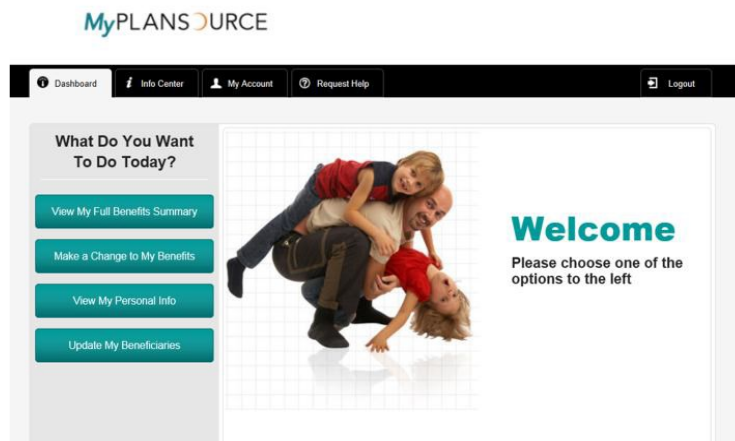
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You have an opportunity on an annual basis to make changes to your benefit elections. We are excited to offer online enrollment through PlanSource (login details are provided on the following page).

**Benefits elected during this annual enrollment period are effective January 1**

# PlanSource — Online Enrollment

Use the following instructions to access the enrollment site, login and enroll for your 2024 benefits.



## Step 1: Log In

<https://benefits.plansource.com>

**USERNAME:** Your user name is the following: the first initial of your first name, up to the first six characters of your last name, and the last four of your SSN. For example: If your name is Jack Anderson and the last four of your SSN is 1234, your user name would be **janders1234**.

**PASSWORD:** Your birthdate in YYYYMMDD format. For example: If your birthdate is August 14, 1962, your password would be **19620814**. At initial login, you will be prompted to change your password.

You will maintain your password to access the site throughout the year. Keep it in a safe place. If you have difficulty logging on, please click “forgot password” to reset your password. If you are still having difficulty, please contact Human Resources to have your password reset.

## Step 2: Launch Enrollment

Click on “**Make a Change to My Benefits**” to begin. If you are a new hire, this link will say “**New Hire-Enroll**” and during annual enrollment it will say “**Enroll-Annual.**”

## Step 3: Enroll in Benefits

Follow the enrollment through each step of the enrollment process from top to bottom.

In making your elections, choose the plan option of your choice or select the “Decline” option and then select “Continue” after each election has been made until you reach the confirm page.

## Step 4: Confirm Enrollment Selections

Once you complete all coverage elections, you will land on the Confirmation Statement. Click the “Confirm Enrollment” button at the bottom of the page to complete your enrollment process. Once you “Confirm” your enrollment, changes cannot be made. Contact your Human Resources department if you need to change anything.

# Medical and Prescription Drug Plans

Our medical plan will continue to be administered by UMR, a United Healthcare Company. UMR processes your health claims, making sure they are handled quickly and accurately. UMR even has medical professionals on staff who can help coordinate your care if you are in the hospital or are dealing with a chronic health condition.

Please continue to select providers within the National Choice Plus Network, a United Healthcare PPO. When you choose to utilize an in-network PPO Health Care provider, you will pay less for services.

Dependents are eligible: Legal Spouse and children (under age 26)

## Get your medical answers quick @ umr.com

- Check your benefits and see what medical services are covered
- Look up what you owe and how much you've paid
- Find a doctor in your network
- Learn about medical conditions and your treatment options
- Access tools and trusted resources to help live a healthier life
- Ask UMR a question using the site's Contact Us email service

## How to Contact UMR:

- Visit your password-protected online benefit service via the login at **umr.com**. It's a fast, convenient way to get information and access services and resources provided with your benefit plan.
- Look for the Customer First service number on your ID card. Our UMR team is ready to help. You will also find PPO contact information on your benefit plan ID Card.



## Get your prescription drug questions answered

RXBenefits is your Pharmacy Benefits Optimizer partnered with Express Scripts to bring you greater discounts, better access and improved member services. They are equipped to help you, your pharmacy and your physician with questions such as:

- How do I start using Mail Order for my medications?
- Is my drug or pharmacy covered?
- How do I get a Prior Authorization completed?
- Can you assist me with general benefits questions?

**Contact Member Services: 800-334-8134 or  
email [customercare@rxbenefits.com](mailto:customercare@rxbenefits.com)**



# Gold Plan

Summary of Benefits	Gold In-Network	Gold Out-of-Network
<b>Calendar Year Deductible: Once a member meets the individual deductible, the coinsurance begins (maximum of 3 individual deductibles per family)</b>		
Individual Deductible	\$1,000	\$3,000
Family Deductible	\$3,000	\$9,000
<b>Out-of-Pocket Maximum (OPM) : Once a member meets the individual OPM, the plan pays 100% (maximum of 3 individual OPM per family)</b>		
Individual OPM In-Network	\$2,000 (excluding calendar year deductible)	\$4,000 (excluding calendar year deductible)
Family OPM In-Network	\$6,000 (excluding calendar year deductible)	\$12,000 (excluding calendar year deductible)
<b>Hospital Services</b>		
Inpatient Hospital Facility (Includes Inpatient Maternity Coverage)	Covered at 80% subject to calendar year deductible	Covered at 50% subject to calendar year deductible
Emergency Room	\$250 copay per visit	\$250 copay per visit
<b>Out Patient Procedures</b>		
Outpatient Surgery	Covered at 80% subject to calendar year deductible	Covered at 50% subject to calendar year deductible
Diagnostic Lab, X-ray, Pathology, Dialysis, IV Therapy,		
<b>Physician Office Visits</b>		
Office Visits to Non-Specialist	\$30 copay for primary care	Covered at 50% subject to calendar year deductible
Office Visits to Specialist	\$60 copay for specialist care	
Teladoc - includes dermatology virtual visit	\$30 copay for primary care \$60 copay for specialist	Not covered
Preventive Care	Covered 100%, no copay	Not covered
<b>Other Covered Services</b>		
Rehabilitation Services (Cardiac, Speech, Pulmonary and	Covered at 80% subject to calendar year deductible	Covered at 50% subject to calendar year deductible
Home Health Care (Limited to 120 visits per year)		
Mental, Nervous & Substance Abuse		
<b>Prescription Drug Coverage (Including Specialty Drugs)</b>		
Deductible	\$50	\$50
Tier 1	\$10 copay	\$10 copay
Tier 2	\$40 copay	\$40 copay
Tier 3	\$60 copay	\$60 copay
Mail-Order	2x copay for 90 day supply*	2 x copay for 90 day supply*

\*31 day supply limit for Mail-Order Specialty Drugs.

Access a copy of the most current Performance Drug List at [www.Express-Scripts.com](http://www.Express-Scripts.com).



# Silver Plan

Summary of Benefits	Silver In-Network	Silver Out-of-Network
<b>Calendar Year Deductible: Once a member meets the individual deductible, the coinsurance begins (maximum of 3 individual deductibles per family)</b>		
Individual Deductible	\$1,500	\$4,000
Family Deductible	\$4,500	\$12,000
<b>Out-of-Pocket Maximum: (OPM) Once a member meets the individual OPM, the plan pays 100% (maximum of 3 individual OPM per family)</b>		
Individual OPM In-Network	\$3,500 (excluding calendar year deductible)	\$5,000 (excluding calendar year deductible)
Family OPM In-Network	\$10,500 (excluding calendar year deductible)	\$15,000 (excluding calendar year deductible)
<b>Hospital Services</b>		
Inpatient Hospital Facility (Includes Inpatient Maternity Coverage)	Covered at 75% subject to calendar year deductible	Covered at 50% subject to calendar year deductible
Emergency Room Medical Emergency		
<b>Out Patient Procedures</b>		
Outpatient Surgery	Covered at 75% subject to calendar year deductible	Covered at 50% subject to calendar year deductible
Diagnostic Lab, X-ray, Pathology, Dialysis, IV Therapy, Chemotherapy & Radiation Therapy		
<b>Physician Office Visits</b>		
Office Visits to Non-Specialist or Specialists Teladoc-includes dermatology virtual visits	Covered at 75% subject to calendar year deductible	Covered at 50% subject to calendar year deductible (Teladoc not covered)
Preventive Care	Covered 100%, no copay	Not covered
<b>Other Covered Services</b>		
Rehabilitation Services (Cardiac, Speech, Pulmonary and Physical Therapy)	Covered at 75% subject to calendar year deductible	Covered at 50% subject to calendar year deductible
Home Health Care (Limited to 120 visits per year)		
Mental, Nervous & Substance Abuse		
<b>Prescription Drug Coverage (Including Specialty Drugs)</b>		
Deductible	\$50	\$50
Tier 1	\$10 copay	\$10 copay
Tier 2	\$40 copay	\$40 copay
Tier 3	\$60 copay	\$60 copay
Mail-Order	2x copay for 90 day supply*	2 x copay for 90 day supply*

\*31 day supply limit for Mail-Order Specialty Drugs.

Access a copy of the most current Performance Drug List at [www.Express-Scripts.com](http://www.Express-Scripts.com).

# Medical and Prescription Drug Plans

## Grandfathered Health Plan Notification

This group health plan believes this plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Benefits Department at 205-392-5579 ext. 159.

You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or <http://www.dol.gov/ebsa/healthreform>. This website has a table summarizing which protections do and do not apply to grandfathered health plans. You may also contact the U.S. Department of Health and Human Services at [www.healthreform.gov](http://www.healthreform.gov).

	Gold Plan	Silver Plan
	Employee Paid Weekly Contribution	Employee Paid Weekly Contribution
<b>Employee Only</b>	\$70.20	\$0.00
<b>Employee + Spouse</b>	\$148.95	\$82.10
<b>Employee + Child(ren)</b>	\$131.40	\$66.80
<b>Family</b>	\$213.90	\$117.30



This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations, or exclusions for your plan, please consult your company's business representative.

# Flexible Spending Accounts (FSAs)

McElroy's FSA is offered through UMR, A United Healthcare Company. FSAs offer you a convenient, pre-tax way to pay for eligible health and dependent care expenses. Participation and enrollment are based on calendar year and are processed through payroll deductions. It is important to carefully estimate your annual out of pocket expenses before enrolling and budget wisely. You may carryover up to \$640 of your unused Health FSA funds to the next plan year. Any remaining balance is forfeited.

The annual maximum amount you can contribute is \$3,200. You have until March 31, 2025 to submit eligible FSA expenses incurred from January 1, 2024 through December 31, 2024. A debit card is provided so you can easily access your funds. You can use for all out-of-pocket-medical, drug and vision expenses like deductibles and copays.

## Medical Flexible Spending Account

The Medical Flexible Spending Account allows you to use tax-free money to pay for your annual deductible, coinsurance, copays, prescription drugs, and other medical, vision and dental expenses not covered by your benefit plans. A convenient debit card is provided at no additional cost to easily access the funds in your account.

### Eligible Expenses:

- Deductibles, copayments for medical and dental plans
- Coinsurance (the percentage of charge you pay)
- Amounts over Usual, Customary & Reasonable
- Prescription drug copays
- Over-the-counter drugs
- Smoking cessation prescriptions
- Eyeglasses, contact lenses, cleaning solutions
- Dental, artificial teeth/dentures

### Ineligible Expenses:

- Cosmetic services
- Teeth bleaching
- Lens replacement insurance
- Warranties
- Expenses paid by your health and dental plans
- Weight loss maintenance programs

Please refer to the summary plan description for additional exclusions and/or limitations or go online to [www.umar.com](http://www.umar.com) to obtain a list of eligible expenses.

## Dependent Care Flexible Spending Account

The Dependent Care Flexible Spending Account allows you to put aside money on a pre-tax basis to pay for eligible day care expenses.

Dependent Care expenses must be for a qualifying individual who is:

- Your dependent child under the age of 13 and lives with you for more than half the year
- Your spouse or other qualifying dependent who is physically or mentally incapable of self-care and lives with you for more than half the year.

To be eligible for reimbursement under your dependent care FSA, an expense must be incurred to enable you (and your spouse, if married) to work or look for work. For this purpose, "work" may include actively looking for work, but it does not include unpaid volunteer work or volunteer work for a nominal salary. Your spouse is considered to have worked if he or she is a full-time student for at least five calendar months during the tax year, or if your spouse is mentally or physically incapable of self-care.

2024 IRS Annual Limits	
Medical FSA	\$3,200
Dependent Care	\$5,000
If married and filing separately, for federal income tax purposes	\$2,500

# Dental Plans

McElroy offers two dental plan options through Delta Dental. Because dental health is an important part of your overall health, we have designed a Gold (Basic) Plan and a Platinum (Enhanced) Plan so that you and your family can choose whichever plan works best for you. Both plans provide great dental care at an affordable cost. They also both provide in-network and out-of-network coverage. **You receive the maximum level of benefits when you use a preferred dentist.** You can locate participating Delta Dental dentists by contacting their member services at **1-800-521-2651** or by going directly to their website, **www.deltadentalins.com**.

You may enroll a spouse to whom you are legally married or your or your spouses unmarried child who is under 19 years of age (under 25 years of age if a full-time student).

Platinum Weekly Contribution Rates		Gold Weekly Contribution Rates	
Employee Only	\$7.00	Employee Only	\$4.00
Employee + 1	\$14.00	Employee + 1	\$9.00
Family	\$22.00	Family	\$15.00



# Dental Plans

Summary of Benefits	Platinum: In-Network*	Platinum: Out-Network**	Gold: In-Network*	Gold: Out-Network**
<b>Deductible and Annual Maximums</b>				
Deductible	\$50 per person / \$150 per family each calendar year (Does not apply to Diagnostic & Preventative services)		\$50 per person / \$150 per family each calendar year (Does not apply to Diagnostic & Preventative services)	
Annual Maximums	\$1,500 per person each calendar year (Diagnostic & Preventative services count towards maximum)		\$1,000 per person each calendar year (Diagnostic & Preventative services count towards maximum)	
<b>Diagnostic &amp; Preventative Services</b>				
Exams, cleanings, x-rays, sealants	100%		90%	
<b>Basic Services</b>				
Fillings, simple tooth extraction	90%		80%	
<b>Endodontics (root canals)</b>				
Covered under Basic Services	90%		80%	
<b>Periodontics (gum treatment)</b>				
Covered under Basic Services	90%		80%	
<b>Oral Surgery</b>				
Covered under Basic Services	90%		80%	
<b>Major Services</b>				
Crowns, inlays, onlays and cast restorations, bridges, dentures and implants	60%		50%	
MPD/TMJ Benefits	60% up to a lifetime maximum of \$1,500		50% up to a lifetime maximum of \$1,500	
<b>Orthodontic Benefits (Children only)</b>				
Children	\$50 deductible		Not covered	
<b>Orthodontic Maximums</b>				
Lifetime	\$1,500		n/a	

\*Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

\*\*Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and 90<sup>th</sup> percentile of Delta Dental submitted charges for non-Delta Dental dentists (which means on average 9 out of 10 dentists will accept Delta Dental's contracted fees as payment in full).

# Vision Plan

McElroy will continue to offer a vision plan through EyeMed Vision Care for the 2024 plan year. This vision plan provides both in- and out-of-network benefits. **You will receive maximum benefits when you use a provider within the network.** You can locate a participating provider by calling member services at **866-723-0514**, or by going directly to their website, **www.eyemedvisioncare.com** and clicking “find a provider.”

Weekly Contribution Rates	
Employee Only	\$1.62
Employee + 1	\$3.09
Family	\$4.53

Summary of Benefits	In-Network	Out-of-Network
<b>Eye Exam / Refraction (1 every 12 months)</b>		
Exam	\$10 copay	\$30 allowance
<b>Lenses (1 every 12 months)</b>		
Single Vision Eyeglass Lenses	\$20 copay	\$25 allowance
Bifocal Eyeglass Lenses	\$20 copay	\$40 allowance
Trifocal Eyeglass Lenses	\$20 copay	\$60 allowance
Lenticular Eyeglass Lenses	\$20 copay	\$60 allowance
<b>Frames (1 every 12 months)</b>		
Standard Frames	\$0 copay; \$130 allowance with additional 20% off balance due	\$65 allowance
<b>Contact Lens Evaluation &amp; Fitting (1 every 12 months)</b>		
Elective	\$0 copay; \$130 allowance (15% discount for remaining balance)	\$140 allowance
Medically Necessary	\$0 copay; Paid in full	\$200 allowance
<b>Laser Vision Correction</b>		
Consultation & Surgery	Discount if services rendered by in-network provider	Not covered



# 401(K) Plan

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McElroy's 401(K) is a valuable savings opportunity for your retirement. Saving a little bit can go along way in planning for a comfortable retirement. To participate you must be at least 21 years of age and have completed at least 60 days of service as defined by the plan.

Through the convenience of payroll deduction you can contribute up to 100% of your includible compensation not to exceed \$23,000 per year. Your before tax contributions and any earnings (gains) will accumulate tax deferred until withdrawn, at which time withdrawals will be taxed as ordinary income.\*

**McElroy will make matching contributions equal to 50% of your 401(k) contribution not to exceed 6% of your eligible pay.**

You may change your contributions at any time of the year. Also, you can stop making contributions at anytime.

**Your contributions are always 100% vested**

**There are two ways to manage your account:**

1. Log into the website at:  
**[www.participant.empower-retirement.com](http://www.participant.empower-retirement.com)**

Click on the green "Register" button  
Select "I do not have a PIN" and follow the prompts

2. Call the Retirement Plan Information Line at:  
**800-338-4015**

If you are 50 years of age or older during the calendar year, you may be able to contribute up to an additional \$6,500 in 2022 into your plan as a "catch-up" contribution.



## Basic Life and AD&D Plans

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McElroy provides a Basic Life and Accidental Death & Dismemberment (AD&D) benefit to all eligible employees (regardless of your participation in the medical plan). To qualify as an eligible employee, you must be a full-time employee working at least 30 hours per week. This coverage provides insurance in the amount of \$20,000. McElroy pays 100% of the premiums.

**BE SURE TO LOGIN TO PLANSOURCE AND PROVIDE OR UPDATE YOUR BENEFICIARY INFORMATION!**

## Voluntary Life

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You may purchase additional term life insurance for you and your family at low group rates.

**Employee:** Increments of \$1,000 to a maximum of \$100,000 (cannot exceed two times annual earnings). You do not have to answer medical questions if you enroll within 60 days of your hire date. If you decide to wait and enroll at a later date, you will be required to answer medical questions to apply for coverage.

**Spouse:** Increments of \$1,000 to a maximum of \$100,000 (cannot exceed 100% of the employees elected life coverage). You must answer medical questions if the spouse election exceeds \$35,000 or you elect coverage outside of the enrollment period.

**Child(ren):** Increments of \$1,000 up to a maximum of \$10,000 (cannot exceed 100% of the employees election amount).

You cannot elect coverage for your spouse or child if you have not elected and been approved for coverage for yourself.

## Voluntary Short Term Disability (STD)

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Short Term Disability (STD) is designed to replace a portion of your income in the event you are unable to work due to an injury (non-work related injury) or accident.

The weekly benefit is 60% of your weekly income up to a maximum of \$600 per week. If approved, benefits will begin on the 15 day following an accident or injury and can continue for up to 24 weeks.

The employee cost for this plan is determined by your annual income. Please go online to the PlanSource enrollment system to see your cost.



# Critical Illness

Designed to help you offset the financial effects of a catastrophic illness with a lump sum benefit when you are diagnosed with a covered critical illness. Some of the covered conditions include (see policy for full list):

- Benign Brain Tumor
- Cancer
- Coma
- End Stage Renal (Kidney) Failure
- Heart Attack
- Major Organ Failure
- One payout available for each covered condition\*
- Annual Wellness Benefit of \$50 per insured available
- Employee coverage available up to \$50,000 (up to \$15,000 without medical questions for new hires)
- Spouse coverage available up to \$30,000 (up to \$5,000 without medical questions for new hires)
- Children automatically included at 25% of Employee Coverage Amount (at no additional cost)
- Coverage is portable

Weekly Premium per \$1,000 (includes cancer benefit)		
Issue Ages	Non-Tobacco	Tobacco
<25	\$0.14	\$0.21
25-29	\$0.15	\$0.25
30-34	\$0.19	\$0.35
35-39	\$0.27	\$0.51
40-44	\$0.38	\$0.75
45-49	\$0.52	\$1.04
50-54	\$0.68	\$1.38
55-59	\$0.90	\$1.76
60-64	\$1.15	\$2.11
65-69	\$1.29	\$2.20
70+	\$2.32	\$3.55
Wellness Benefit Premium—\$0.36 per week		

\*The diagnosis of a new covered illness must occur at least 90 days after the most recent diagnosis and be medically unrelated.



## Hospital Indemnity

Hospital Insurance helps you and your covered dependents (spouse and children) cope with the financial impacts of a hospitalization. You can receive benefits when you're admitted to the hospital for a covered accident, illness or childbirth. The money is payable directly to you, not to a hospital or care provider. This can help offset the out-of-pocket expenses your medical plan may not cover, such as co-insurance, copays and deductibles.

Hospital		
	Benefit	Maximum Days per year
Hospital Admission	\$1,000	1 day per year
ICU Admission	\$1,000	1 day per year
Hospital Daily Stay	\$100	Up to 365 days
ICU Daily Stay	\$100	Up to 15 days

Procedure, Treatment and Follow-Up Benefits for Covered Accidents		
Diagnostic and Imaging Procedures	\$1,000	1 day per calendar year

**Be Well Benefit:** Every year, each family member who has Hospital coverage can also receive \$50 for getting a Wellness Screening. For example: annual exams, screenings for cancer (pap smear, colonoscopy), screenings for cholesterol and diabetes, imaging studies including chest x-ray and mammography, and immunizations.

Weekly Employee Contribution Amount	
Employee Only	\$2.86
Employee + Spouse	\$7.95
Employee + Children	\$4.55
Family	\$9.64

## Group Accident

- Designed to help you meet the out-of-pocket expenses and extra bills that can follow an accidental injury.
- Benefits are paid directly to YOU based on the schedule of benefits.
- Annual Wellness Benefit of \$50 per insured included
- Provides coverage for OFF the job accidents
- Coverage available with NO medical questions
- Coverage is portable

Weekly Premium (includes wellness)	
Employee	\$3.18
Employee + Spouse	\$5.23
Employee + Child(ren)	\$6.01
Family	\$8.06

## Whole Life Insurance

- Designed to provide you with life insurance coverage at **rates that don't increase as you age**
- Accumulates cash value based on a guaranteed interest rate of 4.5%
- Long-Term Care Rider included with all employee and spouse coverage (pays benefits if an insured is confined to a nursing home, assisted living facility, etc.)
- Living benefit option included (up to 100% of the death benefit available)
- Coverage is portable

Benefit Amount Examples—Non-Tobacco		
Issue Ages	\$4 per week purchases:	\$10 per week purchases:
25	\$23,881	\$59,071
35	\$15,534	\$38,835
45	\$9,265	\$23,163

Benefit Amount Examples—Tobacco		
Issue Ages	\$4 per week purchases:	\$10 per week purchases:
25	\$13,702	\$34,256
35	\$9,429	\$23,572
45	\$5,468	\$13,670

# Contacts

Please reference this list whenever there is a need to contact one of your benefit vendors. Should you have any questions or concerns, or need additional assistance, please contact our Human Resources Department.

Benefit/Provider	Phone	Website/Email
Medical (UMR)	(800) 826-9781	<a href="http://www.umar.com">www.umar.com</a>
Prescription Drugs (Express Scripts)	(800) 334-8134	<a href="http://www.express-scripts.com">www.express-scripts.com</a>
Flexible Spending Account (UMR)	(800)826-9781	<a href="http://www.umar.com">www.umar.com</a>
Dental (Delta Dental)	(800) 521-2651	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>
Vision (EyeMed Vision Care)	(866) 939-3633	<a href="http://www.eyemedvisioncare.com">www.eyemedvisioncare.com</a>
401(K) (Empower)	(800) 338-4015	<a href="http://www.participant.empower-retirement.com">www.participant.empower-retirement.com</a>
Company-Paid Basic Life and AD&D	(800) 858-6843	<a href="http://www.unum.com">www.unum.com</a>
Voluntary Life (Unum)		
Voluntary Short Term Disability (Unum)		
Group Critical Illness (Unum)	(800) 421-0344	<a href="http://www.unum.com">www.unum.com</a>
Group Accident (Unum)		
Whole Life Insurance (Unum)		
Hospital Indemnity		

*McElroy*

**Truck Lines, Inc.**